



QUALITY REPORT 2021/22

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STATEMENT ON QUALITY

Quality, safety and the experience of patients are at the forefront of everything that we do at Queen Victoria Hospital (QVH). This quality report sets out both the progress we have made over the last year and our plans for the coming year.

The quality of our services is reflected in feedback from patients which continues to be exceptionally positive, with 99% of inpatients stating their experience was 'very good' or 'good'. This reflects both the quality of clinical care and the way staff treat every patient as an individual, taking the time to listen to what matters to them.

Our increasing focus on health inequalities also involves considering those who do not access our services so easily or in a timely way. It is essential that we consider the avoidable, unfair and systematic differences in health between different groups as we plan and deliver our services. Some elements of this are well established, such as alternative pathways and additional support where needed for patients with learning difficulties or dementia. In some areas we are still improving our data collection and analysis to improve our understanding of what it tells us, such as the levels of later referrals for men with head and neck cancer compared with women. A monthly report is produced and presented at the Trust's cancer board, focusing on deprivation, age, gender and ethnicity, looking at patient cancellations, nonattendance at appointments and diagnosis to see if any trends can be identified. As with so much of our work, there is a system-wide approach to health inequalities and we are learning from other healthcare providers and building on best practice where possible.

Quality data is also essential in clinical coding. There is real skill in translating information about the journey of every patient through the hospital, so there is an accurate, detailed, nationally-comparable record of key measures such as diagnosis, treatment and length of stay. The QVH clinical coding team were highly commended in Data Quality – Specialist Hospitals category at the national CHKS Top Hospitals awards this year, which was well deserved recognition of the way our clinicians and coders work together to get this right.

A multi-disciplinary team approach underpins much of our work here, including our work in research and innovation. Through participation in research, QVH makes a contribution well beyond its size, enabling our staff to stay abreast of the latest treatment possibilities and to deliver high quality, evidence-based care for our patients.

I am confident that in 2022/23 QVH will continue to provide high quality, safe and effective services, and that our approach to quality will ensure we continue delivering excellence in all that we do.

Steve Jenkin Chief Executive 7 June 2022

QVH'S QUALITY PRIORITIES FOR 2022/23



QVH'S QUALITY PRIORITIES FOR 2022/23

Our quality priorities for 2022/23 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 progress on previous priorities and patient feedback.

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

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

Clinical effectiveness – providing high quality care, with world-class outcomes, whilst being efficient and cost effective.

Patient experience – meeting our patients' emotional as well as physical needs.

Progress against these priorities is monitored by the Trust's quality and governance committee on a bi-monthly basis.

Updates for each priority are detailed below.



Patient safety

Prevention and reduction of inpatient falls through the use of NICE guidance, falls risk assessments, falls training and after action reviews.

Across 2021/22, QVH has noticed a small increase in the number of inpatient falls. A formal internal investigation revealed the following:

- Staff were not receiving training around falls prevention
- Current risk assessment documentation was out of date
- Current risk assessment documentation did not comply with all NICE guidelines
- Inconsistent approach to reviewing falls.

What will success look like?

- QVH will target a quarterly improvement in the reduction of falls.
- To achieve this, mandatory training will be rolled out to all patient-facing staff.
- All documentation related to falls will be reviewed and redesigned to comply with NICE guidance.
- A national audit of inpatient falls and local falls audits will be completed to monitor compliance.
- After action reviews will be rolled out in inpatient areas.



Clinical effectiveness

Developing an inter-professional education programme across the core and sub specialties to support staff in the delivery of high quality care.

This quality priority recognises the expertise QVH staff have within their specialties and the importance of sharing this knowledge across our staff groups.

It recognises the world class services and care we deliver to our patients. The focus is to make available to QVH staff an inter-professional, sustainable, training and development programme.

The education programme will support staff to achieve continued professional development (CPD) and meet revalidation requirements.

What will success look like?

- We will quantify the current inter-professional training sessions within our core services.
- We will review training programme evaluations and, based on feedback, begin to review aims and learning outcomes for each programme.
- The QVH specialist training programme will be delivered to 50 staff each year.
- This core training will be introduced into the preceptorship process for nursing staff and allied health professionals.
- The quality of training will be recognised using a formal CPD accreditation process for two programmes.

Patient experience

Roll out and embed high quality shared decision making (SDM) conversations between clinicians and patients.

What will success look like?

- Identification of the decision-making tools currently used in each clinical team.
- Recruitment of Trust-wide SDM champions from all staff groups.
- Inclusion of SDM data in the metrics reported at the clinical governance group.
- SDM training embedded for new staff and included in trainee induction.

Quality improvements for 2022/23

QVH is exploring the introduction of a quality improvement methodology to be rolled out over 2022/23.





PERFORMANCE AGAINST 2021/22 QUALITY PRIORITIES



PERFORMANCE AGAINST 2021/22 QUALITY PRIORITIES

Our quality priorities for 2021/22 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 2021/22 quality priorities was as follows:

Patient safety

Our quality priority and why we chose it...

QVH will target a quarterly improvement or sustained compliance of the remaining two of the five steps of the World Health Organisation's 'Safe surgery saves lives' checklist. In particular, the 'sign out' and 'debrief' steps. It is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team to perform key safety checks. Each member of the team must be involved. The quarterly audits will be measured against reviewed and updated surgical safety policies including the five steps to surgical safety and the perioperative marking policies.

Targeted outcome...

Multidisciplinary bi-monthly safer surgery simulation training to be delivered to theatre staff. The training is split into two sessions, one of which shows poor practice and distraction and the other demonstrating good practice.

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

Did we achieve this it in 2021/22?

Yes.

Simulation training as part of doctors' induction continues with positive feedback. Auditing of the step 5 'debrief' is completed, with action plans produced if necessary. Full compliance is noted with all steps.

Clinical effectiveness

Our quality priority and why we chose it...

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

Our psychological therapies department includes psychologists, psychotherapists and counsellors. By offering their skills and evidence-based therapeutic models to support staff, it will not only help improve their wellbeing but will in turn have a positive impact on patient experience. There is a clear connection between the engagement and motivation of staff, and patient care.

Targeted outcome...

To reduce waits for staff referred for therapeutic support by their GP. Staff who may be signed off sick while waiting for a service could be seen as a priority by our psychological therapies team, facilitating a speedier return to work.

This quality priority has been informed by the results of an audit conducted by the psychological therapies department. Members of staff whose mental health or wellbeing had been adversely affected by the Covid-19 pandemic were given a series of formal therapy sessions. All cases were assessed to measure any improvement.

Did we achieve it in 2021/22?

Partially.

All questionnaires and psychometric tests were gathered and scored. There were 16 staff members who had been adversely impacted by the Covid-19 pandemic who undertook EMDR (eye movement desensitisation reprocessing). The preand post-therapy results showed an improvement in the measure of psychological distress, anxiety, clinical depression, levels of wellbeing and measures of traumatic impact. The psychological therapies department hope to continue offering staff support in line with our Trust guidelines and recommendations. The team are working towards the publication of the audit, outcomes and recommendations in a relevant journal.

PERFORMANCE AGAINST 2021/22 QUALITY PRIORITIES

Patient experience

Our quality priority and why we chose it....

During the Covid-19 pandemic, the Trust has followed government guidance on social distancing, replacing face-to-face outpatient appointments with telephone and video calls where clinically appropriate.

By speaking to their clinician over the telephone or by video, patients can receive their consultation without leaving their own home. This enhances patient experience by reducing travel time, travel expense and the need to arrange time off work or childcare cover. It also helped patients who were apprehensive about coming into hospital to be able to continue their treatment pathway.

Targeted outcome...

To ensure that patients are informed that a virtual consultation is the same as any other appointment with their hospital consultant, clinical nurse specialist or other member of their team. The appointment is just delivered in a different way.

To support patients who are preparing for a telephone or video appointment, the Trust has put together helpful information and advice. This will ensure appointments are effective and efficient for both the patient and their medical team.

Did we achieve it in 2021/22?

Yes.

Clinic templates were amended to include video and telephone appointments as well as face- to-face. Online appointments were delivered via a series of dedicated waiting rooms for specialisms. A virtual receptionist was recruited to help facilitate patients getting to their appointment and to help us meet the national target of 25% of outpatient consultations carried out remotely. Patient feedback remains positive with further focus on patient initiated follow-ups (PIFU) and national guidance to reduce follow-up appointments by 25%.



Safeguarding and Mental Capacity Act

We recognise that working as a team is the safest way to support our most vulnerable patients. The safeguarding team work hard across the Trust to support colleagues in striving to achieve the best outcomes for our patients and their families, by applying legal frameworks, and looking at ways we can continually improve whilst focusing on person centered care.

Progress during 2021/22:

- The safeguarding team are linked into many different forums where best practice, policy and learning are exchanged, both locally and nationally. During the year, the safeguarding team have utilised this network by rolling out a flow chart across the Trust that supports the paediatric staff in identifying who may hold parental responsibility for children.
- The plastics medical team, supported by the preassessment unit, have been striving to ensure all Mental Capacity Act (MCA) processes are started early and robustly recorded. The team see many elderly frail patients and are keen to ensure they are properly supported with valid consent obtained. They have also been working closely with the learning disability link nurse to put reasonable adjustments in place as required.

Practice quality:

- We have used Datix web-based incident reporting and risk management software for a number of years to ensure oversight of safeguarding activities in the hospital. This allows the safeguarding team to effectively capture all aspects of safeguarding activities and produce monthly metrics which are presented to the board of directors. This approach is now well established and provides the Trust with robust information regarding staff training and risk management requirements.
- We now have in place an annual workshop for medical staff facilitated by an expert barrister to help them update their knowledge and understanding of MCA. Case law has developed since the enactment of MCA in 2005 and this workshop allows clinical staff to discuss cases and situations they have been considering and managing.

Areas for continuous improvement:

 The safeguarding team continues to strengthen the safeguarding competencies of staff in our paediatric unit by regularly attending team meetings to discuss wider safeguarding issues and specific cases where learning has been identified. There have also been training needs identified from audit, which will be addressed with a bespoke session this year. The MCA continues to be a practice improvement priority for the Trust. We want to ensure this legal framework is used correctly and to best effect for all concerned. We are preparing for the forthcoming change from Deprivation of Liberties Safeguards (DOLS) to Liberty Protection Safeguards (LPS) which will alter the responsibilities and accountabilities for the Trust as a provider of care. We will address these changes in due course. Using audits to share learning:

Audits are an important aspect of quality improvement and the safeguarding team engage in a variety of different audits with a rolling audit programme.

- An audit of children not brought for appointments was undertaken during 2021. Learning was shared in a variety of forums including the joint hospital and clinical governance group, which is attended by staff from across the Trust, to ensure the widest possible audience. The audit led to a change in the protocol for children not brought to appointments. The orthodontic department are undertaking work to look at their processes in line with the British Dental Association pathway.
- We self-audit our arrangements for safeguarding children and adults biannually. This not only informs NHS commissioners about Trust safeguarding arrangements but also facilitates reflective assessments on our progress against set safeguarding expectations and standards.
- Two medical students from Brighton Medical School are working with our burns team, safeguarding named nurse and the University Hospital Sussex paediatricians to undertake a thematic review of burn injuries where safeguarding concerns have been raised. The intention is to understand the demographics of children the children and the types of injuries involved and to compare these to the national data already available.
- QVH staff have been working with academic staff at the University of Brighton to provide education around burn injuries, including safeguarding assessment, to embed burns safeguarding practices.
- Publication ambitions regarding safeguarding. One of our consultants has submitted an article for publication in relation to safeguarding tracing. She worked closely with a colleague and the safeguarding team. We are hopeful she will succeed in achieving this ambition in the coming year.

Guardian of Safe Working Hours

The guardian of safe working hours role was established as part of the contract settlement for junior doctors in 2016. The purpose of the role is to support juniors with their working arrangements and conditions, education and training, and to provide assurance to the board that doctors are keeping safe working hours within national targets. An online process is in place for junior doctors to report when these standards are not met.

Dr Joy Curran, consultant anaesthetist, was appointed to the role at QVH in October 2018. As guardian, she submits quarterly reports to the board detailing any exception reports, breaches of hours involving fines, and gaps in the rota.

The guardian is responsible for convening the junior doctors' forum (JDF) which meets quarterly and promotes safe working at the Trust's inductions for doctors. The JDF have the authority to intervene in issues relating to rota design, management and hours. The JDF reports into the specialty local faculty groups, the local negotiating committee and the educational board.

The guardian produces quarterly reports using information from the Allocate exception reporting software and the workforce team. An annual rota gap and consolidated yearly report is written by the guardian for this quality report which is also presented to the board. Our current rota gap average is 2.66% which compares favourably with national figures. The guardian and the medical education department will be conducting a survey into exception reporting to look at trainee awareness and use of the system.

Nationally, in 2019/20, all NHS trusts were given £30,000 fatigue and facilities funding. Larger trusts received £60,000. At QVH the JDF chose to spend the fund refurbishing current relaxation areas and creating a new one. During the pandemic, remaining funds were carried over to the end of March 2021 and again to March 2022.

In this last year, the maxillofacial staff club (which was the name for the original doctors' mess) has been refurbished. The area has been modernised to a high standard while maintaining QVH's sense of history and tradition. It is now a welcoming place for all doctors at any time of day and houses the refurbished original desk of Sir Archibald McIndoe and other memorabilia.

The JDF has remained a vibrant and active group raising issues with rotas, leave and accommodation and is currently working hard to improve the outsourced management of the onsite accommodation.

Junior doctor awards are held twice a year as around half of our junior doctors rotate to another trust after six months at QVH. The winners are presented with gift token prizes funded by the consultants.





STATEMENTS OF ASSURANCE FROM THE BOARD OF DIRECTORS

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STATEMENTS OF ASSURANCE FROM THE BOARD OF DIRECTORS

Review of services

During 2021/22, QVH provided 38 NHS services including burns care, general plastic surgery, head and neck surgery, maxillofacial surgery, orthodontics and corneoplastic surgery as well as community, paediatrics, sleep and rehabilitation services. QVH has reviewed all the available data on the quality of care in all of its NHS services. Service delivery was underpinned by the regular monitoring of metrics reflecting patient safety, clinical effectiveness and patient experience.

Research

Pioneering techniques developed at QVH in the past are now used routinely in the care of patients all over the world. This includes burns reconstructive surgery, cell culture and hypotensive anaesthesia. Our current research programme focuses on developing techniques in wound healing and reconstruction. QVH also undertakes a range of non-surgical research, for example, participation in the national SIREN Covid study, which continues to inform the government's decisions on how to manage the pandemic.

QVH has established collaborative work with the University of Oxford and the University of Liverpool. Wide networks are critical to successful research investment and outputs, particularly in the specialised fields of practice undertaken at QVH. The Trust is grateful for the ongoing support of its local clinical research network for core research infrastructure, and its contribution to the urgent public health studies undertaken during the coronavirus pandemic.

The total number of participants recruited to Health Research Authority (HRA) approved studies (which includes ethics approval) in 2021/22 was 575 with QVH taking part in 23 studies. Of these participants, 535 were national portfolio recruits. The national portfolio, administered by the National Institute for Health Research (NIHR), is a national register of research for the NHS. Only high quality research is accepted for registration, therefore this research is deemed to be the most prestigious that the NHS undertakes.

The Trust's participation in research demonstrates its continued commitment to improving the quality of care it offers and to making a valid contribution to wider health improvement. Participation helps our staff to stay abreast of the latest treatment possibilities and enables the Trust to deliver improved patient outcomes.

QVH teams continue to publish in peer reviewed journals. Our library team have been monitoring our activity with 84 articles published in 2020/21 and 100 in 2021/22, which compares very well to 81 in 2019/20.

Participation in clinical audits and clinical outcome review programmes

A clinical audit is a quality improvement cycle that involves measuring the effectiveness of healthcare against agreed and proven quality standards and taking action to bring practice in line with these standards in order to improve the quality of care and health outcomes.During 2021/22, 13 national clinical audits and seven clinical outcome review programmes (previously known as confidential enquiries) covered health services that QVH provides.

QVH engaged in 72% of eligible national clinical audits and 86% of eligible clinical outcome review programmes. The tables below include the percentage of registered cases required by the terms of that audit or review programme, where appropriate.

Participation in national clinical audits

Programme / work stream (A-Z)	Eligible for QVH participation	QVH participation	% of cases submitted
Child Health Clinical Outcome Review Programme ¹ – Transition from Child to Adult Health Services	\odot	\bigotimes	N/A
Falls and Fragility Fracture Audit Programme ^{1, 2, 3} :			
National Audit of Inpatient Falls	\odot	\odot	N/A
National Hip Fracture Database	\bigcirc	N/A	N/A
National Adult Diabetes Audit Core Programme ^{1, 2, 3, 4}			
National Diabetes Inpatient Safety Audit (NDISA)	\bigcirc	\odot	N/A
National Audit of Care at the End of Life ¹	\odot	\odot	100%
National Audit of Dementia ^{1, 2, 4}	\bigcirc	\bigcirc	
National Child Mortality Database ^{1, 4}	\odot	N/A	N/A
National Early Inflammatory Arthritis Audit ¹	\odot	N/A	0%

1 National Clinical Audit and Patient Outcomes Programme (NCAPOP), 2 Programme participates in the Clinical Outcomes Publication (COP), 3 Programmes with multiple work streams are listed in the Healthcare Quality Improvement Partnership's directory, 4 Programmes supporting Covid-19 data flow

Participation in clinical outcome review programmes 2021/22

Project name	Eligible for QVH participation	Participation comments	% of cases submitted
Breast and Cosmetic Implant Registry (BCIR) Breast Implant – Cosmetic Augmentation and Breast Reconstruction With Implant Including Revision And Removal	\odot	\odot	100%
British Thoracic Society Audit Programme – Smoking Cessation	\odot	N/A	0%
Female Genital Mutilation Datasets	\bigcirc	N/A	N/A
Learning Disabilities Mortality Review Programme (LeDeR)	\bigcirc	N/A	N/A
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	\odot	\odot	100%
Mandatory Surveillance of Healthcare Associated Infections	\bigcirc	\odot	100%
NAP7 ACCC-track: Anaesthesia and Critical Care COVID Activity Tracking Survey	\odot	\odot	100%
NAP7 Perioperative Cardiac Arrest	\odot	\odot	100%
National Ophthalmology Database Audit (NOD)	\bigcirc	N/A	0%
NHSE & NHSI Learning Disability Improvement Standards Project	\bigcirc	\odot	N/A
Perioperative Quality Improvement Programme (PQIP)	\bigcirc	\odot	Ongoing
UK Parkinson's Audit	\odot	\odot	N/A
UK Registry of Endocrine and Thyroid Surgery	\odot	N/A	0%

National clinical audit

Eleven national audits and six Getting it Right First Time (GIRFT) projects were reviewed by the Trust in 2021/22. The three most relevant were:

NHSE & NHSI Learning Disability Improvement Standards Audit

Although QVH does not provide specific learning disabilities services, the Trust does care for patients with learning disabilities. This audit provides an opportunity to review the quality of the care provided to patients with additional needs. The audit benchmarks organisational performance, patients' and carers' perceptions of the quality of care and staff views on care delivery, capacity and training requirements.

National Audit of Inpatient Falls

As part of the falls and fragility fracture audit programme, the Trust participates in the National Audit of Inpatient Falls. This is a continuous national project that audits patients who have sustained a hip fracture falling in hospital, and reviews organisational falls prevention activity. The audit aims to improve fall risk reduction practice for inpatients. QVH has established a Trust-wide multidisciplinary team to review and continue to improve practice to reduce the risk of falls.

SAVING LIVES

The SAVING LIVES initiative was launched by the NHS in 2009 to tackle the increasing MRSA infections noted in hospitals. It continues to be an important tool in monitoring compliance with evidence based practice and guidelines when undertaking a clinical procedure. The bundle of reviews of high impact intervention activities are audited continuously within QVH to demonstrate that infection prevention and cleanliness are an integral part of quality assurance.

Local clinical audits

The reports of 55 completed local clinical audits were reviewed by QVH in 2021/22. Examples of audit projects undertaken across QVH, their findings, and actions taken as a result are set out below.

Preoperative anaemia incidence (Project 607)

International consensus guidelines state that anaemia should be investigated and treated prior to major surgery where there is an increased risk of blood loss. Perioperative anaemia is associated with poor outcomes including increased risk of blood transfusion, infection, and delayed recovery. The aim of this audit was to assess how many patients undergoing major elective surgery at QVH are anaemic preoperatively.

A retrospective audit was undertaken reviewing preoperative haemoglobin levels for patients having surgery during a two-week audit period. There were 38 patients having a major procedure with an increased risk of blood loss and we found five of these (13%) were anaemic. None of these patients had investigation or treatment of their anaemia prior to surgery, as there was no treatment guideline or referral pathway in place.

This information has been used to develop a new guideline for the management of preoperative anaemia and to set up an intravenous iron service at QVH to treat iron deficiency anaemia. The first patients received intravenous iron in October 2021 and eligible patients are offered iron at our new weekly intravenous iron clinic.

All patients receiving intravenous iron are followed up and preliminary outcomes are very positive. We plan to repeat our audit of preoperative haemoglobin levels later this year and we expect to find a significant improvement in the optimisation of anaemia before major surgery.

Topical fluticasone use in the maxillofacial unit at QVH (Project 579)

Fluticasone is a medium/potent steroid used widely in oral medicine units nationally and internationally to treat conditions such as pemphigus, pemphigoid, recurrent apthous stomatitis and oral lichen planus. Unfortunately, there is not a standardised treatment regime due to the nature of these conditions – they are immunological mediated disorders with great individual variation in terms of symptoms and response to therapy.

A common approach is the use of fluticasone topically (nasal spray or nasules used as a mouthwash) four times a day for four weeks. When patients report a satisfactory response to this therapy then the topical steroid is used as maintenance or as response to flare-ups. Once symptoms are controlled patients are then discharged back to the referring dentist (or asked to register with a dentist) for monitoring of the condition. Fluticasone used topically in this way is an off-label use of the medication.

The aim of this quality improvement project was to monitor the use of topical fluticasone in the maxillofacial unit at QVH. This medication is currently under review at the West Sussex area prescribing committee as this medication has recently (January 2020) been added to the QVH formulary and requested to be prescribed in primary care.

Thirty one new and current patients using fluticasone and attending the weekly oral medicine clinic held at QVH were included in the audit. Of those patients, 71% were being treated with fluticasone for oral lichen planus / lichenoid reactions. Of these, 61% said their symptoms were improving with the treatment. In light of shared care principles, going forwards, a monthly supply of fluticasone is provided for 71% of cases.

The findings of this audit suggest that fluticasone 400microgram used topically as a mouthwash four times a day for a minimum of four weeks can be a successful therapeutic management regime for patients with autoimmune/inflammatory conditions of the oral cavity. This conclusion provides assurance that patients attending the oral medicine clinic at QVH are receiving effective and informed care for these often difficult to treat conditions.

Appropriateness of referrals for temporomandibular disorders received by QVH (Project 413)

The majority of temporomandibular or jaw joint problems can and should be managed in primary care. Primary care practitioners should follow guidelines published by the Royal College of Surgeons when making referrals to specialist units like the maxillofacial department at QVH. It was noticed that the department was receiving a high number of inadequate or inappropriate referrals, putting pressure on the clinics and causing a challenge in managing the high patient volume.

The aim of this audit was to assess the quality and appropriateness of all temporomandibular joint referrals received by QVH to examine whether patients are receiving the most appropriate care. Referrals and records of 260 patients were analysed against the RCS guidelines, spanning a three year period.

Most referring clinicians were general dental practitioners (51.8%), followed by GPs (41%). The majority of referring clinicians did not follow the recommended guidelines for assessment of temporomandibular disorders. A large group of patients (85.6%) did not have any investigations prior to referral, 42.6% of referring clinicians did not start any form of conservative management and only 41.2% provided information about conservative management. The RCS guidelines recommend at least six months of conservative management before referral but 51.8% of patients were referred with a duration of management of less than three months, while 77.6% of referrals did not meet any of the clinical criteria to refer patients.

With this in mind, a new referral pathway for GDPs and GPs that aligns with the RCS guidelines has been produced and shared with referring clinicians. Good quality, appropriate referrals should improve the patient pathway and the care patients receive, ultimately improving clinical outcomes. Reaudit is planned for summer 2022 after the dissemination of the new referral pathway.

Fixed retainer failures in QVH (Project 637)

Retention maintains teeth in their corrected positions following orthodontic treatment. Fixed bonded retainers (BRs) prevent relapse and overcome compliance issues associated with removable retainers. Disadvantages include long-term maintenance and cleaning difficulties. A BR may fail due to wire fracture, partial bond failure or total loss. Following discharge, patients incur maintenance costs under private contract. Auditing QVH BR outcomes highlights opportunities to improve procedure, teaching and cost-effectiveness while providing more accurate information to patients.

The primary aim of this audit was to analyse both failure rates and types of failure for all BRs fitted in 2019, over a 12-month follow-up period. Secondary aims were to investigate incidence of failure per staff grade, quality of record keeping and attendance at emergency vs routine clinic. An overall failure rate of 10% or less during the post-debond 12 month follow-up was regarded as acceptable. This standard has been adopted by similar published UK-based audits.

It was found that within one year, 72.5% of BRs (290) did not require any intervention, while 27.5% (110) experienced failure. Three percent of BRs (12) failed multiple times. The average time to failure was five months. The reasons for failure were:

- 73.8% partial bond failure
- 6.6% wire fracture
- 12.3% total wire loss
- 0.8% trauma
- 5.8% no documented cause.

Of the failure cases, 50% were bonded by registrars, 31.1% by therapists, 18.9% by consultants and 0.8% by specialist orthodontists. Of the successful BRs, 47.6% were bonded by registrars, 32% by therapists, 15.9% by consultants and 4.8% by specialist orthodontists. In 2019, 25 emergency appointments were attributable to bonded retainer failures.

This audit has shown failure rates higher than the set standard. Partial bond failure accounted for the majority of BR failures. Success and failure rates were similar amongst operator grades. Clinicians often failed to record teeth bonded or unwanted tooth movement. The results of this audit were presented to the orthodontic department and a new standard operating procedure was created. Re-audit will be carried out in 2022 to assess for a change in BR failure rates and highlight any further areas for improvement.

Blood transfusion in burns – a closed loop audit (Project 1174)

Trust guidelines produced in 2013 stated that all patients undergoing surgical management for burns were to have 'group and save' blood samples taken, regardless of the size of the burn. These samples both determine the patient blood group and screen for any atypical antibodies.

In addition, all patients with burns with a total body surface area (TBSA) of over 10% were to have two units of red blood cells cross-matched in case a blood transfusion was required. However, the treatment of burns changed at QVH since the guidelines were introduced, with enzymatic debridement (ED) becoming commonplace.

Cycle 1: The sample included data from 47 patients undergoing surgical debridement or ED from April 2019 – October 2020. Within the ED group, there were eight patients in the 10-20% TBSA group and four in the 20-30% TBSA group. None of these 12 patients required a blood transfusion. Within the surgical debridement group, 20 patients fell within the 10-20% TBSA group and six each in the 20-30%, and 30-40% TBSA groups. In the surgical group nine patients (19.1%) required a blood transfusion (three, two and four patients required transfusion from the 10-20%, 20-30% and 30-40% TBSA, respectively). Based on these findings, the guidelines were adapted to include patients undergoing enzymatic debridement. Cycle 2: The sample included 24 patients undergoing surgical debridement or ED from May – October 2021. They were divided into two groups: 13 patients in a 5-10% TBSA group and 11 patients in a >10% TBSA group.

In the 5-10% group, two patients had co-morbidities. Four patients (30.76%) had group and save. None of the patients with co-morbidities had cross-matching despite the guidelines stating that all patients in this group should have cross-match requested. Despite that, the mean Hb for this group was 118.4g/L. Based on NICE guidelines, none of these patients required blood transfusion.

For the 11 patients with >10% TBSA burns, four patients (36.36%) had correctly labelled group and save. Two patients had a group and save sample rejected by the laboratory due to insufficient labelling. Moreover, none of the patients had cross-matching despite the guidelines stating that all patients with >10% TBSA burns should have cross-match requested. Therefore, the outcome was poor compliance with the guidelines. The average Hb after the intervention was 123.66g/L. None of these patients required blood transfusion.

In summary, in comparison to the first cycle, there was a slight improvement in group and save requests for patients (27.7 % in the first cycle compared to 33.33% in the second cycle). There was no change between the first and second cycles regarding cross-matching requests. The audit shows 100% compliance with NICE guidelines regarding blood transfusion. However, more education regarding the guidelines is needed to ensure high compliance. A checklist is being implemented for use when clerking patients to provide a prompt for appropriate blood requests according to the guidelines. Education and awareness of the checklist has been shared in departmental meetings and re-audit is planned for summer 2022.

Patient outcomes following a break in Botox therapy during the COVID-19 pandemic (Project 535)

The QVH corneoplastic unit offers botulinum toxin treatment for benign essential blepharospasm, hemifacial spasm, and aberrant facial regeneration (AFR, or synkinesis) – often collectively referred to as facial movements disorders – and also in the management of crocodile tears syndrome. During the first wave of the Covid-19 pandemic, all botulinum toxin treatments were classified 'non-essential' in NHS guidelines and postponed. Anecdotally, this negatively impacted many of our long-term patients. The audit evaluated the impact that this recent break in treatment had on our patients' quality of life, as assessed using various patient-recorded outcome measures / disease rating scales. 72 patients had treatment both before and after the break.

There was increase in all patient-reported outcome measurements from the pre-break appointment to the postbreak appointment, indicating a greater level of symptoms and deterioration on quality of life. Patients with AFR were worst affected. If a further break in service were ever required, patients with AFR should be prioritised due to the potential impact on their quality of life caused by stopping treatment. Patients with crocodile tears syndrome or epiphora are likely to tolerate a break in treatment better, given that treatment effect lasted the longest (4.9 months) in this group and the change in TEARS score caused by a delay in treatment was comparatively low.



Skin cancer re-excision preoperative photography (Project 414)

QVH has a high volume of patients who are referred for skin cancer excision. In the literature, it is found that up to 25% of patients and 6% of surgeons incorrectly identify planned skin cancer sites after biopsy. The incidence of wrong-site excision may increase when patients return for a re-excision procedure of an incompletely excised lesion, or when they have multiple lesions. Taking accurate preoperative photographs may decrease the incidence of wrong-site excision. The aim of this audit was to identify the number of patients undergoing surgery for skin cancer at QVH who had preoperative photographs taken of their lesion.

45 patients were identified as having an incomplete skin cancer excision during a period of one year. Of those, 11 patients (24%) patients had a diagram drawn in their medical records preoperatively. 17 (38%) had a photograph of their lesion taken preoperatively, of which, only four (24%) were marked.

As a result, teaching has been delivered at the local plastic surgery governance meeting to highlight the importance of taking accurate photographs of skin lesions preoperatively. Work is also underway to add a tick-box check on patient Evolve notes to act as a prompt for clinicians when assessing patients with skin lesions. It is hoped that the new prompt and shared learnings from this audit will lead to an increase in the number of patients with preoperative photographs and a decrease in the incidence of wrong-site excision, resulting in improved surgical outcomes and patient care. Re-audit will be carried out when the check box on Evolve has been live and in use for six months to assess for any change in practice.

Prospective evaluation of Hydrus glaucoma stent (Project 530)

Hydrus stent has recently been approved for use at QVH as minimally invasive glaucoma surgery (MIGS), following approval from the US Food and Drugs Administration (FDA) and the Medicines and Healthcare products Regulatory Agency (MHRA). The prospective consecutive audit collected clinical efficacy and safety parameters for all patients treated with the Hydrus stent for the first six months of its use. Patients had mild to moderate primary open-angle glaucoma and visually significant cataract. Parameters measured preoperatively and six months post op include visual acuity, intra-ocular pressure, medication usage, central endothelial cell count and any intraoperative or postoperative complications.

27 eyes underwent combined phacoemulsification +IOL+ Hydrus microstent at QVH from January 2021 till October 2021 and received a three month postoperative follow-up. Early results show the Hydrus glaucoma stent is both safe and effective. A re-audit is planned when a larger number of patients with a longer follow-up period has been completed.

A comparative study between routine and telemedicine clinics for new facial palsy patients at QVH (Project 597)

Prior to the Covid-19 pandemic, new facial palsy patients were referred to multidisciplinary facial palsy clinics where they were seen by psychologists, facial therapists and plastic surgeons. However, the advent of Covid-19 necessitated the extended use of telemedicine technology to see new facial palsy patients. The common problem with the clinics prior to this was extended waiting times for patients and delays. This audit aimed to assess whether the virtual clinics we now run for all new facial palsy patients have improved the efficiency of our facial palsy clinics, whilst at the same time maintaining clinical standards.

Two separate three-month periods were assessed, one before the Covid-19 pandemic and one during. Clinic start and end times were recorded for both periods as well as the number of patients seen. Where patients had to travel from was also recorded for the period assessed before the pandemic.

It was found that telemedicine clinics reduced staff costs, as only one nurse is required to run three clinics, as well as patient costs due to no requirements for travel to the hospital. Staff were also required to do less overtime as telemedicine clinics ran late less frequently than face-to-face clinics. Telemedicine clinics continue to be utilised in the QVH facial palsy service as this audit has highlighted their benefits in terms of efficiency, patient comfort and cost savings for the hospital and patient alike.





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 2021/22 and QVH has not participated in any special reviews or investigations by the CQC during this reporting period.

The Trust had an unannounced CQC inspection on 29 and 30 January 2019 and the 'well-led' inspection was held on 26 and 27 February 2019.

QVH sustained an overall rating of 'good' and was rated 'outstanding' for the caring domain. The full breakdown of ratings is shown below:

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



Compliance in practice inspections

In 2021, QVH successfully reinstated the bi-annual compliance in practice (CiP) quality improvement initiative after a period of disruption caused by the Covid-19 pandemic. Clinical and non-clinical staff, as well as non-executive directors, helped carry out in-person inspections across the 12 areas of the Trust throughout August, September and October 2021.

The CiP programme is structured around the CQC's key lines of enquiry and includes questions and observations on a range of areas including equality and diversity, infection control, patient experience, safe staffing, safeguarding, safety measures and systems, incident reporting, duty of candour, information governance and training and development.

The inspections help departments to identify areas of good or outstanding practice as well as areas that need improvement, in line with the CQC's rating system. With support from the CiP lead, heads of departments are encouraged to produce targeted action plans based on their inspection results to remedy any areas of poor performance.

The 2021 reinstatement of CiP saw the Trust achieve an overall rating of 'good', with nine of the 12 individual areas achieving a rating of 'good' and three achieving

'outstanding'. Compared with the last pre-pandemic CiP inspection in early 2020, the 2021 reinstatement saw a reduction in key areas rated as 'requiring improvement'. In 2020, four key areas received this rating while in 2021, patient experience was the only areas to receive this lower score. This was due to the lack of patient experience information on display in public areas. Action plans have been devised and work is currently being undertaken in departments, supported by the patient experience manager, to update the patient experience information displayed in patient waiting rooms and other public areas. The three key areas achieving a rating of 'outstanding' were infection prevention and uniform; safety measures and systems; and staff friends and family test.

As the CiP programme has now been reinstated, work is underway to ensure the next round of inspections continues to generate meaningful data while remaining sensitive to the ever-evolving pandemic climate. Adapting some of the questions and expanding the sample size is being explored as a way of ensuring that CiP remains a useful tool for the Trust to use in its rigorous monitoring and improvement of patient services.

Hospital episode statistics

QVH submitted data during 2021/22 to the Secondary Uses Service (SUS) for inclusion in the hospital episode statistics. The data below is the actual percentage reported for 2021/22 from the SUS datasets against the national percentage targets set. QVH achieved all the national targets. Source: SUS current submissions downloaded by the business intelligence team. Calculations made using the total records submitted against the NHS number and general medical practice code populated.

Hospital episode statistics		Admitted patients	Outpatient care	Minor injuries unit
Percentage of records in the published data	QVH	99.8%	99.8%	99.3%
which include the patient's valid NHS number	Nationally	99.7%	99.8%	87.5%
Percentage of records which include the	QVH	99.5%	99.5%	99.9%
patient's valid general medical practice code	Nationally	99.7%	99.6%	95.9%



Information governance assessment

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

Data security and protection toolkit

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

All mandatory requirements were met meaning that the Trust gained a 'standards exceeded' grade for the 2021/22 submission, one of only a few trusts in England to achieve this highest rating.

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 in information governance.

NHS Digital has incorporated a cyber-security service into its care computing emergency response team. The intention is to enhance cyber resilience across the health and social care system by looking for emerging threats and advising healthcare organisations on how to deal with them. QVH receives alerts and acts upon them.

The cyber essentials scheme has been developed nationally to fulfil two functions:

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

In March 2022, QVH successfully renewed its Cyber Essentials accreditation and is on track to renew Cyber Essential PLUS accreditation in May 2022. This is the highest level of certification offered under the Cyber Essentials scheme. It is a rigorous test of an organisation's cyber security systems in which cyber security experts carry out vulnerability tests to make sure that the organisation is protected against basic hacking and phishing attacks. All sections reviewed at the time of the assessment were managed appropriately in terms of the Cyber Essentials Plus scope. The Trust has ongoing processes and procedures in place to maintain these standards.

Payment by results and clinical coding

The annual clinical coding audit for 2021/22 assessed the work of the clinical coding team. In recent years, and following the loss of experienced staff and a drop in coding audit results, QVH launched a recovery project which included the following:

- Procurement of a support package from an external supplier to support with training, auditing, back-fill coding and the daily support of a senior clinical coder
- Implementation of encoding software
- Support for two members of the team to complete further coding qualifications and achieve Accredited Clinical Coder status
- Improvement of clinician engagement
- Implementation of robust departmental processes
- Monthly internal audits.

The success of the project is shown by the audit results and comments from the auditor who said it was the highest scoring audit he had ever been part of. The report states that "The overall standard of coding at QVH is of an exceptional standard. QVH and its coders should be very proud of this truly excellent result." The results are as follows:

Clinical coding audit results

Area	2017/18 Audit	2018/19 Audit	2019/20 Audit	2020/21 Audit	2021/22 Audit
Primary diagnosis	98.4%	89.0%	86.0%	84.5%	98.0%
Secondary diagnosis	97.2%	93.9%	87.3%	91.1%	98.3%
Primary procedure	98.4%	95.5%	92.2%	94.7%	98.8%
Secondary procedure	98.8%	98.4%	92.4%	96.8%	98.6%

Area	Level
Primary diagnosis	>=90% standards met; >=95% standards exceeded
Secondary diagnosis	>=80% standards met; >=90% standards exceeded
Primary procedure	>=90% standards met; >=95% standards exceeded
Secondary procedure	>=80% standards met; >=90% standards exceeded

The team were also named 'highly commended' in the Data Quality – Specialist Hospitals category of the CHKS Top Hospitals awards for 2022.

Improving data quality

Data quality (DQ) is a measure of the condition of data based on factors such as accuracy, completeness, consistency, reliability and timeliness. At QVH, there is a data quality improvement group (DQIG) – a cross departmental group with an invitation list of 23 staff who meet on a monthly basis. The DQIG is updated by the DQ lead and these updates are informed by a DQ sub-group who meet fortnightly to progress projects agreed by the DQIG. Examples of these projects include:

- Improving ethnicity data capture
- Implementing new guidelines for the recording of patient deaths to ensure compliance with new guidelines
- Standardising the management of patient activity episodes
- Reviewing processes for recording bed occupancy.

The DQ lead works with operational teams and key stakeholders to assess the scale of the issue, identify risks, map as-is and to-be processes, implement changes and support with training. Once a project is transferred to 'business as usual', measures continue to be monitored and returned to the group by exception.

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 2021/22 four QVH inpatients died. The number of patients who died per quarter is shown in the table below.

	Q1	Q2	Q3	Q4
Number of deaths	2	1	0	1

The four cases were subject to structured judgement reviews (SJR). As a result of each SJR, no cases were found to be more likely than not to have been due to problems in the care provided to the patient.

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





Reporting of national core quality indicators and NHS Improvement national priority indicators including safety, effectiveness and patient experience

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

For each statutory indicator, the Trust's 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 is a requirement for inclusion.

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

Mortality

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

- QVH is primarily a surgical hospital which manages complex surgical cases but has very few deaths per year.
- QVH has a process in place to review all deaths on site, including those patients who are receiving planned care at the end of their life.
- A learning from deaths report is produced annually and presented to the board for scrutiny.
- Care provided to patients at the end of their life is assessed to ensure it is consistent with national guidance.
- All deaths are reviewed for internal learning and so that relatives may be informed of what happened to their loved ones.
- Data is collated on all deaths occurring within 30 days of treatment or inpatient admission 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 ascertained and shared.
- All deaths are noted and, where necessary, presented and discussed at the bi-monthly joint hospital governance meetings.

Area	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
In-hospital mortality	0.032%	0.005%	0.020%	0.026%	0.005%	0.015%	0.022%
In-hospital deaths	6	1	4	5	1	2	4

Source: QVH information system

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

Emergency readmission within 28 days of discharge

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

- QVH has a process in place for collating data on patient readmissions to hospital.
- Data is collated internally and patient episode details are submitted to NHS Digital monthly.
- Readmissions are generally to treat some of the complications that may arise from the original injury or from surgery, such as wound infections, or delays in surgery.
- We monitor all readmissions as a means to ensure our complication rate is acceptable and is reviewed for learning.

		<16	16+	Total
	Discharges	2264	18222	20486
2016/17	Emergency readmissions wihin 28 days	39	346	385
	28 day emergency readmission rate	1.72%	1.90%	1.88%
	Discharges	2261	18166	20427
2017/18	Emergency readmissions wihin 28 days	42	414	456
	28 day emergency readmission rate	1.86%	2.28%	2.23%
	Discharges	2206	17629	19835
2018/19	Emergency readmissions wihin 28 days	37	329	366
	28 day emergency readmission rate	1.68%	1.87%	1.85%
2019/20	Discharges	2008	17729	19737
	Emergency readmissions wihin 28 days	37	316	353
	28 day emergency readmission rate	1.84%	1.78%	1.79%
	Discharges	1538	15094	16632
2020/21	Emergency readmissions wihin 28 days	50	344	394
	28 day emergency readmission rate	3.25%	2.28%	2.37%
2021/22	Discharges	2036	17532	19568
	Emergency readmissions wihin 28 days	53	350	403
	28 day emergency readmission rate	2.60%	2.00%	2.06%

Source: QVH information system

QVH ensures that patient readmissions within 28 days of discharge that cause any concern are identified and discussed at speciality mortality and morbidity meetings and reviewed at the clinical governance group 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. We undertake analysis using statistical process control methodology.



Infection control – hand hygiene compliance

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

- QVH has a robust process in place for recording compliance with hand hygiene standards through monthly auditing and regular spot checks.
- Hand hygiene is promoted through ongoing education, mandatory training, regular auditing and constant challenge by the infection control team and link group members.
- All staff are encouraged and empowered to have ownership of infection control and to integrate its core principles within their departments and roles
- Monthly audits are undertaken in all clinical areas to ensure that all staff across each discipline are complying with standards. The audit tool has been modified to bring a focus on robust compliance with hand hygiene at the point of care and the identification the individuals who are non-compliant rather than the department as a whole. A record is held of non-compliant individuals and those who frequently do not comply will be managed formally by the infection control team and their line manager.

	Target	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Hand hygiene (washing or alcohol gel use)	95%	98.4%	99.1%	99.4%	99.2%	96.6%	93.4%	95%	98.7%

Source: Internal monthly audit of the five moments of hand hygiene

QVH ensures that hand hygiene remains a priority as it is associated with a reduction in healthcare associated infections. The Trust is 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. 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. We undertake analysis using statistical process control methodology.

Infection control – Clostridium difficile cases

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

- QVH has a robust process in place for collating data on Clostridium difficile cases through a root cause analysis to look for areas for improvement and to identify learning needs from every identified case.
- Incidents are collated internally and submitted monthly to the clinical commissioning group.
- Cases of Clostridium difficile are confirmed and uploaded to the UK Health Security Agency (UKHSA) by the infection control nurse.
- Results are compared to peers and highest and lowest performers, as well as the Trust's previous performance.

Clostridium difficile rates	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Trust apportioned cases	2	0	0	2	7	2
Total bed-days	14,278	14,242	14,063	15,518	8,882	10,482
Rate per 100,000 bed-days for specimens taken from patients aged two years and over (Trust appointed cases)	14	0	0	12.89	78.8	19.08

Source: Health and Social Care Information Centre data July 2022

QVH has seen Clostridium difficile rates back in line with previous years after a significant increase last year although rates are still above the current target of zero. Nationally, antibiotic prescribing rates are still high due to the pandemic and the increase in Clostridium difficile rates nationally reflect this.

All QVH, policies and procedures are linked to evidence-based practice and NICE guidance and they are reviewed regularly. Infection rates are routinely monitored through the Trust's infection prevention and control group and quality and governance committee. QVH strives to meet the challenging target of zero cases per annum.

Root cause analysis of this year's cases has shown one case was within 72 hours of admission from another healthcare provider and is therefore attributable to them. The other case was a patient who had received numerous antibiotics within a referring Trust due to their condition. These antibiotics would have been a contributing factor in the development of Clostridium difficile. The infection prevention and control team is working closely with wards and clinical teams to ensure compliance with Trust and national guidance. QVH has focussed on tackling the root of the antibiotic prescribing issue to ensure judicious use of antibiotics. This has involved a task and finish group and working with the medical director to engage prescribing clinicians. There is to be an increased focus on robust antimicrobial monitoring and prescribing, with a multidisciplinary team approach to challenge noncompliance. This will highlight the importance of correct antibiotic prescribing, ensuring the right drug is prescribed at the right time, for the right length of time, and with the right investigations.

Reporting of patient safety incidents

The national reporting and learning system (NRLS) is a central database of patient safety incident reports. Since the NRLS was set up in 2004, the culture of reporting incidents to improve safety in healthcare has developed substantially. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care. In July 2019, the publication of the NHS Patient Safety Strategy outlined future plans for the replacement of NRLS and StEIS (strategic executive information system) with updated technology. The live phase for this was scheduled for Q1 2020/21 but was postponed due to the Covid-19 pandemic. Some work has been progressed on the new system during 2021/22.

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

- QVH has effective processes in place for collecting data and information on patient safety incidents.
- Incidents are collated internally and submitted on a monthly basis to the NRLS.
- The NRLS data table shows an increase in reported patient safety incidents (raw data and per 1,000 bed days) and this reflects an increase in reporting from some identified lesser-reporting areas.

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21
Patient safety incidents	01/04/15	01/10/15	01/04/16	01/10/16	01/04/17	01/10/17	01/04/18	01/10/18	01/04/19	01/10/19	01/04/20
	30/09/15	- 31/03/16	_ 30/09/16	- 31/03/17	- 30/09/17	- 31/03/18	_ 30/09/18	_ 31/03/19	_ 30/09/19	_ 31/03/20	
Total report ed patient safety incidents	381	482	412	295	294	355	262	311	387	366	575
Incident reporting rate per 1,000 spells	52	69	57	42	41	49	34.9	46.61	55.2	55.7	66.2
Incident reporting rate per 1,000 spells	0	1	2	1	0	0	0	1	0	0	0
Percentage of incidents causing severe harm or death	0%	0.2%	0.5%	0.3%	0%	0%	0%	0.3%	0%	0%	0%
Acute specialist trust	01/04/15	01/10/15	01/04/16	01/10/16	01/04/17	01/10/17	01/04/18	01/10/18	01/04/19	01/10/19	01/04/20
benchmarks per 1,000 bed days	- 30/09/15	- 31/03/16	- 30/09/16	- 31/03/17	- 30/09/17	- 31/03/18	- 30/09/18	- 31/03/19	- 30/09/19	- 31/03/20	- 31/03/21
Lowest national incident reporting rate	15.9	16.05	16.34	13.67	14.82	17.6	19	20.48	23	19.1	15.2
Highest national incident reporting rate	104.45	141.94	150.63	149.7	174.59	158.25	142.8	184.1	184.1	177	185.2
Lowest national % incidents causing severe harm	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Lowest national % incidents causing death	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Highest national % of incidents causing severe harm	0.60%	0.40%	0.30%	1.40%	1.60%	0.60%	0.40%	0.30%	0.30%	0.20%	0.40%
Highest national % incidents causing death	0.80%	0.20%	0.30%	0.50%	0.20%	0.70%	0.40%	0.50%	0.20%	1.10%	1.90%
Average national % of incidents causing severe harm	0.10%	0.10%	0.10%	0.10%	0.20%	0.10%	0.10%	0.10%	0.10%	0.10%	0.20%
Average national % of incidents causing death	0%	0%	0%	0.10%	0%	0.10%	0.10%	0.10%	0.04%	0.08%	0.40%

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

QVH staff are required to report incidents as soon as they occur. Throughout the pandemic, staff have been encouraged and supported to complete timely investigations, ensuring any identified learning can be shared promptly.

Improved reporting of patient safety incidents to NRLS and NHS England continues to be a priority within the Trust.

WHO safe surgery checklist

In June 2008, the World Health Organisation (WHO) launched a 'safe surgery saves lives' global patient safety challenge to reduce the number of surgical deaths across the world. The five steps to surgical safety is part of this initiative and is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team to perform key safety checks. Each member of the team must be involved.

The WHO safe surgery checklist forms part of the five steps to surgical safety (NPSA 2010), each corresponding to a specific period in the normal flow of work. It starts with a 'team brief', where each patient is discussed with the whole team and any critical events identified and any learning objectives for the day are discussed. The 'sign in' is carried out before induction of anaesthesia, the 'time out' is before skin incision, the 'sign out' is before the patient leaves the operating room. This is then followed by the 'team debrief' looking at areas for improvement, any equipment issues, critical events, and if the learning objectives from the day were met.

The quantitative compliance of the use of the checklist is measured in real time by the surgical team and recorded on the theatre data base (ORSOS). A qualitative observational audit is carried out quarterly and focuses on human factors and behaviours of the team members. Quantitative audits of the use of the checklist in other departments, including outpatients, the corneoplastic unit and the maxillofacial unit, has been completed and learning objectives set for the teams in each area.

Results of quantitative compliance 2021/2022



Through the theatre audits, it is clear that the checklist is firmly embedded in practice and is a highly useful tool for staff, as it gives a platform to raise and voice any concerns in an open forum.

During preceptorship training (a period of structured transition for newly registered practitioners), one hour is spent on the use of the surgical safety checklist. The importance and rationale of the safety checklist is also presented at induction for junior doctors.

Venous thromboembolism – initial assessment for risk of VTE performed

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

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

VTE assessment rate	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22
QVH	98.67%	98.22%	98.26%	97.42%	96.54%	97.71%	96.87%	95.20%	92.70%	97.80%	96.50%	96.50%	98.30%	98.00%	98.30%	98.20%
National average	95.63%	95.49%	95.65%	95.71%	95.63%	95.47%	95.33%									
National average specialist trusts	96.66%	96.78%	96.33%	96.69%	97.02%	97.24%	96.52%	QVH continues to submit data but national benchmarking								
Best performing specialist trust	99.86%	99.82%	99.82%	99.92%	99.82%	99.89%	99.89%									
Worst performing specialist trust	92.28%	90.56%	90.56%	92.63%	93.46%	93.53%	80.58%									

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

We continuously strive to minimise VTE as one of the most common causes of preventable postoperative morbidity and mortality. We are committed to ensuring that those patients undergoing surgery are risk assessed and the necessary precautions are provided, including compression stockings and low molecular weight heparin.

QVH continues to undertake monthly audits in all inpatient areas and will continue to ensure it maintains its 95% target for VTE assessments within 24 hours of admission. Performance against this target is measured on a monthly basis using the Trust-wide performance dashboards.



Pressure ulcers

Hospital acquired pressure ulcers were reported for seven patients during April 2021- March 2022:

- Nine were category 2 (of which six were device/ equipment related and three were on sacrum or buttock)
- None were category 3
- None were category 4
- None were unstageable pressure ulcers occurring in patients admitted without skin damage
- None were deep tissue injury
- Moisture associated skin damage was reported for four patients:
 - two were incontinence associated skin damage
 - the other two were other moisture associated skin damage.

All moisture associated skin damage improved with skin care and did not lead to any pressure damage.

QVH has a robust process for collating the incidence of pressure ulcers including the category; anatomical site of pressure damage; if related to a type of device; or associated with a type of moisture. It highlights any recurring types and any requirement to understand and change practice. The tissue viability nurse acts as a clinical link between risk and the clinical areas to aid in the assessment of tissue damage.

All pressure ulcers category 2 and above are thoroughly investigated and root cause analyses are presented internally

to share learning and implement the required change in practice. The use of photographs and liaison with the reporters assists with accurately categorising the damage and ensures any damage that is non-pressure related is reported correctly.

The tissue viability nurse offers support and guidance to staff and patients with pressure ulcer prevention and management. The tissue viability nurse has been revising pressure ulcer guidelines and has been delivering virtual and increased face-to-face group training for link nurses and as part of the Care Certificate and Preceptorship and for all clinical staff. Training has raised awareness about patient risk factors and medical device related pressure ulcers, skin care to manage moisture associated skin damage and skin inspection for all skin tones.

Following a baseline audit, the tissue viability nurse, with support from link nurses and senior staff in clinical areas, has implemented changes to pressure ulcer prevention documentation. This includes a changes in the validated pressure ulcer risk assessment tool, with increased sensitivity to identify risks for surgical patients, and the national framework in preventative care plans. The tissue viability nurse plans to re-audit and identify any learning requirements.

Pressure ulcer development in hospital is collected and the results are monitored internally through the tissue viability nurse, clinical governance group and quality and governance committee.

	Target	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Development of pressure ulcer grade 2 or above per 1,000 spells	0	0.6 (total = 11)	0.9 (total = 17)	0.5 (total = 10)	0.4 (total = 9)	0.2 (total = 5)	0.4 (total = 8)	0.5 (total = 8)	0.5 (total = 8)*

*For 2021/22, no pressure ulcers were above grade 2.
NHS friends and family test - patients

Friends and family test (FFT) results are used to help us improve our services and the care we provide. The results allow us to take immediate action when there is a problem and to monitor the effectiveness of improvements.

Full FFT data submissions and reporting have been available throughout the 2021/22 financial year. However, the continuing impact of the pandemic has, however, reduced the opportunity for patients to provide FFT feedback face-to-face or as a written submission.

Where patients wanted to share their experience or raise concerns, they were encouraged to contact the patient experience manager by email or telephone and were also directed to the Care Opinion website. Patient feedback throughout the year has been very positive, especially from our inpatients, with 100% of respondents likely or very likely to recommend us to their friends and family each month between June 2021 and January 2022.

Data is collected from patients who spend at least one night on a ward or visit us for day for surgery or a procedure, patients who attend our minor injuries unit or outpatient trauma unit and patients who attend our outpatient departments and use our community-based services.

Feedback is collected through a range of different methods including text messages, paper surveys and integrated voice messaging. The FFT is one way of gathering patient feedback and helps us to improve our hospital services and patient experience using nationally reported and validated data.

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

NHS FFT scores (from patients)		Minor injuries unit							Acute inpatients					
	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22		
% extremely likely/ likely to recommend	95%	96%	96%	96%	97%	94%	98%	98%	99%	98%	99%	99%		
% unlikely/extre mely unlikely to recommend	2%	2%	2%	2%	2%	3%	0%	0%	0%	0%	0%	0%		
Response rate	27%	24%	23%	18%	29%	23%	46%	43%	42%	39%	30%	38%		



REPORTING OF NATIONAL CORE QUALITY INDICATORS

Complaints

We continue to respond to concerns raised by patients and their families through the complaint process and to learn and take action from the feedback provided.

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

- We have a responsibility to establish a complaints procedure in line with statutory requirements.
- The arrangements are made accessible to all patients and their families.
- The Trust has a target for responding to all complaints within 30 working days.
- Our process ensures that complaints are dealt with promptly and efficiently and that complainants are treated courteously and sympathetically.

Our comments and complaints procedure has three main elements:

- Listening to hear and take seriously all feedback that is received, whether that is a formal complaint, a compliment or other patient experience.
- Responding to provide a full written response to complaints. All responses are investigated by an appropriate senior manager and reviewed by the chief executive.
- Improving our complaint processes not only provide an investigation and formal response to the complainant but also identify gaps in our service provision and changes that may be needed to improve our services for patients.

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

	Target	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Complaints per 1,000 spells (all attendances)	0	0.4	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Complaints per 1,000 spells (inpatients)	0	4.1	2.8	2.6	2.5	2.9	3.5	2.8	2.7

Between April 2021 and March 2022, we received 56 formal complaints and 92 PALS (patient advice and liaison service) queries.

Same sex accommodation

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

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

	Target	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Failure to deliver single sex accommodation (occasions)	0	0	0	0	0	0	0	0

QVH is committed to providing every patient with same-sex accommodation to ensure privacy and dignity is safeguarded when patients are often at their most vulnerable. Segregated accommodation has been maintained during 2020/21 through the use of single rooms and the appropriate planning of patient admissions.

Freedom to speak up guardian

QVH has a freedom to speak up guardian elected by staff. The guardian provides staff with confidential advice and support in relation to concerns about patient safety. The role reports directly to the chief executive and the freedom to speak up guardian attends the board of directors meeting bi-annually to report on feedback. QVH works proactively to support an open culture where issues are identified and lessons sought to be learnt from.

Part of the sustained commitment to the Gosport independent panel report has been to increase the protected time for this role. Other ways in which the Trust supports staff to speak up include a confidential 'Tell Nicky' chief nurse email account that is available to all staff and a quarterly staff survey of staff views. Where appropriate, the Trust has acted on whistleblowing information and taken formal disciplinary action.

The Trust takes its duty of candour seriously, reaching out to patients and their families to apologise and taking corrective action where necessary.

Feedback received through the NHS and Care Opinion websites

The Trust has a system in place to monitor feedback posted on two external websites – the NHS website (previously NHS Choices) and Care Opinion. Feedback is sent to the relevant service or department manager for information and action. QVH aims to provide a timely response to each comment received which acknowledges the comment and provides general information when appropriate. The response also promotes the patient advice and liaison service (PALS) as a mechanism for obtaining a more personalised response, or to ensure a thorough investigation into any concerns raised.

Workforce

We are very aware of the need to attract a diverse workforce into senior roles, and the annual equalities and diversity report also sets out how QVH is addressing the workforce race equality standard and workforce disability equality standard. QVH is signed up to the government's Disability Confident Employer scheme to support and encourage applicants with disabilities to apply for roles. An equality and diversity action plan is monitored at the finance and performance committee and a number of significant milestones have been achieved during 2021/22. With the increasing use of e-workforce systems, QVH continues its deployment of electronic rostering systems and leave management which have been widely used and have been an excellent resource to draw upon during the pandemic. There is more visibility of what activities employees are undertaking at

any one time and a clearly defined approach to annual leave. Workforce has started to deploy all medical and dental staff onto the rostering and rota management systems to work towards a more focused deployment of staff and ensure a safe skill mix within clinical areas such as theatres.

Wellbeing

QVH has a health and safety group which regularly receives reports from across the Trust, highlighting any risks and how they are being addressed. In addition, the workforce department provides quarterly information on the support provided to staff through external occupational health and employee assistance providers and the internal physiotherapy service. Data on this is also included in workforce reports to the board and board sub- committees. Since June 2019, QVH's occupational health service has been provided by Cordell Health with dedicated occupational health advisors for selfreferrals and management referrals on site three days a week. Staff are able to self-refer to the internal physiotherapy service provided on-site at QVH.

The employee assistance service is provided by Care First and provides all staff and their immediate relatives with a range of personal and professional support including confidential counselling and legal advice for both work related and nonwork issues; stress management; advice to staff on injuries at work; a 24-hour comprehensive advice service; and access to an online wellbeing portal.

Since March 2020, the advisory team, part of the workforce department, have taken a leading role in supporting staff health and wellbeing through a programme of initiatives and information. The QVH Stay Well initiative has continued to ensure staff have access to support and resources on a range of topics with input from the Trust's psychological therapies team. In 2021, 30 mental health first aiders were trained and the healthy workplace allies network was established which will develop with staff with other diverse needs such as disability and women's health.

NHS ENGLAND NATIONAL PRIORITY INDICATORS





NHS ENGLAND NATIONAL PRIORITY INDICATORS

NHS England (NHSE) uses the following national access and outcomes measures to assess governance at NHS foundation trusts. Due to the unprecedented impact of the Covid-19 pandemic, performance for non-urgent care was significantly impacted through both the stand-down of routine activity and QVH mobilising as a regional cancer hub to support patients from across Kent, Surrey and Sussex.

NHSE national priority indicators for safety, effectiveness and experience can also be found in section 2.

QVH's 2021/22 performance against the waiting time indicators is shown below.

Non-elective waiting times – minor injuries unit

The minor injuries unit (MIU) continued to deliver against the four hour standard. Attendances have increased significantly over the past year as a result of limited services in local GP surgeries.

			P	erforman	:e		Quarter	ly trend	
		National Priority indicator	Target	Annual	RAG	Q1	Q2	Q3	Q4
Experience	Minor injury unit access	Attendees completing treatments and leaving within four hours in minor injuries unit	95%			99.58%	99.48%	99.45%	99.78%

Source: QVH information system

Elective waiting times

In 2021/22, waiting times continued to be severely impacted by the Covid-19 pandemic. QVH stepped up as a cancer hub supporting breast, skin and head and neck oncology services across Kent, Surrey and Sussex during the pandemic. This provided vital surgery for cancer patients but also had an impact on QVH-specific waiting lists.

The total number of patients waiting longer than one year for treatment increased substantially as capacity was utilised for the management of cancer and other patients prioritised for their clinical need. QVH is maintaining zero patients over 104 weeks, and has made achievements in reducing the number of patients waiting over 78 weeks. We have maintained the number of patients waiting over 52 weeks, however this is a particular challenge for the trust due to the volume of patients, patient choice delays, and continued challenges around Covid-19.

All the patients on the waiting list have been assessed for clinical priority and this information is used to manage the scheduling.

	Qua	rter 1 202	1/22	Quarter 2 2021/22			Quarter 3 2021/22			Quarter 4 2021/22		
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Referral to treatment within 18 weeks Target 92%	71.20%	74.14%	77.59%	76.08%	75.52%	73.53%	71.80%	70.31%	67.82%	68.10%	67.16%	65.40%
Patients waiting greater than 52 weeks	715	534	370	310	272	225	213	206	229	192	197	198
Total waiting list size	10,583	10,487	11,032	11,524	11,242	11,224	11,211	11,438	11,541	12,241	12,711	13,544

Cancer waiting times

During 2021/22, QVH continued to improve waiting times for cancer patients. We have made good progress in delivering the new faster diagnosis standard and sustained performance delivery on the 62-day standard.

The number of late referrals received by QVH and the increase in complexity of cases made achieving the trajectory set out for 62 and 104 day waits challenging.

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

	Qua	rter 1 202	1/22	Quarter 2 2021/22			Quarter 3 2021/22			Quarter 4 2021/22		
QVH trust performance	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Two week wait	97.83%	98.48%	97.00%	91.21%	89.25%	89.66%	90.21%	88.76%	94.79%	93.04%	93.90%	91.20%
62 day referral to treatment	87.50%	89.23%	89.33%	88.41%	91.67%	91.67%	85.54%	88.00%	87.65%	92.31%	90.70%	95.15%
31 day decision to treat	95.45%	97.33%	97.96%	96.70%	95.59%	96.00%	96.51%	94.90%	94.05%	95.29%	96.70%	95.58%

Patients with cancer are prioritised using our validation system and this feeds into the clinical harm review processif there are delays.

Diagnostic waiting times

Diagnostic waiting times for radiology have returned to pre-pandemic levels. Performance for reporting turnaround times has continued being greater than 95% reported within seven days throughout the period.

	Quarter 1 2021/22			Quarter 2 2021/22			Quarter 3 2021/22			Quarter 4 2021/22		
QVH trust performance	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Diagnostic waits < 6 weeks	98.88%	97.51%	94.07%	90.76%	86.89%	86.24%	87.88%	91.06%	87.60%	89.70%	92.02%	89.88%
Diagnostic reporting complete within 7 days	96.78%	99.13%	97.24%	97.03%	97.05%	98.09%	97.19%	95.43%	95.74%	98.00%	94.95%	98.69%



Operations cancelled by the hospital on the day for non-clinical reasons

Work has continued during the year to understand and mitigate the reasons for non-clinical cancellations on the day. All non-clinical cancellations on the day are reviewed weekly to identify any learning and to share with the wider multidisciplinary team. Every effort is put in place to ensure the delivery of safe surgical care resulting in 10,179 cases being delivered for 2021/22.

	How data is collected	Target	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Minor injuries unit patients leaving without being seen	Data collected from PAS in the minor injuries unit	5%	1.62%	1.30%	1.67%	1.46%	0.33%	1.56%
Operations cancelled on the day of surgery for non- clinical reasons and not rebooked within 28 days	Data collected from PAS and theatre systems	0	4	14	14	16	2	15
Urgent operations cancelled for non-clinical reasons for a second or subsequent time	Data collected from PAS and theatre systems	0	0	0	2	2	4	2

Equality of service delivery to different groups

All Trust policies are subject to an equality impact assessment to ensure no adverse impact on patients or staff with protected characteristics. In line with the public sector equality duty, QVH also works to reduce or remove the disadvantage suffered by people because of a protected characteristic, for example ensuring alternative pathways for patients with learning difficulties or dementia who often cannot tolerate a nose and throat Covid-19 swab. We review patient feedback in both the national friends and family test and the annual national inpatient survey by gender, age, disability and ethnicity, checking for any emerging issues requiring action. Work continues to increase the comprehensiveness of information on patients' protected characteristics, including ethnicity coding, in order to monitor equality of access. QVH has improved its reporting on health inequalities especially in relation to cancer. A monthly report is produced and presented at the Trust's cancer board, focusing on deprivation, age, gender and ethnicity looking at patient cancellations, non-attendances and diagnosis to ascertain if any trends can be identified and improvements made. This information is shared across primary care in Sussex. Similar reporting has also started for long waiting patients on non-cancer pathways.



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Anaesthetics

The anaesthetic department at QVH includes 23 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 preoperative assessment, anaesthesia, pain and critical care services.

During 2021, the anaesthetic department was again at the forefront of the planning and delivery of the hospital's response to the evolving Covid-19 pandemic and the demands of the recovery and restoration plan. The rapid increase in case numbers as services returned to normal in the summer of 2021 was complicated by the new variant, meaning that we had to adapt again to cover short term shortages of staff and the department readopted a second tier on call rota as Omicron became dominant.

Members of the anaesthetic department continue to provide senior management roles and the anaesthetic department lead provides simulation training for theatre and ward staff to prepare them for managing clinical emergencies and -19 patients.

A consultant anaesthetist has been seconded as lead for physiological investigations and pathways to the QVH community diagnostics centre (CDC) project. This centre aims to bring greater access to investigations to more patients, more rapidly in order to reduce health inequalities and achieve earlier diagnosis and treatment. It is part of a national drive to develop such centres, with QVH as an early adopter in Sussex.

We continued to make training for our anaesthetic junior doctors a priority. Despite significant staffing issues, they all met their training targets. In the regular GMC survey of trainees, the QVH anaesthetic department received no red flags and 5 out of 19 criteria were rated green, making the department a strong positive outlier nationally and with the best results of any department at QVH.

Pre-assessment clinic

A dedicated team of nurses and anaesthetists run the preassessment clinic. The clinic continued to evolve to meet the demands of the service through the latter waves of the pandemic with a hybrid clinic – seeing some patients in clinic, but also seeing a considerable number virtually. The department continued to make sure that all patients were well screened, so that their treatment was smooth, complications were rare and late cancellations were kept to a minimum.

Critical care

QVH continues to provide a specialist critical care unit (CCU) for patients undergoing major plastic and maxillofacial surgical reconstruction procedures, as well as receiving complex head and neck trauma, burns injuries and limb trauma. Over the course of the last year, despite the intermittent nature of the CovidCOVID-19 pandemic, the unit has supported the South East Cancer Network in providing primary cancer operations and their post-procedural reconstruction, as well as adapting to self-managing recurrent surges of novel waves of the virus.

CCU has been essential for the training and development of skills required for the stepping down and continued management of patients on the expanded head and neck unit. Its introduction and continued utilisation since Covid-19 has enabled complex and advanced cases to be undertaken safely and efficiently, with a clear pathway for post-operative recuperation alongside a dedicated multidisciplinary team.

Whilst some of the nurses in CCU have been promoted to other areas of the hospital, this is a testament to their own dedication, in conjunction with the development they have gained through working in CCU, and we wish them all the best in their new roles. For the existing members of the team, their hard working nature, combined with a friendly and compassionate demeanour, remains one of their greatest assets and we look forward to introducing new faces into CCU over the coming year to continue in this vein.

Post anaesthetic recovery unit

QVH had one of the first recovery units in the country. Today, we run one of the only local nurse-led extubation services which is supported by the anaesthetic department with training and mentoring of staff. We have recently expanded this service to older children.

Research

Since the last report, QVH has recruited the largest number of patients from all trusts in Kent, Surrey and Sussex into the National Institute of Healthcare Research's flagship PQIP (perioperative quality improvement programme) study. Within the study, we are now focussing on analysing outcomes after breast reconstruction surgery. In addition, we recruited 45 patients into the SNAP 3 study that aims to examine complications in frail, elderly patients. We have also collaborated to examine the link between facial expressions and the perception of pain in people having hand operations.

Pain

The pain team consists of three pain nurse specialists and one anaesthetic consultant. Between them they cover every day of the week and occasional Saturdays or bank holidays when there are complex patients on the wards.

We have continued to enhance our non-opioid methods of prescribing over the past year. The two virtual reality kits, purchased with a burns charity donation, have been very successful on Peanut Ward and with adult burn patients. Between these two cohorts, we have recorded over 300 uses in around 18 months. The kits provide distraction and decrease anxiety in a fun, engaging way.

We have also reintroduced an old drug (ketamine) to the wards to be used in low doses orally when opioid drugs are not effective. This was approved at the medicines management and optimisation group last autumn and is now embedded in both Ross Tilley and Margaret Duncombe wards. We previously only used it intravenously on CCU. It has helped in the management of chronic pain for patients who are having surgery and are already taking high doses of painkillers.

Last summer a snapshot audit was carried out looking at every patient for five days, checking on the rate of regular analgesia, whether pain scores reflected top-up analgesia given, and if the effect of this analgesia was recorded. The results were positive, with an increase in rates from the previous audit in all areas. Every postoperative patient and the majority of preoperative patients had regular analgesia prescribed. Electronic observations enabled more accurate follow up of pain scores and patients reported that the majority of nurses did check that their analgesia had been effective.

The paediatric team is introducing intranasal fentanyl for painful procedures on Peanut Ward and the pain team has supported them with this. We have used this successfully before in a pilot and are now introducing a permanent change.

The latest project is an effort to reduce opioid use after breast reconstruction with the use of long acting local anaesthetic. This formulation was licensed in Europe last October and we are just about to start a pilot study of 30 patients.

Sustainable healthcare

The anaesthetic department have been collaboratively involved in getting the hospital's Green Plan up and running. We have already exceeded national targets for reducing waste anaesthetic gases, but are currently striving to do even more. As a department we are committed to making our patients' operative journeys as safe as possible, while also minimising the associated carbon footprint. There are many ideas currently being worked on and we will unveil and celebrate these as they come to fruition.

Simulation training

The large expansion in simulation training necessitated by the Covid-19 pandemic has resulted in widespread recognition by clinical and non-clinical staff of the benefits offered by a hospital simulation programme, both to patient safety and staff confidence. Simulation programme developments in 2021/22 are summarised below.

Return to work sim

Simulation (sim) training was delivered to medical staff returning to work after shielding from Covid-19. The training was further extended to staff returning from maternity leave and long-term sick leave.

Clinical skills and drills added to in-situ human factors training

A simulation approach is also used for human factors training which looks at the factors that can influence the behaviour and performance of human beings in a system. It allows us to understand how people perform under different circumstances and why errors happen.

Staff feedback showed that in addition to human factors training there was a desire to learn specific clinical skills. The sim team made changes to the in-situ simulation training format, incorporating clinical skills and drills stations to the emergency scenarios being delivered.

Staff selected scenarios

Training scenarios the simulation team were requested to deliver during the year were often in response to clinical emergencies that actually occurred. Staff recognised that running a simulation of the same emergency soon after maximised interest, relevance and learning.

Expansion of trust wide simulation training 2021/22



Breakdown of staff groups attending simulation training

- Doctors
- ODPs
- HCAs
- Ward Nurses
- Theatre Nurses
- Site Practioners
- Burns Nurses
- Student ODPs
- Recovery Nurses
- TNAs
- Student Nurses
- Student Paramedics
- MIU Nurses



Medical trainee targeted simulation

Core dental trainees have received simulation training as part of their induction for several years. The simulation programme has expanded in the last year to include half-day training for the anaesthetic trainees once every three months (focusing on QVH-specific airway scenarios), and half-day training for core plastic trainees once every six months (focusing on recognition of the surgically unwell patient).

Targeted anaesthetic training

It was recognised by the anaesthetic department that simulation skills and drills training would be an efficient way of keeping staff up to date in essential but infrequently used emergency skills. The simulation faculty delivered training once every four months that was open to the whole department and extended to CCU and theatre staff. This included chest drain insertion training, scalpel cricothyroidotomy, tracheostomy related emergencies management and intraosseous needle insertion.

Simulation faculty development programme

During Covid-19 all non-essential face-to-face training across the NHS halted and external access to simulation faculty courses was no longer possible. The simulation team looked to develop their own faculty development programme, with four to six half-days per year for faculty to book on to. The inaugural half-day included training on effective debriefing and the role of the surgical faculty.

Sharing QVH expertise

An electrochemotherapy for cutaneous malignancies masterclass was run by QVH for colleagues from other trusts. Simulation was employed to demonstrate standard procedure and offer an opportunity for subsequent practice.

Simulation investment

To ensure simulation based training is embedded in all clinical areas and to build resilience into simulation delivery, QVH has agreed funding for two substantive part time AHP roles.

In addition, we are looking at creating a part time developmental AHP role, with a nominated staff member from each clinical area working with the simulation team, rotating on a four- month basis. Embedding simulation based teaching within everyday clinical practice across the Trust is a key objective over the next few years.

The QVH Charity funded the acquisition of a task trainer for practicing chest drain insertion skills and airway emergencies, both of which are relevant to the specialist surgery QVH undertakes. Over 40 members of staff have benefited from training using this manikin to date. The education department has funded additional front of neck access and intraosseous access training models, as well as specialist kit to allow the development of airway fire related scenarios.

The trust also benefits from a high fidelity Sim Man 3G manikin which is owned by Health Education England and situated in the regional dental skills lab on the QVH site. The simulation team use it to enhance the delivery of training across the Trust.



Education and workforce development

Nursing and allied health professionals

A QVH education steering group has been established, bringing together education and training leads from across the Trust with a focus on current and future workforce development. The group is representative of all QVH staff, both clinical and non-clinical.

New inter-professional training was introduced for ophthalmology, osteotomy surgery and hand trauma during the last 12 months. QVH continues to deliver established training programmes such as the burns management study day which is now virtual and has been accessed by over 100 NHS staff from across the region. The focus for 2022 is to further develop QVH training programmes for both internal staff and external professionals to meet the needs of patients.

QVH has invested in a health care support worker lead (HCSW). This role started at the beginning of 2022. They support new HCSW from interview to induction, working alongside them in clinical practice. They deliver training and offer career development advice for this group of staff. In 2021 eight HCSW were awarded the Care Certificate.

Our first Registered Nurse Degree Apprentice (RNDA) started their training in September 2021. They were quoted in the Nursing Times describing their journey from HCSW to RNDA at QVH. We are supporting our second RNDA from September 2022. In the last year, QVH had three Nursing Associates registered with the NMC and have four Trainee Nursing Associates out in practice.

There are four operating department practitioners apprentices on their degree pathway with another two to start in September 2022. QVH also supported new specialist apprenticeships in ophthalmology and radiology for HCSW career development. New apprenticeship opportunities in radiology and physiotherapy are being reviewed for possible introduction in 2022/23. QVH supported HCSW staff who held an overseas nursing professional qualification to register with the NMC and work as registered nurses. This initiative will be extended to Health and Care Professionals Council professions during 2022/23.

Throughout the pandemic QVH has supported preregistration student clinical placements for all nursing programmes, radiology, operating department practitioners, therapies, paramedics and other allied health professionals. This has enabled these students to meet their programme outcomes and go on to register with their respective professional bodies.

QVH has invested in education through the upgrading of the A-Wing lecture theatre by using Covid-19 training recovery money received from Health Education England (HEE), purchasing simulation equipment and funding new roles to support the delivery of education. Staff have accessed funding through the funding panel for post-registration education in oncology and ITU and leadership level 6 and 7 modules. Staff have attended conferences, workshops and training opportunities to support their ongoing continued professional development (CPD).

Medical and dental education

Funding was used to improve facilities for virtual reality medical and dental training as well as other simulation equipment. Covid-19 training recovery funding was also used to free up plastic surgery registrars to attend theatre lists, providing additional educational opportunities. Staff and associate specialist grade doctors (SAS) CPD funding was used to give a number of SAS doctors development opportunities. Face-to-face teaching and training sessions have been reintroduced in all specialties, with regional training also now being delivered on site. The potential of the dental skills lab, funded by HEE, is also starting to be realised with a variety of CPD courses for dental staff at all levels being delivered in conjunction with HEE.

Facial paralysis

Caring

Facial palsy – Thanks to the work of Sir McIndoe and his team on the wounded WWII airmen who came to be known as his Guinea Pigs, East Grinstead became known as 'the town that never stares'. We have always understood the value of destigmatising those traumatised by scars and deformities. In that tradition, the QVH facial palsy team uses advanced techniques to hide scars during facial reanimation and deformity surgery. This also helps with the psychological rehabilitation of our patients. With the help of the QVH clinical psychology team, we provide holistic well-being and mindfulness clinics for our facial palsy patients. Foot sensation-preserving nerve harvest – With the help of Imperial College London, our team now uses an alternative method of harvesting nerves with their intrinsic blood supply for those affected by facial palsy. This is important as this method preserves heel sensation – a vital tool in those with balance issues, often found in facial palsy patients with brain tumours. This has minimised the collateral damage that these patients suffer from because of facial reanimation surgery and has significantly improved their lives. This has also gained global kudos with one of these cases being recognised as one of the best examples of reconstructive microsurgery in the world in 2021 by the World Society of Reconstructive Microsurgery.

Effective

The legacy of the Covid-19 era: virtual clinics – The rapid expansion of virtual clinics necessitated by the Covid-19 pandemic has led to some long-lasting positive changes. With a nationwide reach, the QVH facial palsy team sees over 2,000 patient episodes per year with two consultants, four facial therapists and two psychologists in addition to regular pathways to the oculo-plastic and corneoplastic teams at QVH. All of our new referrals are now seen online, which allows our patients to start their treatment from anywhere in Britain with approximately a third of our follow-ups being virtual. This has improved patient experience while reducing costs for both the NHS and patients. The QVH facial palsy service is now among the top telemedicine clinical services in the NHS – a model that we are sharing with other facial palsy services within the NHS.

Surface EMG service: avoiding the need for unnecessary surgeries – Over the past year, we have integrated the surface electromyography (EMG) device into our service. Patients who now have access to these devices can, with the support our specialist facial therapists, avoid the need for unnecessary surgeries in conditions like psychological suppression of facial emotions. This particularly afflicts those with previous facial trauma having a post-traumatic stress disorder component as well as those who have been bullied. This is part of QVH's holistic approach to these injuries and has helped avoid potentially unnecessary and sometimes, stigmatising surgeries.

Simpler surgeries with better outcomes – FINT-7, which stands for Fascicular Ipsilateral Nerve Transfer of the Facial nerve (VII), is an emerging concept in facial reanimation. It involves borrowing nerves from the same side of the facial nerve which controls facial expression, to improve a patient's ability to express themselves emotionally. Building on this concept from Japan, QVH has been utilising this to improve a patient's ability to express themselves with less invasive operations.

Novel supermicrosurgery skills training – During the Covid-19 lockdowns, when fewer patients were able to be seen, the QVH facial palsy team took the opportunity to work on improving surgical techniques in the laboratory setting. This is particularly important in facial reanimation surgery as every tiny nerve branch down to 0.1 mm is repaired for maximum benefit. At QVH, we have developed a simple, cheap, and effective way of training the next generation of supermicrosurgeons here at QVH using our existing facilities. Since 2019, we have successfully run specialist microsurgical training examinations for our trainees so that QVH's legacy will continue unabated, for the benefit of all. There are plans to expand this model to the national level.

Responsive

New treatment pathways – It is now well-recognised that good dental health can be challenging for facial palsy patients as they cannot access their teeth, particularly on the affected side when it is tight. The incidence of dental caries is higher than normal and the QVH facial palsy team is in the process of setting up a referral pathway for all new patients with dental complaints to the QVH orthodontic service. This is an example of how QVH builds cohesive teams across boundaries for the benefit of our patients.

Earlier restoration of facial function after cancer surgery – As part of the collective approach to facial palsy, the QVH facial palsy unit has for many years supporting our head and neck oncology teams in maxillofacial surgery and ENT to rebuild faces after extensive cancer surgery. Previous data from top centres in the USA have shown that only 10% of cancer victims with facial paralysis have any attempt to reverse this at the time of their original surgery. This is a similar situation in the UK. QVH's experience shows that immediate surgery to reattach these damaged nerves should be undertaken in all instances of cancer patients necessitating sacrifice of their facial nerves or muscles. We are global leaders in this field and, through our training interface group fellowship and other training programmes, are instilling this approach in the next generation of surgeons. It is our vision that by 2030, this will be standard global practice.

Well-led

Setting global trends – During the International Facial Nerve Symposium, the world's premier facial palsy meeting, QVH cemented its position of one of the major international centres in facial palsy along with the likes of Harvard and the Mayo Clinic in the USA. QVH had a total of 29 presentations, seven symposium lectures and one invited keynote lecture. It was a great honour for QVH to be recognised in this way, which was capped by winning the best presentation award. Newer concepts such as motor end-plate innervation (MEPI), the East Grinstead grades of stiffness (EGGS) and the 'second-child' effect were shared with the global audience. This was well received and QVH hopes to share this with future generations of surgeons via its McLaughlin and TIG facial fellowship programmes.

Breast reconstruction

The breast reconstruction unit at QVH is one of Europe's largest providers of autologous breast reconstruction (using the patient's own tissue). We remain the sole provider of this service to the people of Kent, Surrey and Sussex and also provide specialist services to patients from across the UK. In 2021/22 QVH surgeons performed 354 free flaps in 264 breast reconstruction patients, with only one flap failure.

Our aim is to deliver a safe, efficient, high-volume, high quality service, and provide outstanding training to the next generation of breast reconstructive plastic surgeons via our microsurgical fellowship posts. The complexity of our work is increasing and in 2021 for the first time we performed ground-breaking 'four flap' reconstructions (using both sides of the abdomen and both thighs) for two patients requiring bilateral breast reconstruction. These patients recovered well and had successful outcomes. The complex reconstructive work undertaken at the unit is supported by an oncoplastic multidisciplinary team meeting held jointly with breast colleagues from Royal Surrey County Hospital, which has recently expanded to include Sussex breast surgeons. We hope to welcome additional input from Kent in the near future.

The Covid-19 pandemic has continued to cause significant disruption to the service over the last year. Fortunately, we have moved on from the national moratorium on breast

reconstruction which was in place during the first wave of the pandemic in early 2020. During this period, and again during the second wave, QVH was designated a regional cancer hub, allowing breast oncology patients from across Kent, Surrey and Sussex to be treated by their local MDT with surgery at QVH. This enabled patients with high risk cancers to receive appropriate timely treatment, while resources at their base hospitals were directed towards the management of Covid-19. Fortunately, for the whole of the 2021/22 year we have been able to continue to provide our immediate free flap breast reconstruction service, although our delayed reconstruction work has been impacted at times.

Some useful modifications since the pandemic have included virtual clinics, enabling patients to securely upload relevant photographs and have telephone or video consultations. The virtual nurse-led clinic allows patients to access a specialist breast reconstruction nurse for advice, queries and concerns. Key services such as the breast reconstruction seminars and breast reduction seminars have also been offered virtually, allowing more patients to attend and avoiding patients having to travel long distances for an additional appointment. Another innovation arising from the Covid-19 pandemic is that, where possible, immediate breast reconstruction patients are now seen in a 'one-stop' clinic. This enables them to have their consultation with a surgeon, preoperative scans and preoperative assessment in one day rather than attend the hospital on multiple occasions.

Our current challenges include increasing demand for immediate breast reconstruction, and long waiting times for our delayed reconstruction patients. In the latter part of 2021, the demand for immediate reconstruction slots outweighed our capacity and we had to briefly close to referrals. We established a working group with representatives from NHS England, the clinical commissioning groups and our referring breast surgeons to increase capacity for immediate reconstruction and ensure that we are using theatre capacity as efficiently as possible.

Hand surgery

The hand surgery department serves approximately 5 million people in the South East, covering an area from Dover, Canterbury and Brighton to the outskirts of London with elective surgery five days a week and a weekend trauma service.

Elective hand surgery comprises congenital hand deformities for which QVH is both a regional and national service. Hand trauma comprises fracture fixation, nerve injuries, tendon injuries, infections and reconstruction of burn injuries to the upper limb. Trauma in other forms like brachial plexus injuries and orthopaedic reconstruction of bony defects in the upper limb is also carried out jointly with orthopaedic surgeons, both at QVH and in a new spoke unit that has been established at Royal Sussex County Hospital in Brighton to treat complex upper limb injuries in conjunction with orthopaedic surgeons. Skin cancers, tumours of the hand, some bony tumours and nerve tumours are also treated in the hand surgery department at QVH. Treatment of arthritis and degenerative diseases of the hand is also a very important part of the regional hand unit. Nerve injuries requiring tendon transfers and rehabilitation of traumatised hands are a large part of the workload.

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

QVH trauma referral points



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

New developments in the department

A new modular theatre is being built on site and this will be available to the hand service from July 2022 onwards.

Clinical effectiveness

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

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

Flexor tendon audit

A new and more aggressive flexor tendon regime is being vigorously audited to reduce the already good rupture rate for flexors tendons at QVH, improve outcomes and possibly reduce the time a patient needs to wear a splint as we progress.

Wide awake local anaesthetic surgery

Large numbers of patients are now treated by wide awake local anaesthetic surgery, resulting in a reduction of the amount of time and utilisation of anaesthetic personnel. This has also allowed for the use of different theatre complexes for many common procedures.

We now have a plastic joint clinic at the Royal Alexandra Children's Hospital in Brighton which assists the local orthopaedic surgeons with paediatric hand problems.

Burns service

The QVH burns service is renowned for providing world-class, multidisciplinary, specialist burns care for adults and children. It provides medical, surgical, wound and rehabilitative burns care to patients in Kent, Surrey, Sussex and parts of South London for a very wide range of burn types and sizes. This includes up to critical care level for adults. Peer support networks and activities are also available for patients.

In addition, QVH provides a burns outreach service across Kent, Sussex, Surrey and parts of South London, run by a clinical nurse specialist. QVH's burns care adviser works closely with referring services and the London and South East Burns Network (LSEBN) to ensure a consistent approach to the initial management and referral of patients with a burn injury.

In 2021/22, the QVH burns service accepted:

- 1,310 adult (>16 years of age) new referrals a 6.5% increase on the previous year – of which 111 needed immediate inpatient admission
- 727 paediatric (<16 years of age) new referrals an 8.1% decrease in referrals.

QVH's paediatric ward provides day case and outpatient paediatric services. Children who require inpatient and/or critical care are referred to paediatric burns services within the LSEBN that have the appropriate facilities. The inpatient paediatric divert came into effect in August 2019 and is a temporary measure while the service is being reviewed.

During 2021, both the adult and paediatric burn services moved physical locations and adapted new working practices as a direct result of the Covid-19 pandemic. Greater use of telemedicine and the introduction of virtual clinics (both video and telephone) occurred. Both have shown potential to be adapted and integrated into future permanent working patterns within the burns unit for the benefit of patients.

In 2021/22 there were four adult mortalities in the service. There were no paediatric mortalities. All patients are discussed at weekly multidisciplinary 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 guarterly burns governance meeting and at a joint hospital governance meeting. All burns mortality cases are peer reviewed at the annual LSEBN audit meeting, with any outlier cases taken to the national burns mortality meeting. Key burns performance indicators are recorded and analysed through QVH's active participation in the international burns injury database (iBID) programme. This compares QVH's performance with that of all other English burns services in relation to set quality indicators.

Overall in 2021, QVH achieved better than the national average for the six valid dashboard indicators for both adult and paediatric burns care. Several years ago, QVH initiated 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 without detrimental effects on scarring. Evidence is now emerging that patients over the age of 65 have similar outcomes even if their healing time is extended to 31 days. However, a shorter burn healing time may reflect better quality of care through dressings, better quality of life due to a shorter duration of wound care, surgery and prevention of infection. Average healing time is expressed in terms of the median average.

The QVH burns team is actively involved in several local and national burn research projects and innovative treatments including use of technology such as virtual reality headsets to reduce pain during dressing changes; telemedicine in patient care; and enzymatic debridement techniques and protocols. These projects have continued into 2022. We have commenced additional innovative projects such as integrating SpinCare into our practice as a spray-on dressing for partial-thickness burns and skin graft donor sites as well as introducing QR codes to provide easy access to digital versions of our patient information leaflets.

Average time for burn wounds to heal (measured in days from date of injury)

Target	2015	2016	2017	2018	2019	2020	2021
Paediatric <16 years wound healing within 21 days	11	11	11 (86%)	11 (85%)	11 (82%)	12 (85%)	Not available yet
Adults <65 years wound healing within 21 days	17	17	13 (73%)	15 (62%)	13 (54%)	16 (65%)	16 (62%)
Adults >=65 years wound healing within 31 days	24	28	18 (74%)	21 (61%)	20 (50%)	29 (54%)	29 (53%)

Length of stay (days)

	2016	2017	2018	2019	2020	2021
Paediatric <16 years	2 days	2.40 days	1.7 days	2.2 days	N/A	N/A
Adults <65 years	8 days	5.8 days	6.3 days	5.4 days	5.9 days	4.8 days
Adults >=65	14 days	8.7 days	11.3 days	9.5 days	12.8 days	5.8 days

Innovation

SpinCare is an innovative spray-on dressing suitable for partial thickness burns and skin graft donor sites. The burns team have undertaken an evaluation and trial of the product with increased patient comfort reported compared to standard burn dressings along with good ease of application. We are now integrating SpinCare into our dressing armamentarium within burns and look forward to improving our patient experience.

QVH has also been involved in the pilot study across the UK to develop a national set of burns patient reported experience measures (PREMs). The initial pilot has been completed and we are awaiting the report and further development of this project.

Responsive

Our latest digital project has been the development of QR codes for our burns patient information leaflets. Our patients can now use their mobile phones to scan the QR codes in the emergency burns assessment centre (EBAC) and have immediate access to the information leaflets that they need without needing to carry paper versions. We are very pleased with this project and look forward to expanding its scope.

On the burns ward, we have developed 'Room 5' into a treatment room suitable for managing larger ward-based or outpatient dressings. This allows us to have a better working space for staff undertaking the dressings, hold the appropriate stock and set up the space better for patients during long dressings that also require substantial analgesic support.

The day case pathway for patients with smaller burns requiring surgery has been streamlined and is allowing us to use our ward beds more effectively while still treating smaller burns in a timely manner.

Well-led

We support full professional development and advancement of skills within our nursing team. They have already shown themselves to be leaders in the UK for enzymatic burn debridement. Some of our senior nurses are now undertaking training on sharp debridement in burn and other wounds. We encourage additional skill development in the unit as the patient benefits have always been very clear and our nursing team are very innovative.

Skin cancer care and surgery

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

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

QVH made a significant contribution to the cancer recovery work of the region and despite the continuation of the Covid-19 pandemic QVH carried out 1,552 BCC excisions in 2021/22. This is higher than the year before and QVH will to continue to support the national and regional cancer recovery plans. In 2021/22, 94 were incompletely excised, giving an overall complete excision rate of BCCs at QVH in 2021/22 of 93.9%.

	Target	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Complete excision rates in BCC	98% and British Association of Dermatology guidelines	92.50%	94.10%	96.80%	90.20%	93.50%	94.40%	95.70%	91.60%	93.90%

Melanomas are excised with margins of healthy tissue around them, depending on the type, size and spread of tumour. These margins are set by national and local guidelines and each case is discussed by the multidisciplinary team. Total excision may not be possible in some patients because of the health of the patient or the size, position or spread of the tumour, and the team may recommend incomplete excision. For malignant melanomas the overall numbers are up in 2021/22 at 271. The proportions of incomplete excisions has decreased, however, with one incompletely excised melanoma giving an overall complete excision rate of melanomas at QVH in 2021/22 of 97.8%.

	Target	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Complete excision rates in malignant melanoma	QVH target 100% NICE guidance 75%	96.50%	96.10%	98.40%	94.40%	94.60%	89.20%	97.20%	98.90%	97.80%

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

Corneoplastic and ophthalmology services

The corneoplastic unit, including our eye bank, is a specialist centre for complex corneal problems, oculoplastic and glaucoma conditions.

The specialist cornea service is a tertiary referral centre for complex corneal cases nationally. These include high-risk corneal transplantation, as well as innovative partial thickness corneal transplants (lamellar grafts) where a layer as thin as 15 micron is transplanted to restore the clarity of cornea and thus improve patients' eyesight. Furthermore, our programme on stem cell transplantation for ocular surface rehabilitation has helped tens of patients from across the nation to restore the gift of sight.

The unit provides specialist Keratoconus treatment to the region as well as south west England, corneal collagen cross

linking for stabilising Keratoconus, and corneal implants (inlays) together with laser or lens-based surgery to restore vision. We use sophisticated lasers to correct vision in patients who are intolerant to glasses or contact lenses or those referred to us with refractive surprises after cataract surgery.

Our visual rehabilitation service with special contact lenses, corneal (intracorneal ring segment implantation) and intraocular interventions (phakic intraocular lenses) are up to the highest standards and are unique in the country, with our patients benefiting from access to advanced technological equipment (femtosecond laser) by a highly specialised surgical team. During the Covid-19 pandemic we have adopted a one-stop 'see and treat' corneal cross-linking pathway which helped many patients, especially those travelling from afar.

We have our own renowned eye bank (almost 70 years old) which produces serum eye drops for complex eye surface disease and severe dry eye patients, processes corneal grafts, and procures other transplant tissue for ocular surgery. The eye bank services are extended to help other eye departments across England.

The cornea service has also been organising teaching activities and grand rounds with a national and international audience attending, highlighting the reputation of the department which is a reference point for ophthalmologists across the world. The team is known for teaching internationally, including corneal transplant courses.

In our forward planning we focus on sustainability and reducing carbon emission.

Cataract service

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

The cataract service has been provided consistently, aiming to maintain a short waiting time from consultation to first eye surgery despite the pandemic impact. The vast majority of patients that need cataract surgery to both eyes have this completed in less than six months from their first consultation, enjoying a clearer vision in a short period of time. The high quality of the service is regularly audited and we pride ourselves on a complication rate that is well below the national average. Moreover, patient feedback has been exceptional.

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

The QVH corneoplastic team are active in publishing and driving innovation for corneal and oculoplastic specialities. In the post-Covid era, the unit continues to expand upon new ways of treating patients to reduce hospital attendance. It has embraced remote video and telephone consultation technology and continues to modify surgery to minimise early postoperative follow-up, including innovative methods of eyelid suturing so that patients can remove their own sutures. This allows more patients to be treated, reduces patient travel and helps reduce carbon emissions.

The cancer treatment pathway that was maintained during the pandemic through telemedicine and new systems for emailing photographs and video consultations continues. The corneoplastic unit is now returning to full capacity to help clear the backlog of patients waiting for elective surgery, providing a regional and national service to treat sightthreatening diseases and eyelid disorders and to become a super-regional unit for corneal and ocular plastic surgery. Inpatient care and emergency surgery were maintained throughout the pandemic and post-pandemic period for complex corneal ulcers, corneal melts, ocular perforations and sight-threatening ocular surface conditions as well as periocular cancers.

The corneoplastic unit works closely with the QVH facial palsy team and has introduced many innovations in facial palsy rehabilitation, including the Malhotra platinum segments for upper adjustable eyelid loading. Recent work has been directed towards developing innovative ways to improve eyelid malposition in facial palsy. The unit continues to publish papers on improving outcomes in facial palsy surgery. The team have also introduced a new validated standard for measuring watery eye, based on their national research study TEARS, which will help to define and monitor treatments for this condition with better accuracy. The corneoplastic unit, alongside the facial palsy team is recognised internationally as a leading centre for facial palsy care and innovation. This is evident by over 20 presentations at the recent International Facial Nerve Symposium in Korea.

Nationally, the current demand for consultant-led clinics continues to exceed capacity in all ophthalmic subspecialties. In response, during the past 12 months, the glaucoma service has rapidly increased the capacity of the glaucoma virtual clinic, resulting in many more patients being seen and consulted during the lockdowns. Patients attend for an appointment where measurements and images are taken by a technician and the data is reviewed later by a doctor. This reduces the time patients need to be at the hospital and supports efficient use of consultant time. It has proved very successful with high rates of patient satisfaction. The glaucoma team offers the full range of investigations and treatments and specialises in minimallyinvasive glaucoma surgery.

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

Head and neck cancer services

The combined head and neck department at QVH continues to provide a high volume, specialist service to West Kent, Surrey and Sussex, offering surgical management for all tumours of the head and neck.



The previous high volume trends seen throughout the COVID-19 pandemic have continued with QVH becoming a cancer hub for the third time in December 2021. This has kept the number of major case operations, including complex free flap reconstruction, at a persistently high level.



Major cases by year

These trends, seen throughout the pandemic, are welldocumented and continue to offer challenges to the unit which is now well versed in managing two to four major cases per week.

In addition to high volume, QVH offers a complexity of surgery that is beyond the national standard. We have treated a higher number of the largest and most locally invasive tumours (T4 grade tumours) than the UK average and more recently have experienced an increased number of cases with regionally advanced disease (N3, most advanced spread to neck lymph glands). This is in addition to performing operations in the salvage setting in nearly a quarter of all cases, where surgery is being repeated or is following chemotherapy or radiotherapy to treat persistent or recurrent disease.

Additionally, we continue to offer a very high number of free flap reconstructions, which require the transplant of a piece of bone, muscle or skin into the resulting tumour defect and repair of the inflow and outflow blood vessels to allow this transplant to survive. Each cancer operation requiring free flap reconstruction takes between 8-16 hours to perform and is dependent on expert post-operative care for 5-14 days. In 2021 we performed 60 free flaps, including fibula, iliac crest, medial sural artery perforator, latissimus dorsi, radial forearm and anterolateral thigh flaps.

Despite our high volume, the outcomes for our patients remain excellent. Our 30-day readmission rate is 1.7%, survival within 30 days is 99.2% which is equal to the highest performing units in the country, and our mean length of stay is lower than the national average at 12.9 days for major cases. For reconstruction, the introduction of a bi-monthly reconstructive multidisciplinary team and the continued expert efforts of our critical care unit and head and neck ward staff have resulted in free flap survival being the highest yet recorded in our service at 96.7%.

We continue to offer highly complex variations of standard free flap reconstructions, involving combinations of bone, muscle and skin, to best serve our patients both functionally and aesthetically. Included within this is a move towards more nerve transfers and vascularised nerve reconstructions for our patients undergoing facial nerve sacrifice, allowing restoration of function of the face with time.

Many of the excellent outcomes achieved over the last year have been boosted by the ever- improving, dedicated, dynamic and expert head and neck unit developed and introduced during 2020/21. The unit offers world-class expertise in head and neck care. It has grown form strength to strength and, if not for occasional staffing challenges due to staff sickness during Covid-19, the unit could be a global flagship for exemplary head and neck oncology care. We would hope that as we learn to live with Covid-19, this challenge will be resolved.

Outside of clinical activity, the team as a whole continues to provide an academic contribution to national and worldwide research and literature. This year we have been actively involved in recruiting to the national SAVER trial for precancerous lesions. In collaboration with other centres, the QVH maxillofacial team is in the process of presenting and publishing work on centralising pathology services for oral cavity sentinel node biopsy to improve national access to this treatment. Additionally, a multi-centre, retrospective cohort study is underway investigating the features of adenoid cystic carcinoma of the head and neck, which promises to provide the largest such cohort published. A plethora of additional smaller studies in parotid imaging, mandibular reconstruction and the use of intra-parotid Botox before major cancer resection are also underway.

Orthodontics

In 2021, the QVH orthodontic department team saw around 950 new and 12,050 follow-up orthodontic patients. We also run multidisciplinary clinics with both our cleft and maxillofacial surgical colleagues and our restorative colleagues as well.

Outcomes for patients receiving their care in the QVH orthodontic department

The PAR (peer assessment sating) index provides an objective measure to assess the improvement gained by orthodontic treatment. The higher the PAR score, the poorer the bite or occlusion. At QVH, blinded calibrated data continues to be prospectively collected by our technicians on all our orthodontic patients following active treatment. The graph produced from the results splits the data into three clearly defined categories: greatly improved, improved, and worse/no difference. In interpreting the results, a mean PAR score improvement of greater than 70% represents a very high standard of treatment.

In 2021, the QVH team produced results indicating that 99% of our patients were assessed as improved or greatly improved; 70% were in the greatly improved category. These results are well in excess of average figures demonstrating very good outcomes at the QVH orthodontic unit.

The team investigates the patients whose outcomes do not improve as we would like, and a root cause analysis of how to prevent the same happening to other patients is undertaken. We continue to investigate this on an annual basis.

Pre/Post PAR for all Clinicians 2021



Greatly improved 70% Improved 29% Worse/No better 1% National Gold Standard 70% Greatly improved/improved

Patient satisfaction in orthodontics

Questionnaires are completed by patients who have completed orthodontic treatment. The aim of this rolling prospective audit is to measure the level of patient satisfaction following completion of orthodontic treatment. Our patients do this privately and digitally directly into our outcomes kiosk on completion of their care.

The majority of patients (82%) were completely satisfied with the result of their treatment and 100% were satisfied or completely satisfied.

All patients (100%) felt that they were given sufficient information regarding their proposed treatment, demonstrating a good rapport between patients and those providing their care.

Nearly all (99%) patients were happy with the appearance of their teeth after treatment; 99% reported improved selfconfidence; 99% reported an improved ability to keep teeth clean; 99% reported improved ability to chew; and 99% reported improved speech.

Patient feedback for the hypodontia service

The QVH orthodontic team runs a multidisciplinary service for patients with developmentally absent teeth in a condition known as hypodontia. This is a challenging area of our practice where we work with our restorative colleagues to determine how best to restore or manage the condition of missing teeth. Feedback questionnaires are completed for all patients attending this clinic. Outcomes from March 2021 confirmed that:

- 100% of patients left the clinic with an understanding of the proposed treatment plan for their or their child's treatment
- 100% of families reported that their child was included in the decision-making process.

Patient satisfaction of treatment of sleep disorders with mandibular advancement splint

QVH has one the largest dedicated sleep centres in the UK responsible for the treatment of sleep-disordered breathing. There is close liaison with the sleep centre and the orthodontic unit who receive up to 400 referrals for the provision of potential treatment. Treatment involves a non-invasive intra-oral appliance (mandibular advancement splint – MAS) which can improve the quality of sleep in mild to moderate sleep apnoea. This brings the lower teeth and jaw forwards, opening up the airway at the back of the mouth, so air is able to flow unrestricted and reduce the patient's experience of breathing problems.

Over the years, our referral base has 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 86%.

We continue to prospectively audit patient satisfaction and aim to identify those patients who are most likely to benefit from a sleep splint by identifying clinical parameters that will indicate those most likely to respond positively to this treatment.

Following on from the previous year's audit, the results for the MAS service are as follows:

- 84% of patients are wearing the splint at least four nights a week or more
- 74% of patients claim that their apnoea has resolved
- 73% of patients claim that their sleep quality is better than it was before
- 68% of patients claim that their daytime sleepiness is better than before
- 89% of patients of claim their general well-being is better than before following the splint fitting.

After requests from patients for written instructions to supplement the verbal advice given in the clinic, the department has produced a patient information leaflet which reinforces the details given. Patients have commented positively on this supplemental information and we will continue to provide this when fitting a MAS for all patients.

We have reviewed whether the department met the standards set from the previous year. In 2019, 76% of patients stated that their sleep quality had improved and this parameter was broadly the same at 73% in 2021. It is also important to highlight that 89% of patients reported an improvement in their general well-being after the MAS was fitted compared to before treatment. In addition, 79% of patients were sharing the same room with their partner, with 58% reporting their partner's sleep quality also improved.

The provision of MAS by the orthodontic department has a clear benefit to the quality of life of patients suffering from sleep apnoea and hypopnea and supports the high quality outcomes of the clinical work undertaken in the orthodontic unit at the QVH.



Maxillofacial prosthetics service

QVH hosts Europe's largest maxillofacial prosthetic rehabilitation centre, offering all aspects of care, including facial and body prosthetics; cranial implants; indwelling ocular prosthetics; rehabilitation after head and neck cancer or plastic surgery; and surgical guides for jaw alignment surgery.

The service at QVH is one of only five accredited reconstructive science training institutions. As such, it has government funded training posts under the modernising scientific careers scientist training programme. While complying with current post-Brexit legislation concerning the manufacture and supply of medical devices, the department has sought to improve its in-house 3D surgery planning and device manufacturing capability. During the last 12 months, one staff member successfully completed an MSc in 3D additive manufacturing. While still in the initial development stages for use with head and neck surgery cases at QVH, engagement with these new technologies has already assisted with surgery planning for head and neck cancer and congenital surgery cases. The in-house 3D facility has reduced theatre time and progressed the quality of perioperative devices resulting in improved postoperative outcomes.



3D computerised orthognathic jaw surgery planning

Sleep disorder centre

The sleep disorder centre was established in 1992 and provides a comprehensive service for all aspects of sleep medicine for adults from the south east of England. It employs over 30 staff, including consultant physicians, physiologists, technicians, administrative staff and secretaries. It is one of the largest services in the UK, receiving around 4,000 new patient referrals per year with the numbers of referrals increasing at a significant rate. It is a tertiary centre, receiving referrals of complex patients from other sleep centres.

The centre's facilities enable the team to diagnose and treat the full range of sleep disorders classified by the international classification of sleep disorders (ICSD-3). These comprise insomnias; sleep disordered breathing; central hypersomnias; parasomnias; circadian rhythm disorders; and movement disorders including nocturnal epilepsies. Treatments for sleep disordered breathing include CPAP; non-invasive ventilation; adaptive servo ventilation; orthodontic services for mandibular advancement devices; and surgery including bi-maxillary osteotomy.

2021 was an extremely challenging year due to a combination of the on-going pandemic and long term absence of medical and clinical staff. The service recruited several locum consultants who provide appointments remotely via the video and telephone platforms. The service underwent an independent peer review towards the end of the year and a comprehensive action plan has been developed to implement a range of recommendations arising from the review. The service has appointed a new clinical lead and instigated a recruitment plan, in conjunction with Epsom and St Helier University Hospitals NHS Trust, to bring new consultants on board. We have also recruited a principle pharmacist to oversee prescribing and use of medications and this has been welcomed in a positive manner by patients and colleagues. We have supported two members of our technician team to undertake a formalised apprenticeship with St George's University Hospitals NHS Foundation Trust and will seek to expand on the learning from this in future years.

Minor injuries unit

The minor injuries unit (MIU) serves the community of East Grinstead and the surrounding areas with services running from 8am to 8pm daily including weekends and all bank holidays. Throughout the pandemic, the MIU has remained busy, and seen a significant rise in attendances particularly over the last six months. In the financial year 2020/21, 9,009 patients attended MIU for treatment and in 2021/22 there were 13,836 attendances. The current average daily attendance in MIU is between 40 and 50 patients.

The MIU team currently consists of nine emergency practitioners and four receptionists and the team are proud to provide safe and effective care to all patients. The MIU is nurse- and paramedic-led and each practitioner is a highly trained and experienced specialist who can assess, diagnose, treat and manage a vast number of minor illnesses, minor ailments and minor injuries in adults and children over the age of one. There are three practitioners on the team who are non-medical prescribers and one practitioner is currently undertaking the advanced nurse practitioner MSc programme.

Covid-19 pandemic

During the pandemic, the MIU has supported acute and primary care services, allowing patents to have face-toface consultations. The MIU team faced the challenges of the pandemic while endeavouring to ensure that patients continued to receive acute medical care.

The ability to see patients face-to-face was embraced by the community, especially those seeking medical assistance at such an uncertain time. The MIU team were able to support primary care and other health services, especially when the availability of postoperative dressing care from other agencies was less accessible. The chart below shows the number of patients seen and treated in MIU over the last two-plus years.



MIU attendances

The chart represents the number of patients seen for dressings in clinic and those for initial clinical presentation and treatment of minor injuries and illnesses.

In January 2021, as part of the national Covid-19 vaccine roll-out, the MIU team supported colleagues with the staff vaccination programme. Everyone embraced the historic opportunity with great anticipation and pride. The MIU team were also proud to be a part, along with other QVH colleagues, of the Crawley Hospital vaccination centre when it opened to the public in March 2021. During this time, the MIU practitioners continued to provide much needed acute services to patients in the local area and beyond. The team supported the Crawley Hospital vaccination centre for two months until attendances in MIU increased and the full workforce was required again.

During the pandemic, service improvements continued to be introduced in MIU. Through collaboration with specialty teams – including hand trauma and therapy, maxillofacial and plastics – the site practitioners' team have been able to maintain the Trust's key strategic objectives in delivering excellence and enhancing patient treatment pathways. In addition, the MIU team were able to continue with regular training, journal clubs and teaching sessions alongside the provision of excellent patient care. The continued educational and professional development has resulted in the ability to maintain a positive patient experience which remains above the national standard as represented below.

New developments

At the beginning of September 2021, a new digital booking system was introduced to allow patients to be booked directly into MIU. The booking system allows the team to know of a clinical referral in advance, enabling prioritisation of clinical urgency.

In May 2022, QVH practitioners attended a minor surgical skills course in London which will enable the team to assess, treat and manage a small number of minor surgical conditions in MIU. This will be an exciting venture for the MIU team, as one of the main aims is to avoid patient treatment plan disruption, ensuring the MIU remains a one stop service for patients.

Radiology

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

QVH was selected as Sussex's early adopter site for a community diagnostic centre. QVH received financial support from NHS England to expand its ultrasound rooms

Overall score of service



and increase service provision. We have been supporting surrounding trusts with their local CT and ultrasound backlogs. Patients who have visited QVH have appreciated being seen more quickly than they might have done elsewhere and have given good feedback, as shown in the charts below. QVH have also been delivering some out-ofhours lists for Ultrasound and MRI to support patients from across the region to receive more timely scans.

Overall score of service



A collaborative and flexible working approach has been key to continued service delivery throughout the changes and challenges faced by health and care services during the pandemic.

Collaborative work with the theatre team has allowed repatriated breast cancer cases to be treated at QVH. The radiology department has been instrumental in the integration of the PACS system and breast imaging equipment and the implementation of standard operating procedures to ensure standards of care are outlined and met. Breast surgery was again re-patriated to QVH during 2021/22 and the established system worked well once again.

There has been a great deal of collaborative working during 2021/22 with the creation of a new community diagnostic centre breathlessness pathway. Clinical teams from radiology and outpatients and Dr Matt Lees, QVH consultant anaesthetist have worked with Moatfield GP surgery in East Grinstead to pilot this new pathway. It aims to enable a faster diagnosis for patients by bringing together all the relevant tests and specialists to assess their findings. This pilot will also shape other new pathways and improve health equality.

Further collaboration has been seen in audit and quality improvement. Janet Dark, general superintendent in radiology, has worked with the medical physics team at Maidstone and Tunbridge Wells NHS Trust, operating department practitioners (ODPs) and recent QVH registrars Alexandra Khoury and Raouf Ahmed on a quality improvement project for surgeon safety whilst using x-ray guidance for theatre cases. The audit was started by Janet and subsequently taken on by the ODP team and Alexandra as local results proved extremely positive with a reduction of surgeons exposing their hands to radiation during theatre procedures. This project and findings have resulted in the project being approved to be presented at the International Federation of Societies of Surgery of the Hand.

Janet Dark also won the 2021 Trust audit prize for quality improvement. The project was around the screening of lead aprons rather than using traditional screening methods.

There has also been collaborative working in the field of allied health professionals (AHPs) with the creation of the Sussex AHP faculty and council. There is a drive for regional cooperation around shared issues such as recruitment and retention, careers promotion, establishment of careers ambassadors, student placement expansion and apprenticeships. At QVH we have representation from therapies, ODPs, radiology and nursing working together with HR to create reports and correct electronic staff records. As a collaborative we are making meaningful inroads to ensure there are shared approaches on issues such as student paperwork, induction packs, and business cases.

Sir Mike Richards 2020 review of NHS diagnostic capacity highlighted the shortage of clinical radiology staff and showed a gap analysis for assistant practitioners, radiographers, reporting radiographers and radiologists by 2024. In response, Health Education England have provided funding for courses. QVH has successfully placed one member of staff on the reporting radiographer post graduate course during 2021 and an assistant practitioner apprentice on the foundation degree course from February 2022. The department is looking to further upskill and develop staff by introducing a degree-standard apprenticeship in diagnostic radiography linked to Sussex University. The first candidate will be eligible to enrol for study starting in September 2022.

QVH is looking forward to an entirely new PACS system with regional image sharing meaning less need to have images sent here from surrounding trusts. This will be rolled out later in 2022 and will give QVH direct access to University Hospitals Sussex NHS Foundation Trust; Royal Surrey NHS Foundation Trust; Ashford and St. Peter's Hospitals NHS Foundation Trust and East Sussex Healthcare NHS Trust. This will improve patient care and reduce possible delays for multidisciplinary team discussions, treatment planning and onward care management.

Parkinson's disease service

The QVH Parkinson's disease service is a specialist team consisting of a consultant geriatrician and Parkinson's disease nurse specialist providing a multidisciplinary approach to our local population. We are supported by the QVH therapies team who play an integral role in the care of our patients. We are extremely fortunate to have a community based Parkinson's disease nurse as this allows certain patients to be visited at home for specialist advice who otherwise would not get seen. By way of a regular multidisciplinary team meeting, all members of the team looking after the patient are regularly involved to provide the best care for the patient. We also have links to the local hospice as well as neurologists at neighbouring trusts should we need further expertise to support the care of any patient.

Psychological therapies

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

The department includes clinical psychologists and psychotherapists and a specialist paediatric clinical psychologist. We have a therapist dedicated to the burns ward and therapists supporting the facial palsy and facial anomaly clinics, insomnia clinic, and paediatric and burns multidisciplinary team meetings. We also have a specialist clinical psychologist for cancer services and a specialist complex assessment and referral psychologist who is currently offering support to the orthognathic department.

The department continues to offer the full range of individual and group therapies to patients and staff. Therapeutic approaches included CBT (cognitive behavioural therapy), CBTi (for insomnia), EMDR (eye movement desensitisation and reprocessing), solution focussed brief therapy, ACT (acceptance and commitment therapy), and mindfulness.



STATEMENT OF DIRECTORS' RESPONSIBILITIES FOR THE QUALITY REPORT



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 2021/22 and supporting guidance Detailed requirements for quality reports 2021/22
- 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 2021 to March 2022
 - papers relating to quality reported to the board over the period April 2021 to March 2022
 - feedback from commissioners dated June 2022
 - feedback from governors dated June 2022
 - feedback from local Healthwatch organisations

Healthwatch West Sussex chose not to comment on the quality report but provides 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 2022.

- the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, expected publication August 2022
- the national patient survey publication expected Autumn 2022
- the national staff survey published 30 March 2022
- CQC inspection report dated 23 May 2019.

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

- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions and is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the board

Anita Donley Chair 29 June 2022

Steve Jenkin Chief Executive 29 June 2022

STATEMENTS FROM THIRD PARTIES

Sussex NHS Commissioners

Thank you for providing the clinical commissioning groups (CCGs) the opportunity to comment on the quality account for 2021/22. We appreciate the ongoing collaborative working, open communication with the Trust's senior clinicians throughout the COVID-19 pandemic and subsequent recovery period. There has been continued strengthening of collaborative working and this has been strengthened over the past twelve months.

We congratulate the Trust for the positive approach to quality improvement. Some highlights noted include:

- 99% of inpatients stating their experience was 'very good' or 'good'. This reflects both the quality of clinical care, and the way staff treat every patient as an individual, taking the time to listen to what matters to them.
- The increasing focus on health inequalities, improving data collection and the analysis to improve intelligence, such as the levels of later referrals for men with head and neck cancer compared with women. A monthly report is now produced focusing on patient cancellations, non-attendances and diagnosis and is reported against deprivation, age, gender, and ethnicity.
- The QVH clinical coding team were highly commended in the Data Quality – Specialist Hospitals category of the national awards this year, which was a welldeserved recognition of the way Trust clinicians and coders work together.
- The Trust's significant participation in research demonstrates its continued commitment to improving the quality of care it offers and to making a valid contribution to wider health improvement.

The Trust achieved many successes in 2021/22, most notably:

- Improvements for patients who have virtual appointments; a virtual receptionist was recruited to help meet the national target of 25% for remote consultations. Patient feedback remains positive.
- Staff emotional wellbeing support programme: following support from the Trust's psychological support team, pre- and post-therapy results showed an improvement in the measure of psychological distress, anxiety, clinical depression, levels of wellbeing and measures of traumatic impact for those staff requiring interventions from the team. This has also improved waiting times in general practice for those staff seen by the Trust service.
- Multidisciplinary safer surgery bimonthly training for all surgery and theatres staff. Simulation training continues with positive evaluations.

The CCGs acknowledge the continued importance of priorities identified by the Trust and would like to review the Trust's progress against key priorities for 2022/23:

- Falls prevention programme
- Inter-professional education programme across the core and sub specialties to support staff in the delivery of high-quality care
- Embedding high-quality shared decision making conversations between clinicians and patients.

We look forward to the continued collaborative working with the team at the Trust.

Statement from QVH Council of Governors

Within the constraints of the production deadlines for this report, it did not prove possible for the Council of Governors to review it collectively on this occasion. Governors were however invited to make their own individual comments and two took the opportunity to do so.

They observed that what we see at QVH is a consistent delivery of high quality service with very active audit, training and focus on continuous improvement. The areas of risk such as staffing levels are constantly monitored and action taken. Both internal and external audits including by CQC support this positive view.

It was noted that there had been an increase in operations cancelled on the day of surgery for non-clinical reasons and not rebooked within 28 days from two in 2020/21 to 15 in 2021/22 but that the report did not express a view as to whether this was a significant increase or essay an explanation for it.

There was also comment that what is particularly pleasing and evidenced by presentations from patients and relatives at public board meetings is that even where things are good the staff are focused on what can be done better and when things have gone wrong an openness to ask what could have been done differently without attributing blame is evident.

West Sussex Health and Adult Social Care Overview and Scrutiny Committee

Thank you for offering the Health & Adult Social Care Scrutiny Committee (HASC) the opportunity to comment on QVH's quality account for 2021/22.

HASC agreed in 2016 that formal responses from the committee to quality accounts, from that year onwards, would only be forwarded to NHS providers where HASC had undertaken formal scrutiny of those providers within the previous financial year. Therefore, as the committee did not scrutinise any services directly provided by QVH in 2021/22, the committee will not be making any comments this year.

Healthwatch West Sussex

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

Healthwatch England, 2020

Having clarified that the structural layout of the document remains unchanged, and assuming that this will continue to create a quality account that remains inaccessible to people outside the NHS, we will not be reviewing any quality accounts this year.

Healthwatch West Sussex, 2022

NOTES





Queen Victoria Hospital is a specialist NHS hospital providing life-changing reconstructive surgery, burns care and rehabilitation services for people who have been damaged or disfigured through accidents or disease.

Our world-leading clinical teams provide specialist surgery and non-surgical treatment for people across the south east and beyond. We specialise in conditions of the hands and eyes, head and neck cancer and skin cancer, reconstructive breast surgery, maxillofacial surgery and prosthetics.

In addition, the people of East Grinstead and the surrounding area benefit from our expert clinicians treating more common conditions in our areas of specialism. We also provide a minor injuries unit, therapies services and a sleep service.

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

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





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