

QUEEN VICTORIA HOSPITAL

QUALITY ACCOUNT

2023-24



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PART 1: INTRODUCTION

In our Quality Account, we set out how the Queen Victoria Hospital NHS Foundation Trust (QVH) improves quality and safety through a relentless focus on our safety culture, routinely embedding best practice in the care provided to our patients so that avoidable harm is prevented.

1.1 STATEMENT ON QUALITY FROM THE CEO OF QUEEN VICTORIA HOSPITAL

“Queen Victoria Hospital (QVH) is an exceptional hospital. We are the smallest acute trust in England but our reputation stretches around the world. That is the result of the high quality services, innovation and partnership working being at the core of our clinical work. We continue to place quality, safety and the experience of patients at the forefront of everything that we do. This quality report sets out in detail our commitment to continuous, evidence-based quality improvement, the progress we have made over the last year and our plans for the coming year.

QVH provides service to three overlapping populations. In 2023-24, we provided a range of services for local people in and around East Grinstead including our minor injuries unit, a cohort of community-based services and our developing Community Diagnostics Centre (CDC). The CDC enables local GPs to refer their patients for tests (diagnostic and physiological) and also to access our innovative clinical pathways including patients that are experiencing breathlessness. These support prompt diagnosis and treatment. We provided surgical and non-surgical treatment for patients within Sussex across our suite of specialties (including plastics, oral maxillofacial surgery, sleep and ophthalmology) and our specialist and regional services support patients in Kent, Surrey, across the southeast and beyond.

Patient surveys continue to give us ratings for quality that are among the highest in the country. We were rated as the best hospital in the country in the latest national NHS adult inpatient survey. Similarly, results from the friends and family test indicate that over 99% of our patients would recommend us to their friends and family. Through clinical audit, we have maintained our continuous work to assess and improve our services. We have been able to assure ourselves that QVH remains at the forefront of good practice and in many cases share our practice to benefit other trusts. Our participation in research is one of many areas where we make a contribution to the wider NHS, which is greater than expected for a trust our size. Involvement in research helps us to attract the best clinical staff, supports our teams in staying abreast of the latest treatment possibilities and enables us to deliver the very best care for our patients.

QVH is an outward looking organisation. We participate in national and international conferences to learn and to share expertise, and we work in strong partnerships closer to home across Sussex and into Kent and Surrey. Our staff are rightly proud of the amazing work that happens at QVH and are determined to further improve our services for patients. As illustrated so clearly throughout this report, QVH continues to provide compassionate care and excellent clinical outcomes across our life changing services. Our staff are passionate about their work and further improving services for patients. For 2024-25, QVH’s approach to quality will remain focussed on delivering excellence in all that we do and so continuing to provide high quality, safe and effective services.”



James Lowell

Chief Executive Officer – Queen Victoria Hospital

1.2 WHAT IS A QUALITY ACCOUNT?

A quality account is an annual report that providers of NHS healthcare services must publish to inform the public of the quality of services they provide. This not only tells the public of the things we are doing to provide the best quality healthcare services, but also encourages us to focus and be completely open about service quality and helps us develop ways to continually improve. Each year we collect a large amount of information on the quality of the service we provide within three areas defined by the Department of Health and Social Care: patient safety, clinical effectiveness, and patient experience. Please see link for further detail <https://www.england.nhs.uk/ourwork/part-re/nqb/about-quality-accounts/>

This information has been used to report on the Trust's 2023-24 priority areas for improvement. These were developed in line with the CQC 'We Statements' which are designed to put the patient at the centre of healthcare.

1.3 ABOUT US AND THE SERVICES WE PROVIDE

Queen Victoria Hospital (QVH) is a unique hospital, not only are we the smallest acute trust in England but we also have a reputation for pioneering plastics surgery that is particularly poignant in this, the 80th Anniversary of the Battle of Britain. We have a proud heritage, which has been built on a truly multi-disciplinary approach to providing innovative, high quality care, and this philosophy continues to this day.

The delivery of safe, high quality care is our primary focus, aimed at providing a positive patient and carer experience. This quality report sets out in detail our commitment to continuous, evidence-based quality improvement, the progress we have made over the last year and our plans for the coming year.

As a tertiary referral centre, QVH provides specialist services together with a range of continually expanding services for local people. Our Minor Injuries Unit (MIU) has continued to see a steady rise in attendances. In 2023-24, the increase has been circa 11% with 99.6% of these patients having completed their treatment within 4 hours. This is above the nationally benchmarked target of 95%.

Patient surveys continue to give us positive ratings for quality that are among the highest in the country. We were rated as one of the best hospitals in the country in the latest national NHS adult inpatient survey. Similarly, the results from the Friends and Family Test indicate that over 96% of our patients overall would recommend us to their friends and family. The same test indicates that 100% of our adult inpatients rated QVH as a positive experience.

PART 2: PRIORITIES FOR IMPROVEMENT & STATEMENTS OF ASSURANCE FROM THE BOARD OF DIRECTORS

2.1 PERFORMANCE AGAINST THE 2023-24 QUALITY PRIORITIES

Our quality priorities for 2023-24 were firmly aligned to our ambitions to deliver safe, reliable and compassionate care, in a transparent and measurable way. They were influenced by national and local audit report findings, along with patient feedback and suggestions from staff across the organisation. End of year progress for our 3 quality priorities is outlined below.

Patient Safety: Improve anti-microbial stewardship at QVH

Antimicrobial Stewardship (AMS) is a systematic, organisational and health-system-wide approach to educate and support health care professionals to follow evidence-based guidelines for the prescribing and administering of antimicrobials. Of crucial importance is the education of the health workforce, the 'front line' in safeguarding the effectiveness of antimicrobial medicines. It champions safe prescribing and administration of antibiotics in an effort to reduce Antimicrobial Resistance (AMR)¹. The audit work undertaken by the QVH Pharmacy team during the period 2022-23 demonstrated a clear need for QVH to improve its AMS. This was further reinforced by the investigation findings into inpatient cases of C-Difficile during the period 2021-22. Focus on this has been maintained by adding AMS as a standing agenda item on the Joint Hospital Clinical Governance Group (JHCGG), where actions taken in response to AMS-related incidents are recorded, discussed and monitored to measure effectiveness.

Unfortunately, re-audited results showed no measurable improvement in AMS prescribing. Similar challenges were identified as on previous years, which prompted the Trust to take a more focused approach to improving AMS. Attention was focused on the correct prescribing of antibiotics and ensuring the course duration is entered clearly on the patient prescription chart. Moreover, as a direct result of the audit, AMS has been made a Trust Quality Priority.

Specific Outcomes:

- The 'Start Smart, then Focus'² Antibiotic Care Bundle for Hospitals was re-launched.
- AMS Champions' are now in place in key clinical areas.
- Following a review of the audit results, QVH's AMS action plan was reviewed to ensure that learnings from audit outcomes were meaningfully addressed and compliance with NICE Guideline (NG15) will be consistently achieved.
- The Quality and Governance Committee will monitor progress with this Trust-wide action plan on a bi monthly basis.
- QVH's AMS strategy and policy are both under review as a result of the Service Line Agreement (SLA) with University Hospitals Sussex to rigorously address learning from the rolling audit programme.
- Engagement with new Consultant Microbiologist who visits QVH twice weekly who is reviewing all of QVH's guidelines, which will be entered onto the Trust's intranet with a 'Micro-guide'.
- A planned audit of AM prescribing habits and choice of drug will be undertaken as separate entities as they represent separate issues in AMS
- There will be successful completion of the national intravenous-to-oral switch of antibiotic therapy CQUIN.
- The process and case presentations by the Microbiologist have received positive feedback from the QVH clinical team.

¹ [Promoting antimicrobial stewardship to tackle antimicrobial resistance \(who.int\)](https://www.who.int/promoting-antimicrobial-stewardship-to-tackle-antimicrobial-resistance)

² [Start smart then focus: antimicrobial stewardship toolkit for inpatient care settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/start-smart-then-focus-antimicrobial-stewardship-toolkit-for-inpatient-care-settings)

- Successful recruitment of an AM Pharmacist who will attend daily ward rounds to provide expert support for AMS.
- There have been no QVH acquired C-Diff cases attributed to inappropriate antibiotic during the reporting period.
- Further work will be undertaken in 2024-25 regarding audit and monitoring via the Integrated Assurance Framework, which will enable directorates to identify individual issues.

This priority was partially met during 2023/24 and continues to be a clinical priority

Clinical Effectiveness

The Leadership through Education for Excellent Patient Care Programme (LEEP) has been introduced at QVH. The QVH LEEP Leadership Program was established to aid in the sharing of staff knowledge and expertise across all staff groups, acknowledging the specialist services delivered to our patients. The purpose of LEEP is to ensure the availability of sustainable, inter-professional training and development programmes to all clinical staff within QVH and support with their continued professional development (CPD) and revalidation. The programme is a collaboration with Health Education England (HEE) and builds on the previous inter-professional Clinical Effectiveness priority of 2022-23. It aligns with the Trust Key Strategic Objective KSO2 (World Class Clinical Services) and aims to support the Trust Audit and Quality Improvement Initiatives.

LEEP is a cross-disciplinary and multi-professional programme, which aims to promote leadership development and collaborative working across the healthcare system. It incorporates three perspectives in leadership:

- Perspective 1: Focusing on developing self, behavioural 'human' factors and value-based compassionate leadership.
- Perspective 2: Developing team skills, promoting psychological and cultural safety. Enhancing quality improvement knowledge and application.
- Perspective 3: Developing system literacy, working through the challenges faced by staff in the 21st Century NHS.

LEEP is designed for all healthcare professionals at any stage of their career, to develop leadership behaviours and build on experiences, to deliver high quality care in the NHS. The principles are universal, with inclusion, widening participation and diversity within the sessions, which aims to enhance the learning process. Targeted Outcomes:

- An in house, inter-professional leadership programme has been delivered via LEEP.
- Inter-professional quality improvement projects focused on supporting and improving quality of patient care have been delivered via the LEEP programme.
- LEEP has resulted in establishing positive relationships across professions to reduce historical hierarchical barriers, which impact on patient outcomes
- It remains a catalyst for the development of a Trust workforce leadership strategy.

LEEP has facilitated delivery of inter-professional quality improvement projects focused on supporting and improving quality of patient care. It has been used as a catalyst for the development of a Trust workforce leadership strategy and aims to be the platform for staff from across the professions to launch quality improvement projects. The programme is now firmly embedded as part of the leadership offering for the Trust, and will be incorporated into future leadership and strategy work. As a result of participation in the programme, there are two LEEP projects underway, one looking at Medical Emergency Treatment Calls (MET) calls, which is in the early stages, another is looking at reducing Did Not Attends (DNAs) in a specific virtual paediatric clinic which has been completed. Both projects will be used to inform the way in which appointments and clinics are managed that is more suited to patient needs.

This quality priority was achieved

Patient Experience: Improve Patient co-design of services.

Positive Patient Experience is key to the success and reputation QVH. We aim to ensure a responsive and patient-centred approach is taken to achieve service improvements that meet the needs and expectations of our patients. QVH aims to embed a culture of continuous learning, sharing good practice, and innovating to improve patient care and experience. In order to achieve this we aim to engage meaningfully with patients and their families to consistently maintain an understanding of their needs, and to ensuring our patients are actively involved in the development of effective, responsive care. Success lies in the delivery of a positive and personalised experience which leads to increased patient satisfaction and growth. As patients explore their care options and exercise patient choice, their experience becomes more than a differentiator. Patient experience led service design not only improves patient experience but also the experience of the staff who care for them.

The more we interact with, and invite, our patients to be a part of the conversation, the more insight we are given on how to make QVH services better for patients. By listening to their views and working with staff, we can design, align and optimise our operations to best suit the needs of our patients. In doing so, we also provide the best enabling environment for our workforce to deliver exactly what the patients need, when they need it. The targeted outcomes for patient experience are as follows:

- The Patient Engagement Strategy for QVH, 'Better Together', was co-designed with patients and has been launched.
- Creation of patient involvement group comprising volunteers (patients, carers and local community members) who want to take part in helping us improve our services. This process also involves reaching out to patients who have made complaints or raised PALS concerns to encourage their involvement.
- Use of a patient involvement sub-group, in conjunction with a service unit, to review and improve the service offer to better suit our patient's needs.
- Introduction and embedding of a standard approach to service design and co-creation of services within the Trust.

This quality priority was achieved

2.2 QVH FUTURE QUALITY PRIORITIES FOR 2024-25

Our quality priorities for 2024-25 are built around our ambitions to deliver safe, reliable and compassionate care in a transparent and measurable way. These Quality Priority proposals have been selected following review of the QVH Strategy feedback from staff, patients, carers and the wider community, they identified hopes, fears and ideas for the Trust.

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 benchmarked world-class outcomes, whilst being efficient and cost effective.
- **Patient experience:** meeting our patients' emotional as well as physical needs.

Progress against these priorities will be monitored by the Trust's Quality and Safety Committee on a quarterly basis and targeted measures will be incorporated in the updates.

Patient Safety: Our quality priority and why we chose it

A Quality Improvement approach (QI) concerns the use of systematic methods and tools, used in a co-ordinated manner across an organisation, to continuously improve the quality of care and outcomes for patients. The aim is to bring about measurable improvement in standards and delivery of care at QVH. This approach will be the critical to the deployment of the QVH Clinical and Organisational Strategy. There is substantial evidence from within the NHS that QI tools can play a significant role in improving health care, including improvements in time and cost efficiencies timeliness of service provision, and a decrease in the number of mistakes. During times of severe financial restraint, high demand and significant work-force pressure, the use of QI offers opportunities to improve quality of care as well as efficiency.

Using a Trust wide QI program to improve quality is about making health care safe, effective, patient-centred, timely, efficient and equitable. It's about giving the people closest to problems affecting care quality the time, permission, skills and resources they need to solve them. The key benefits of QI to an organisation are the delivery of safe, high-quality care that reduces variation in care delivery and, therefore, patient harm, which in turn lead to improvements and reliability of care processes and pathways.

A defining characteristic of many high-performing NHS trusts is a commitment to engaging staff and devolved decision making. Significant organisational and staff benefits can be recognised from training and involving staff in QI. Leaders of these high-performing Trusts embrace an inclusive leadership style, enabling and encouraging staff, patients, relatives and carers to become active participants in the improvements they want to see. QVH will work with a QI partner to identify a clear and sustainable whole organisation approach to a systematic QI approach.

- The introduction of a QI education and training programme for staff across the organisation.
- Provision of specific, bespoke training and education programmes for key leaders in the organisation, including coaching for staff in continuous improvement leadership positions
- Introduction of a set of standardised QI tools and methodologies that will 'dovetail' with our System partners to enable improvements across the local health economy.

Clinical Effectiveness: Our quality priority and why we chose it.

QVH has a trust-wide commitment to addressing Health Inequities, as part of our Key Strategic Objective to provide Outstanding Patient Care.

Health inequalities are unfair and avoidable differences in health between different groups in society. They are influenced by the conditions in which we are born, grow, live, work and age. Our physical and mental wellbeing are influenced by how we think, feel and act in response to these conditions. The term also refers to the access to healthcare services that people have. The disproportionate impact of COVID-19 has highlighted these longstanding health inequalities, with particular impact on people from areas with higher levels of socio-economic deprivation, or for those from Black, Asian and minority ethnic (BAME) communities.

Good quality, robust data is required to understand more about the population we serve. It enables NHS organisations to identify groups that are at risk of poor access to healthcare, poor experiences of healthcare services, or poor outcomes as a result of Health Inequalities. QVH's capture of health inequality data through routine patient contact is not as robust as we would like and is a priority for our 24/25 trust wide objectives in relation to improving the collection of ethnicity and smoking prevalence data.

QVH has an ambition to developing in its role as an 'anchor institution' in the local community, to enable positive influence on the social, economic and environmental conditions that impact health inequalities. This will align to our Health Inequalities strategy.

Patient Experience: Our quality priority and why we chose it.

QVH has identified, through triangulation of complaints and staff feedback that we can improve the care we provide for our patients with additional needs. The 2023 PLACE inspection identified that, for example, the ward areas were not adequately dementia friendly. Feedback from staff indicated a need to improve the support and facilities for patients with disabilities and additional needs, including:

- Better facilities to support children with additional needs, and their families
- Adult changing facilities for disabled patients
- Full support for neuro-diverse patients, offering safe rooms or quiet spaces, for patients to use when they are overwhelmed.
- Increased translator support, British Sign Language and additional communication needs.
- Improving access to care for all, equitably.

An analysis and triangulation will be undertaken of qualitative indicators; complaints, incidents and the experience of those with learning disabilities, dementia, and other additional needs. We will review QVH's care for these patient/carer groups using;

- National Learning Disabilities standards
- Dementia friendly clinical environments
- NCEPOD Mental Health in General Hospitals: Treat as One (2017)

Actions will be formulated to address learning from these as part of shared governance. QVH will be implement Champions in clinical areas to support for patients and carers in areas including, but not limited to:

- Dementia
- Learning Disabilities/ Difficulties
- Learning Difficulties
- Neurodiversity
- Mental Health
- Deafness/ Hearing Loss
- Sight impairments
- Speech and communication difficulties
- Physical impairments

We will review the estate to ensure that it meets the needs of this patient and carer group wherever feasible. We will review Patient Information provided by QVH in partnership with patients and carers to ensure they are accessible to all these patient groups as per the NHS Accessible Information Standards.

2023 Summary of Quality and Effectiveness

2.3 SAFEGUARDING AND MENTAL CAPACITY ACT

Effective safeguarding arrangements must be in place to safeguard children and adults who are at risk of abuse or neglect. These arrangements include:

- Safe recruitment
- Effective training for staff
- Effective supervision arrangements

- Working in partnership with other agencies
- Identification of a Named Doctor and Named Nurse for safeguarding children, plus a Named Lead Nurse for adult safeguarding and Mental Capacity Act.

The named professionals have a key role in promoting good practice within QVH, supporting local safeguarding systems and processes, providing advice and expertise, and ensuring safeguarding training is in place, which is of an appropriate standard.

Safeguarding Adults:

The Care Act provides the legislative basis for Adult Safeguarding. The local authority, who are the lead agency will use safeguarding procedures in the following circumstances:

- The patient has care and support needs
- They are less able to protect themselves due to their care and support needs
- They are experiencing or at risk of abuse or neglect

The NHS responsibilities for providing support are wider than this, most obviously for those experiencing domestic abuse; other patients may not meet the threshold for local authority safeguarding procedures but be at significant risk from abuse or neglect. The Trust sees patients who have suffered domestic abuse. Following on from last year's training sessions by a specialist provider, the Safeguarding Adult Lead has worked to raise the profile of domestic abuse within the trust. Additional sessions have been run on the practical aspects of managing situations that may involve domestic abuse, as well as bespoke sessions with clinical teams and case scenarios in training. QVH adheres to the Sussex Safeguarding Policies and Procedures which provides an overarching framework to coordinate safeguarding within the Trust.

Safeguarding Children:

A child is anyone who has not yet reached their 18th birthday. 'The welfare of the child is paramount' is a principal that was enshrined in the Children Act 1989 and subsequent Acts, and remains at the core of safeguarding children practice nationally. Section 11 of the Children Act 2004 places a statutory duty on all NHS organisations to ensure that services are designed to safeguard and promote the welfare of children. The Section 11 self-assessment audit is completed bi-annually and is due to be completed at QVH this year. QVH has a duty to ensure a culture exists where safeguarding is everybody's business. The medical leadership team and the safeguarding team have continued to work together to encourage a sense of ownership, confidence and collaboration across the organisation. The appointment of a Safeguarding Children Named Doctor (1 pa per week, via SLA with University Hospital Sussex UHSx) has meant that moving forward the medical leadership in safeguarding is strengthened.

Looked after Children:

Looked after Children or Children in Care are a group of young people who are cared for and accommodated by the Local Authority. This cohort of children may exhibit increased health risks and significant emotional and physical health needs. Although QVH does not have a specially commissioned service for Looked After Children, there is a role in promoting recovery, resilience and well-being for this group. The Named Nurse has established good links with the Designated Professionals within the ICB for Looked After Children and has utilised these links, particularly in relation to Unaccompanied Asylum Seeking Children (UASC).

Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS):

The Mental Capacity Act 2005 (MCA) is important legislation that provides safeguards and protections for patients who may be unable to make their own decisions and thus consent to

their proposed care and treatment. Adherence to the MCA is important to ensure that the provision of health services is provided with shared decision-making and lawful consent. A deep dive audit was undertaken in early 2024, there are areas for improvement identified and these will be presented at the Clinical Governance Group in July 2024 for their awareness as well as to agree actions to improve compliance.

The safeguarding adult and MCA lead has updated the new Mental Capacity Policy which has been approved and published. A new mental capacity and best interest form has been produced which is more user friendly. Additionally, the implementation of Electronic Patient Records will aid compliance with the MCA. The implementation of the Liberty Protection Safeguards, the replacement of DOLs, have now been delayed until at least the next Parliament.

Prevent

Prevent is part of the governments counter terrorism strategy with its aim to reduce the risk to the UK and its overseas interest from terrorism. NHS providers are mandated to contribute to the Prevent agenda. Within QVH the Prevent lead role is shared between the Safeguarding Named Nurses. Currently, the level 3 Prevent training is delivered via the national e-learning package. Compliance for Prevent training at level 3 is 93% against an ambition of 100% of relevant staff as identified in national guidelines. The prevent delivery plan was updated in July 2023. No Prevent referrals were made during the year 2023-24.

2.4 THE GUARDIAN OF SAFE WORKING (GOSW)

This role was established as part of the contract settlement for junior doctors in 2016. The aim is to support junior doctors in working safe hours, ensuring good working conditions, and to provide assurance to the Board that doctors are working within national target parameters. An online process, "Exception Reporting" is in place to enable junior doctors to report when these standards are not met. At QVH, a Consultant Plastic Surgeon is currently the GOSW and submits quarterly data to inform the Board of exception reports received, breaches of hours involving fines, and gaps in the rota. The GOSW is responsible for convening the Junior Doctors Forum (JDF), which meets quarterly, promoting safe working, attending Trust doctors' induction, local faculty groups, the Joint Local Negotiating Committee (JLNC) and the Local Academic Board (LAB). In addition the GOSW is mandated with authority to intervene in rota design, management and any 'hours worked' issues.

The JDF reports into the specialty Local Faculty Groups (LFG), LAB, the JLNC and the educational board. The GOSW also produces quarterly reports from the Allocate exception reporting software and information from the Human Resources team for these groups. An annual rota gap and consolidated yearly report is written by the Guardian for the Quality Accounts and presented to the Board. The JDF has remained a vibrant and active group raising issues with rotas, annual leave and accommodation. QVH Senior Management are also invited to attend the JDF meetings to answer particular questions.

2024-25 will see a 'well-being' evening in April for all junior doctors in collaboration with the SAS doctors (non-consultant grade/non Deanery trainees, for example speciality doctors, fellows etc.). QVH intends to fund events like this from the Guardian fine fund, from exception reports that result in a fine to the trust, usually as a result of breaking overnight rest rules. At QVH, these fines are incurred because of urgent surgery that needs to occur overnight, preventing the on call doctors getting the required 5 hours of continuous rest in a 24-hour period. It occurs approximately once a month or less and is generally unavoidable. This situation is kept under review by the GOSW and Chief Medical officer.

QVH holds junior doctor awards twice a year, as half the junior doctors rotate after six months. The awards are open to all staff to vote in a number of categories. Winners are announced at

the JDF with gift token prizes. The trainee with the most votes overall is presented with the Junior Doctor of the Year/ Sandy Saunders Award, at the annual QVH Staff Awards in June. Sandy Saunders was one of the original ‘Guinea Pig Club’ members who, following his injuries, went on to study medicine and become a GP. He died in 2017 and this award is in his memory.

2.5 STATEMENTS OF ASSURANCE FROM THE BOARD

Services

During 2023-24, QVH provided 38 NHS services including burns care, general plastic surgery, head and neck surgery, maxillofacial surgery, orthodontics and corneo-plastic 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 continues to be underpinned by the regular monitoring of metrics reflecting patient safety, clinical effectiveness and patient experience.

Clinical Research

QVH is committed to achieving excellence through clinical research. Pioneering techniques developed over many years at QVH, and in particular during WWII, 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, but the Trust also undertakes a range of non-surgical research. 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. Over 2023-24:

- The total number of participants recruited to Health Research Authority (HRA)-approved studies (which includes ethics approval) in 2023-24 was 743, with QVH taking part in 17 studies.
- All 17 studies were for prestigious National Portfolio studies. The National Portfolio is administered by the National Institute for Health Research (NIHR), and 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 in research helps QVH’s clinical staff to stay abreast of the latest treatment possibilities and enables the Trust to deliver improved patient outcomes.

Clinical Audits and National Confidential Enquiries

Clinical audit is a quality improvement that seeks to improve patient care and outcomes through systematic review of care against specific criteria. It also provides for the measuring of performance against agreed standards.

- National Clinical Audit and Patient Outcomes Programme (NCAPOP)
 - National Clinical Audit Programme
 - Clinical Outcome Review Programme
- National Joint Registry

National Clinical Audit and Patient Outcome Programme

Of the 88 national audits or programmes that are included in the HQUIP 2023-24 Quality Report requirements, only 14 are applicable to QVH.

Project	Compliance
Breast and Cosmetic Implant Registry	100%
Case Mix Programme (CMP)	100%
Falls and Fragility Fracture Audit Programme (FFFAP) National Audit of Inpatient Falls (NAIF)	No applicable patients
Learning disability and autism Programme α Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)	1 applicable patient reported - patient on “non-admitted” pathway
Medical and Surgical Clinical Outcome Review Programme End of Life Care (NCEPOD)	NCEPOD have not published any reports that are relevant for QVH’s participation
National Adult Diabetes Audit (NDA) National Diabetes Inpatient Safety Audit (NDISA)	100%
National Audit of Care at the End of Life (NACEL)	100%
National Audit of Dementia Care in general hospitals	100%
National Child Mortality Database (NCMD) Programme	No applicable patients
National Comparative Audit of Blood Transfusion Audit of NICE Quality Standard QS138	No applicable patients
National Comparative Audit of Blood Transfusion Bedside Transfusion Audit	No applicable patients
National Early Inflammatory Arthritis Audit (NEIAA)	Not able to participate due to lack of resources.
Perioperative Quality Improvement Programme (PQIP)	167 patients recruited
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	Awaiting response
National Joint Registry (NJR)	Not relevant to QVH as it covers shoulder, elbow, wrist, hip, knee and ankle replacement surgery.

Local projects

The reports of 51 local clinical audit and quality improvement projects were reviewed by QVH in 2023-24. These are in Appendix 1 and are a summary of each project and associated actions. Each one has been designed to improve the quality of healthcare provided. Local audit reports are monitored via clinical governance arrangements.

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 all Providers of these services deliver care that is ‘safe’, ‘effective’, responsive’, ‘caring’ and services are ‘well-led’. QVH is registered with the CQC and its current status is ‘registered without conditions or restrictions’. Our last inspection took place in January 2019. A ‘well-led’ inspection took place in February 2019. QVH achieved 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
MIU	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Outstanding	Good	Good	Good

No enforcement action has been taken by the CQC against QVH during 2023-4. Statutory and mandatory training, appraisal rates, medicines management, and infection control are subject to continuous CQC review and evaluation. In addition to the CQC preparedness handbook, self-assessments, videos, and engagement visits that have taken place across the trust, further additional areas of activity have also been undertaken. The Trust is supporting staff to consider “everyday excellence” in relation to the standard of patient care delivered.

General CQC communication has focused on two main themes:

- Fundamentals: Compliance with these confirm that the Trust, and its staff at all levels are complying with standards that create a safer environment of care for patients
- Mandatory and Statutory training (MaSt), Personal Development Reviews (PDR), awareness of Trust communication, local incidents, risks and patient feedback. Ensuring policies and patient information is up-to-date and that we have evidence of compliance with relevant standards.

QVH staff have overall been diligent in relation to ensuring compliance with MaSt as shown in the table below. There is widespread understanding that compliance with essential training ensures the delivery of safe, high quality care. The Trust compliance threshold is 90% and this target has been largely exceeded. Non-compliance in one team is being explored to ensure that the staff have been assigned the courses and modules that are relevant to their practice with an aim to improve compliance. Exploring the reasons for staff being unable to achieve the compliance threshold is important and QVH are committed to supporting staff to achieve the required threshold.

Staff Group	Assignment Count	Required	Achieved	Compliance %
Clinical staff AfC	564	8314	7762	93.36%
Medical and Dental	178	2744	2744	88.27%
Non clinical	403	4205	3875	92.15%
TOTAL	1145	15263	14059	92.11%

Preparedness activities: these activities will ensure that the Trust’s ambition for CQC readiness to be ‘Business as Usual’ and ‘everyday excellence’ is achieved:

- Staff handbook, self-assessments, “CQC Sandwich³” survey responses, CQC domain videos, team preparedness discussions and activities around the new CQC framework will continue as tools to support staff with ‘readiness’.

The initial stages of the implementation of Quality Review Visits within the Trust have been positive, with good staff and patient engagement. A plan to embed Quality Review Visit methodology as a ‘quality check’ and safety and opportunity for collaborative learning aligned with the new CQC assessment framework now in progress.

Data Quality and Information Governance Assessment

The Trust’s information governance function assures the processing of all personal, sensitive and corporate information in whatever format it is recorded. This is by way of the appointment

³ Sandwich generation' carers say choosing care is one of life's most stressful experiences - Care Quality Commission (cqc.org.uk)

of official information governance roles, formal meeting groups. These are conducted both internally within the Trust, and externally in regional forums, including interoperability forums at Sussex Integrated Care System and Integrated Care Board with specific performance assurances for data security, data quality and cyber security as described below. There is significant collaboration with Information Technology.

Data security and protection toolkit (DSPT):

The NHS England DSPT sets out the National Data Guardian’s data security standards. These standards apply to every health and social care organisation. They 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 submissions can be accessed by members of the public to view participating organisations’ assessments. All mandatory requirements were achieved (meaning that the Trust gained a ‘standards met’ grade for the 2023-24 submission). Results for 2023-24 will be available on 1st July 2024

Cyber security

Cyber security is recognised as one of the biggest operational threats to the NHS and is one of the main areas of focus for the information governance work agenda. NHS England has incorporated a cyber-security service into its CareCERT, (care computing emergency response team). This increases cyber resilience across the health and social care system by looking for emerging threats and advising healthcare organisations on how to deal with them. The Trust receives alerts and acts upon them. In addition, the UK National Cyber Security Centre, (NCSC) provides the cyber essentials scheme to enable organisations to fulfil two functions:

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

Mandatory cyber security requirements are a key part of the Data Security and Protection Toolkit (DSPT). The Trust has ongoing processes and procedures in place to maintain achievement of these standards. The DSPT is subject to internal audit during Q1 of 24/24

Hospital episode statistics (HES) (HES provides data for the purpose of healthcare analysis)

QVH submitted data during 2023-24 to the Secondary Uses Service (SUS) for inclusion in the hospital episode statistics. The data below shows the percentages achieved by QVH for 2023-4 from the SUS datasets benchmarked against the national percentage targets achieved.

Hospital episode statistics 2023-24		Nationally	QVH
Percentage of records in the published data which include the patient’s valid NHS number	Admitted patients	99.7%	99.7%
	Outpatient care	99.8%	99.9%
	MIU	92.6%	99.3%
Percentage of records which include the patient’s valid general medical practice code	Admitted patients	99.8%	99.2%
	Outpatient care	99.5%	99.4%
	MIU	97.5%	99.7%

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. The data covers the period April 2023 to February 2024 for admitted patients

Payment by results and clinical coding: Final data

The annual clinical coding audit measures the work of the clinical coding team. The clinical audit team achieved another outstanding result in their annual coding audit. The audit noted that “the coding reviewed within this audit was of a very high standard and has comfortably achieved DSPT ‘Standards Exceeded’ level, the highest attainable level possible.” Only a small number of errors were made and QVH’s coders have demonstrated an excellent understanding of national clinical coding standards and diligent extraction skills. QVH received some complex trauma cases all of which were accurately coded by the team. Considering the high number of complex episodes, the accuracy of diagnosis code assignment is especially impressive. Procedure coding was of the highest standard despite the complexity of some of the procedures reviewed within the audit. The report highlighted that QVH clinical coders have demonstrated an excellent understanding of national clinical coding standards and thorough extraction skills. This is reflected in admitted activity audit results as follows:

Area	2020/21 Audit	2021/22 Audit	2022/23 Audit	2023-24 Audit
Primary Diagnosis	84.50%	98.0%	96.5%	97.0%
Secondary Diagnosis	91.11%	98.32%	96.38%	98.59%
Primary Procedure	94.71%	98.82%	98.72%	97.93%
Secondary Procedure	96.80%	98.63%	98.99%	98.1%

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 continue to be developed and supported by Monmouth Partners who assist with training, mentoring and backfill coding.

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 14 staff who meet on a monthly basis. The DQIG is updated by the DQ lead and these updates are informed by DQ sub-groups and one-to-one meetings with relevant stakeholders who meet to progress projects agreed by the DQIG. Examples of ongoing projects are as follows:

- Episode Management
 - Undischarged episodes
- Psychotherapy Process Review
- Review recording and processes related to bed occupancy

Some projects have been moved to ‘business as usual’ and will only be returned to the DQ group by exception. These include:

- Consultant specialty code – codes updated in the Patient Administration System (PAS) and process in BAU with contracts team
- Ethnicity recording – processes established and monitored. Improvement in ethnicity recording is an annual goal for KSO 1 in 2024-25 and will be monitored on a monthly basis.
- Implementation of recording patient deaths to ensure compliance with new guidelines – process and documentation agreed and added to new policy

- Non-elective unused open episodes – new process and monitoring of compliance in place

The DQ lead works with operational teams and key stakeholders to assess the scale of the issue, identify risks, map as-is processes, map to-be processes, implement changes and support with training.

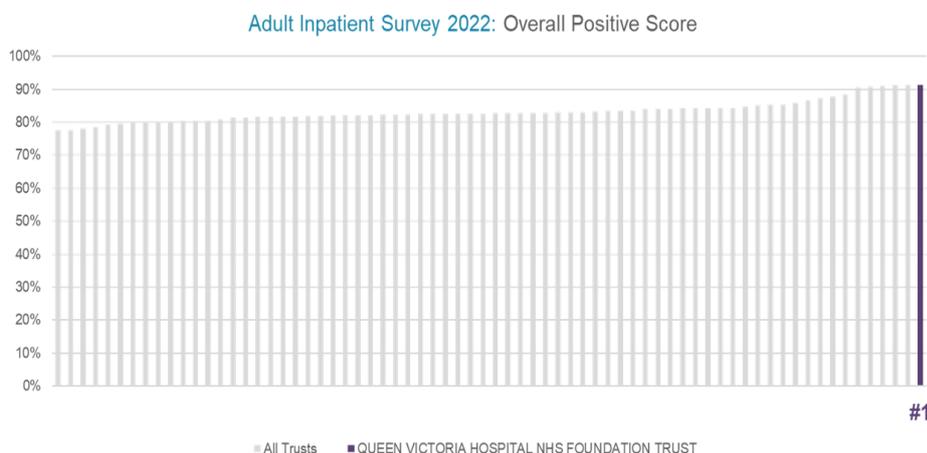
National inpatient survey results 2022 (reported in 2023)

The Adult Inpatient Survey 2022 was carried out by international charity, Picker, on behalf of QVH and 70 other organisations. The CQC use the results from the survey in the regulation, monitoring and inspection of NHS trusts in England. Survey data is used in CQC's Insight, which provides inspectors with an awareness of performance against regulatory standards within an NHS trust that may need more scrutiny. NHS England and NHS Improvement will use the results to check progress against the objectives set out in the NHS Mandate, and the Department of Health and Social Care will hold Trusts to account for the outcomes they achieve.

Respondents and response rate

- 1250 QVH NHS Foundation Trust inpatients were invited to complete the questionnaire, 537 patients completed the questionnaire.
- QVH NHS Foundation Trust response rate was 44% against a national average of 40%.
- The survey identifies demographic information, which will be used to ensure we meet the needs of our population. Of note is the age profile of our cases with the highest percentage being over 66 years old and also the percentage of patients with long term conditions.

QVH is amongst the top scoring hospitals in relation to positive patient experience, a solid position to give firm foundations for us to build upon in the future.



Banding:

- QVH results were much better than most trusts for 28 questions.
- QVH results were better than most trusts for 13 questions.
- QVH results were somewhat better than most trusts for 1 questions.

These results help to evidence the excellent patient care and experience that QVH provides.

Our Strategy Development

Throughout 2023/24 QVH has progressed a programme of work to develop its future strategy. An extensive engagement approach has been central to this work to ensure that QVH can draw on a wide breadth of experience, expertise and a full range of perspectives to guide and inform options. Engagement activities with internal and external stakeholders has taken place reaching over 2700 people.

We have much to be proud of as an organisation and the engagement responses show that people believe our strengths lie in our patient-centred care, specialist services, dedicated staff, our place in the community and the services provided to the community, as well as our commitment to ongoing improvement. We want to build on these strength and address our areas of challenge to develop a strategy that enables clinical, operational and financial sustainability.

In January 2024, as a first step in the Strategy Development of QVH, the Trust Board agreed to pursue a hybrid provider model. This ambition sets out for QVH to be a centre of excellence for reconstructive and specialist services, offer planned care capacity to support Sussex and system partners in areas of expertise and to develop an offer for the local population. Work continues into 2024 to continue to work with our strategic commissioning and provider partners to agree our detailed strategy for the future.

Annual Review of QVH's Critical Care Unit (CCU) by The Kent, Surrey and Sussex Adult Critical Care, Operating Delivery Network (ODN)

The Kent, Surrey and Sussex Adult Critical Care, Operating Delivery Network is responsible for assuring governance arrangements for Critical care units within the South East, including supporting their outcomes and outputs as included in the relevant commissioning service specifications. Overall the feedback from the virtual visit and subsequent report was overwhelmingly positive; 'The overall impression from this assurance visit is that QVH Critical Care is well motivated to celebrate success as well as identify challenges and promote ideas for improvement. It was clear to see that the leadership team work hard to make the unit a positive place to work with emphasis on staff safety, education and wellbeing. A good number of ideas and initiatives were discussed which bodes well for the progressive development of a comprehensive service'. There were no significant concerns raised. QVH recognises that it does not provide all of the support services for its CCU that a larger hospital could and so it is not fully compliant with the GIPCS (national critical care standards) standards. However, the ODN has previously reviewed QVH's self-assessment against these and were satisfied that QVH has appropriate mitigations for these.

PART 3

3.1 REPORTING OF PROGRESS AGAINST NHS CORE QUALITY INDICATORS FOR TRUSTS PROVIDING RELEVANT ACUTE SERVICES 2023-24

Reporting of national core quality indicators and NHS Improvement national priority indicators, including safety, effectiveness and patient experience, is required of all NHS Trusts. These reports provide clarity on their performance against statutory core quality indicators. This reporting allows for comparisons on performance across organisations. QVH has also included additional non-mandated quality indicators to provide further detail on the quality of care provided to our patients.

Mortality

The NHS Standardised Hospital Mortality Index (SHMI) is the ratio between the actual number of patients who die following hospitalisation at an NHS trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. QVH is on the NHSE exemption list for participating in SHMI as it is not possible to benchmark our unique patient mix against any other providers. We believe this data is as described for the following reasons:

- QVH is principally a surgical hospital that manages complex surgical cases and 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 to QVH to ensure care at QVH was appropriate.
- Deaths are reported monthly to the appropriate specialty clinical leads for discussion so that learnings are identified and shared.
- All deaths are noted and, where necessary, presented and discussed at the bi-monthly Joint Hospital Governance meetings

	2020/21	2021/22	2022/23	2023-24
In-hospital mortality	0.015%	0.022%	0.019%	0.009%
In-hospital deaths	2	4	2	2

(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. However, we remain confident, for the reasons above that all QVH deaths are reviewed rigorously to ensure that any learning is identified, disseminated to staff and acted upon.

Learning from Deaths

During 2023-24 two patients died whilst inpatients at QVH. The number of patients who died as an inpatient at QVH per quarter is shown in the table above. Structured Judgement Reviews were carried out as per policy. All deaths occurring off-site, but within 30 days of inpatient care or outpatient treatment at QVH, are also subject to a preliminary case note review. Cases are escalated to a Structured Judgement Review (SJR) or formal investigation as part of the risk management framework where required. To provide assurance that the QVH Learning from Deaths process is robust, the Trust Mortality Surveillance Panel:

- Oversee, monitor and support the Specialties with the implementation of the Responding and Learning from Deaths policy.
- Monitors compliance/ progress with detailed formal investigations, and escalates to the CGG and Quality & Governance Committee as necessary.
- Ensures that any deaths requiring reporting externally is completed in a timely manner.

Additionally, QVH has access to a 'Medical Examiner' (ME) for the Trust. MEs are senior medical doctors who provide independent scrutiny of causes of death, outside their usual clinical duties. They are trained in the legal and clinical elements of the death certification processes. The purpose of the ME system is to:

- Provide greater safeguards for the public by ensuring independent scrutiny of all non-coronial deaths
- Ensure the appropriate direction of deaths to the Coroner
- Provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased
- Improve the quality of death certification
- Improve the quality of mortality data

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 due to the need to provide treatment for common complications associated with the original injury or from surgery, such as wound infection or secondary to a delay in initial treatment.
- We monitor all readmissions as a means to ensure our complication rate is acceptable and is reviewed for learning

Low percentages are positive and have been benchmarked in the table below.

	2021-22			2022-23			2023-24		
	<16	16+	Total	<16	16+	Total	< 16	16+	Total
Discharges	2036	17533	19569	2350	17849	20199	2016	18682	20698
Emergency readmissions within 28 days	53	350	403	63	414	477	55	404	459
28 day emergency readmission rate	2.60%	2.00%	2.06%	2.68%	2.32%	2.36%	2.73%	2.16%	2.22%

QVH ensures that patient readmissions within 28 days of discharge that are of concern are identified and discussed at speciality mortality and morbidity meetings. Learning is then shared via 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, are broad indicators of quality of care and enable us to examine trends over time and identify any areas requiring extra scrutiny.

Infection Control – Hand hygiene compliance

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

- QVH has a robust process in place for monitoring and recording compliance with hand hygiene standards through monthly auditing and regular spot checks.
- Focus is maintained with ongoing education using a variety of different formats to engage staff across the Trust. Mandatory training, regular auditing and constant challenge by the infection control team and link group members.
- All Trust staff are encouraged to take ownership for the responsibility 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 staff across each discipline are complying with standards.
- The audit tool and audit process is monitored closely to ensure accurate, reliable and robust data is collected. A record is held of non-compliant individuals and those who frequently do not comply are managed formally by the Infection Control team and their line manager.

	Target	2020/21	2021/22	2022/23	2023-24
Hand hygiene (washing or alcohol gel use)	95%	95%	98.7%	99.5%	98.7%

This meets the national standard for compliance

Continued vigilance is QVH’s commitment to ensuring hand hygiene remains a priority. Good standards are closely associated with safeguarding patients from healthcare acquired infections. The Trust is committed to keeping patients safe through maintenance of high standards and through robust policies and procedures linked to evidence-based practice and NICE guidance.

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. An investigation, using Root Cause Analysis, is undertaken for each case to identify areas for improvement and associated action(s) to address these
- Incidents are collated internally and submitted monthly to the Integrated Care Board
- Cases of Clostridium difficile are confirmed and uploaded to 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. Future reports will include additional benchmarking data.

Clostridium difficile rates	2020/21	2021/22	2022/23	2023-4
Trust apportioned cases	7	2	4	0

Rate per 100,000 bed-days for specimens taken from patients aged two years and over (Trust apportioned cases)	78.95	18.51	39.0	0
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QVH staff strive to meet the challenge of the zero target set by the Trust. This financial year we have achieved that ambition. All QVH policies and procedures are linked to evidence-based practice and NICE guidance and are reviewed regularly. Infection rates are monitored extremely closely through the Trust’s Infection Prevention and Control Group and Quality and Governance Committee. The Infection Control Team will continue to support clinical staff and advocate for best practice relating to all aspects of infection control generally and antimicrobial stewardship specifically to continue this result into next financial year.

Venous thromboembolism – initial assessment for risk of VTE performed

Patients undergoing surgery are at risk of venous thromboembolism (VTE) or blood clots. VTEs 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 will be submitted to the Department of Health on a quarterly basis
- QVH has consistently been >95% compliant with this metric for 2023-4.

	Target	Q1 2022/3	Q2 2022/3	Q3 2022/3	Q4 2022/3	Q1 2023-4	Q2 2023-4	Q3 2023-4	Q4 2023-4
VTE risk assessed on admission	95%	96.8%	98.2%	97.5%	97.9%	98.8%	97.5%	97.8%	96.5%

We continuously strive to minimise VTE as one of the most common causes of preventable post-operative morbidity and mortality. QVH is committed to ensuring all patients undergoing surgery are risk assessed and appropriate preventative measures are taken, including compression stockings and low molecular weight heparin injections. QVH continues to undertake monthly audits in all inpatient areas and is committed to maintaining its 95% target for VTE assessments within 24 hours of admission for all patients. Performance against this target is measured on a monthly basis using the Trust-wide performance dashboards.

Pressure ulcers

9 Hospital acquired pressure ulcers were reported during April 2023–March 2024. 5 were category 2 or above

	Target	2018/19	2019/20	2020/21	2021/22	2022/23	2023-2024
Development of pressure ulcer grade 2 or above per 1,000 spells	0	0.2 (total=5)	0.4 (total=8)	0.5 (total=8)	0.5 (total=8)	0.9 (total=9)	0.44 (total=5)
All pressure ulcers 2023-2024					Category 2	Unstageable	
Number of Pressure ulcers in category (depth) (Total=5 excluding category 1)					4	1	

2 pressure ulcers were device related, including medical and non- medical devices;

- 5 category 1 pressure ulcers were reported (1 was device related)
- 4 category 2 pressure ulcers were reported (1 was device related)
- 1 unstageable pressure ulcer was device related

Moisture associated skin damage was reported for 3 patients:

- 1 was incontinence associated skin damage
- 2 were other moisture associated skin damage

QVH has a robust process for collating the incidence of pressure ulcers (category, anatomical site of pressure damage or whether related to a type of medical device or associated with a type of moisture). Recurring types are highlighted to enhance understanding and, where necessary to change practice. Nasogastric tube securement is one example where changes have been made to reduce risk for patients. The Tissue Viability Nurse (TVN) offers support and guidance to staff and patients with pressure ulcer prevention and management. All Category 2 and above pressure ulcers are investigated and root cause analyses are presented internally to share and implement the required learning and change in practice. Use of photographs and liaison with the reporters assists with accurately categorising the damage and ensures correct reporting of non-pressure related damage.

The TVN has revised leaflet information for patients and carers to increase awareness pressure ulcer prevention. The TVN has been delivering group training as part of the Care Certificate and Preceptorship programmes. Ad hoc training is provided for all clinical staff with support from senior staff and tissue viability link nurses. Special ‘*Stop the Pressure*’ drop in sessions for staff raised awareness about pressure ulcer categories, assessment, risk factors, skin inspection, of all skin tones and preventative care using aSSKING. The aSSKING care bundle is a tool which guides and documents pressure ulcer prevention and many associated interventions aimed at reducing the risk of this often preventable patient harm

Following a baseline audit the TVN, with support from link nurses and senior staff in clinical areas, has implemented changes to pressure ulcer prevention documentation. This included a change in the validated pressure ulcer risk assessment tool with increased sensitivity to identify risks for our surgical patients and implemented national framework in aSSKING preventative care plans. A re-audit has shown improvements in risk assessment and aSSKING care planning and identified some learning requirements. The TVN and senior staff continue to collect CQUIN data and provide regular feedback about pressure ulcer risk assessments and preventative care. Data on 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.

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	2020/21	2021/22	2022/23	2023-24
Failure to deliver single sex accommodation (occasions)	0	0	0	0	0

QVH is committed ensuring the privacy and dignity of our patients, during their most vulnerable times in hospital, by ensuring they are provided with same-sex accommodation. Segregated accommodation has been maintained during 2023-24 through the use of single rooms and the appropriate planning of patient admissions.

NHS Friends and Family Test

Friends and family Test (FFT) results are one of many points of patient feedback we use to help us continuously improve our service and the care we provide. Triangulated with other patient feedback the results can highlight issues we need to address and how well we have done when changes and improvements are made. Patient feedback throughout the year has been very positive, especially our inpatient areas (wards) with 99% of respondents likely or very likely to recommend us to their friends and family.

A range of methods is used to collect feedback including patient self-service, text messages, surveys, and integrated voice messaging. In 2022 we introduced our digital inpatient survey. This allows patients to use a digital device in their inpatient area to provide their feedback. We have plans to expand this to our wider inpatient audience, but acknowledge a better response rate with the paper postcards. This will, therefore, be an additional channel for patients to use and not a replacement channel. This will take the form of a QR code patients can scan and feedback on via their own smartphone or device.

Whether an outpatient appointment is face-to-face, virtual or on the telephone we will always seek feedback where we have contact details to do so. We recognise that some people would prefer to share their experience(s) in other ways. Therefore, in all patient areas there are details of how patients/carers/relatives can contact the Patient Experience Manager by email or telephone/ use the Care Opinion website. It is recognised that each service can provide this information in a different format so this will be standardised in 2024-25 to ensure a consistent and effective message.

For the majority of patients who feedback positive experiences, the quality of care and the value of high quality interactions with staff are the key factors for their recommendations. FFT results are reviewed by the Patient Experience Group, Quality and Governance Committee and at a Board level. The figures are also published monthly at a national level. Each month details are published nationally on our performance in the context of all NHS Trusts who complete FFT, and what they thought about their care. The FFT scores can be viewed in Appendix 2.

Feedback received through the NHS website and Care Opinion website

The Trust has a system in place to monitor feedback posted on two external websites; the NHS website (previously NHS Choices) and Care Opinion. Any negative feedback is reviewed and learning or changes in process or practice are implemented. Feedback is sent to the relevant service/department manager for consideration and action. QVH aims to provide a timely response to each comment received in acknowledgement and to provide information where 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.

Complaints

Complaints are another form of patient feedback that enables the Trust to listen to their experiences in order to identify learning points and take appropriate action to address these. When a patient, carer or relative raises a complaint QVH complies with the following fundamental standards:

- 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.
- Our process ensures that complaints are dealt with promptly and efficiently and that complainants are treated courteously and sympathetically

A summary of expectations of The NHS Complaints Standards 2021 was published by the Parliamentary and Health Service Ombudsman (PHSO) in December 2022. The trust, alongside the Sussex complaints network, has been working with the PHSO liaison manager throughout the financial year to ensure effective implementation and compliance with these standards. In order to meet these standards, our concerns and complaints process has three main elements:

- *Listening* - to hear and take seriously all feedback that is received, whether it is a formal complaint, a compliment or other patient feedback.
- *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 investigate and respond but the true purpose of each case is to listen to the feedback and identify gaps in our service provision and the changes that may be needed to improve our services for patients.

Learnings from complaints are therefore highlighted at a range of meetings, including Business Unit meetings, the Clinical Governance Group, Quality and Safety Committee and Board meetings. The Public Board meeting includes a patient story at the start of the meeting where an ex patient is asked to share their insight in to their experience with us and this allows the board to remain focussed on the patient through the rest of the meeting. Any learning from this is captured and summarised on a 6 monthly basis. These governance processes enable any learning and associated action (s) at an appropriate level of detail to provide assurance that QVH is an organisation that is truly responsive to our patient and carer feedback.

Examples of how involving patients in co-design of services has improved patient care/experience over 2023-24.

- The **'Better Together'** strategy has launched an expression of interests form for all patients/public who may be interested in becoming more involved in shaping services or improvements.
- There have been a number of patient focus groups supporting the development of the Trusts long-term strategy.
- A PLACE task and finish group has been established to consider and action the necessary points that have been flagged by the annual review. This ensures a consistent approach across the Trust and aligns with the feedback received by the PLACE assessors.
- We are continuing the "learning from patient experience" meetings to identify improvement opportunities.
- Our management of violence and aggression prevention policy is being finalised to adopt a more *'trauma'* informed approach. It involves a flag system (yellow and red cards) to ensure that incidents of violence and the actions required are coordinated across Trust and not dealt with in isolation.
- A Quality Improvement approach is being formally established during 2024-25.

Specifically for services:

- The Plastics service, in collaboration with the (electronic Records system) eRs team, are implementing additional controls to ensure paediatric and adult referrals are managed in a timely way
- The Trust has implemented a 40-working day timeframe and a triage form which enables the sharing of the risks associated with the complaint when it is received
- The MIU department is working with the ICB and primary care, to highlight what services it offers that are nurse led to ensure that patients are not misdirected.
- The Speech and Language Therapy Team are working with the Head and Neck Unit to understand how patient's feel about the service they receive whilst staying on the ward and whether there are improvement opportunities

- The outcome forms from clinics (Plastics, Corneo etc.) are being considered from a digital perspective; the intention is to improve the management of care pathways for our patients
- The Corneo service has rearranged all patient appointments for the glaucoma clinic. These are now rescheduled within 6 to 8 weeks of the appointment time, rather than those traditionally made 12 months ahead. This approach ensures there are fewer cancelled appointments and increases patient satisfaction and confidence in the system.

3.2: NHS ENGLAND AND NHS IMPROVEMENT NATIONAL PRIORITY INDICATORS

- NHS England and NHS Improvement (NHSEI) use the following national access and outcomes measures to assess governance at NHS Foundation Trusts.
- NHSEI national priority indicators for safety, effectiveness and experience can also be found in section 2.
- QVH’s 2023-4 performance against these waiting time indicators is shown below.

Non-elective waiting times – minor injuries unit (MIU): MIU has continued to exceed against the national four hour standard

National Priority indicator	Target	2021/22	2022/23	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
MIU patients completing treatments and leaving within 4 hours	95%	99.58%	99.64%	99.62%	99.69%	99.58%	99.49%

- Overall achievement for 2023-24 = **99.60%**

National Priority indicator	Target	2021/22	2022/23	2023-24
MIU patients leaving without being seen		1.56%	1.40%	1.62%

This measure reflects the small numbers of patients who leave without being seen. There are no comparable benchmarks available

Cancer waiting times

	Target	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
Patients receiving first definitive treatment within 62 days following urgent GP referral, Consultant upgrade and national screening programme on a cancer pathway – Shadow reporting for Q1 and 2	85%	83.8%	68.4%	86.2%	89.0%

31 day decision to treat and subsequent – Shadow reporting for Q1 and 2.	96%	87.3%	79.5%	85.7%	93.5%
Two week wait for suspected cancer – not reportable from Oct 23	93%	76.5%	81.5%	91.3%	91.9%
Faster diagnosis standard	75%	86.1%	79.8%	89.1%	90.6%

Figures shown are month end for each quarter

Where appropriate harm reviews of patient who have exceed the waiting time on the cancer pathway are reviewed by a clinician as part of the cancer breach reporting process

Diagnostic waiting times

Diagnostic waiting times for the Trust have returned to pre-pandemic levels, this has been impacted by a significant performance improvement within the Sleep service. Performance for Radiology reporting turnaround times within seven days averaged 83.5% for the 2023/24 period.

	2021/22	2022/23	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
Diagnostic waits < 6 weeks (DM01)	91%	70%	72%	77%	90%	91%
Diagnostic reporting complete within 7 days (Radiology only)	97.18%	97.59%	76.38%	93.00%	79.87%	85.73%

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 are reviewed weekly to identify any learning and to share with the wider multidisciplinary team. Every effort is made to ensure the delivery of safe surgical care resulting in 10,002 cases being delivered for 2022/23. The data in the table below is collected from our Patient Access System (PAS) and Theatre system.

National Priority indicator	Target	2021/22 (Q3 & Q4 only)	2022/23	Q1 2023-24	Q2 2023-24	Q3 2023-24	Q4 2023-24
Operations cancelled on day of surgery for non-clinical reasons and not rebooked within 28 days	0	8	7	3	11	2	2
Urgent operations cancelled for non-clinical reasons for a second or subsequent time	0	1	1	0	0	1	1

Of note, the peak in Q2 23/24 was linked to a single day where there was a business continuity incident which resulted in the loss of capacity.

Reporting of Patient Safety Incidents

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 have been collated internally and submitted on a fortnightly basis to the National Reporting and Learning System (NRLS) (until Apr 2024)
- From 2nd April 2024, patient safety incidents are automatically sent from QVH to NHS England (LFPSE) via the Datix incident reporting system

Patient safety incidents	2020/21 (NRLS)	2021/22 (NRLS)	2022/23 (NRLS)	2023-24 (NRLS)
Total reported patient safety incidents	575	678	895	921
Number of incidents resulting in severe harm or death	0	0	1	0
Incident reporting rate per 1,000 bed days	64.7	62.7	87.5	81.1
Lowest Acute Specialist Trust incident reporting rate per 1000 bed days	22.4	21.7	Not yet published	Data unavailable NHS England state: We have currently paused the publishing of this data while we consider future publications in line with the introduction of LFPSE.
Highest Acute Specialist Trust incident reporting rate per 1000 bed days	185.2	159.4	Not yet published	Data unavailable NHS England state: We have currently paused the publishing of this data while we consider future publications in line with the introduction of LFPSE

QVH actively promotes a ‘no blame’ culture designed to encourage staff to report incidents in a timely manner. Staff are supported to ensure compliance with this and also the need to achieve timely completion of incident investigations. The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. Since the NRLS was established in 2004, there has been improvement in the culture of incident reporting to improve patient safety. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care nationally. 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 new ‘Learn from Patient Safety Events’ (LFPSE) system is now underway and QVH transitioned from NRLS to LFPSE on 2nd April 2024. It is important to recognise that the number of reported incidents in its self should not be seen as negative as it evidences a positive safety culture.

NHS England has developed a digital portal to allow health and social care staff (with authorised access) to view data about patient safety events that have been recorded within their own organisation to the new LFPSE service. Staff can use this information to improve their understanding of safety incident recording within their organisation, and support local patient safety improvement, response and governance.

Progress with PSIRF

The Patient Safety Incident Response Framework (PSIRF) is a whole system change to how we think and respond when an incident happens to learn from it and so prevent recurrence. PSIRF will replace the existing Serious Incident Framework with its Root Cause Analysis (RCA) approach which described when and how to investigate a serious incident. PSIRF focusses on learning & improvement. This new framework sets out expectations for involving all those affected by patient safety incidents, particularly patients, families, friends

and staff. The quality of response & the resulting improvement work is a priority with strengthened governance & oversight.

PSIRF outlines specific knowledge and experience which are required for those leading learning responses and those in oversight roles. This includes knowledge of systems thinking and system-based approaches to learning from patient safety incidents. The detailed training plan is laid out in the Trust's approved PSIRF plan. The PSIRF plan & policy has been internally approved. The documents were submitted & approved by the NHS Sussex Integrated Care (ICB). The ICB commented that it is "*A well written plan & policy which encompasses PSIRF well and showcases the great work you currently do & plan to do within the PSIRF.*"

Workforce

Staff Survey Results

The results of the 2023 NHS Staff Survey were published on the 7th March 2024, representing the views of 59% of our staff who responded. Our headline results are very positive:

- 93% would recommend the care the Trust provides to family or friends
- 89% of people said care is the Trust's top priority
- 76% would recommend the Trust as a place to work.

QVH response to the statement "I would recommend my organisation as a place to work" was third best in the country for specialist trusts, and top for Sussex. Scores are also above average compared to other acute specialist trusts in the People Promise themes of:

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

Scores were also good for staff engagement and morale.

Staff Wellbeing

QVH recognises looking after our staff is the key to providing high quality and safe care for our patients. Below are some examples of how we have worked hard to improve staff wellbeing over 2023-24, future reports will include feedback on how impactful these have been to staff:

Reintroduction of Schwartz Rounds

Schwartz rounds provide a structured forum where all colleagues, both clinical and non-clinical, can come together to discuss the emotional and social aspects of working in healthcare. The purpose of Schwartz Rounds is to explore the challenges and rewards that are intrinsic to providing care. Listening to colleagues describe their work challenges helps to normalise emotions, which are part and parcel of working in healthcare, but are often kept under the surface.

NHS Sexual Safety Charter

Following the national report; '*Breaking the Silence – Addressing Sexual misconduct in healthcare*' published by the Royal College of Surgeons in September 2023, QVH has pledged our commitment to the NHS England Sexual Safety Charter, we want all colleagues to feel safe at work. We are fully committed to taking and enforcing a zero tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace and delivering

on the Charter's 10 core principles and actions. We are also commissioning an external provider to deliver active bystander training which will be available to all staff.

Workplace belonging workshops 2023-24

We held 6 workshops with staff to help us explore behavioural issues to help us build a greater sense of belonging. These were facilitated by members of our new equality, diversity and inclusion (EDI) group and existing staff networks. Workplace belonging for QVH means individuals and teams playing an active part of a workplace culture where all staff are seen and valued for who they are, including the freedom to share new ideas, follow, lead, collaborate, take risks, make mistakes, raise concerns and take appropriate personal responsibility.

The workshops involved world cafe style discussions in relation to four areas where our staff survey indicates staff experience could be improved and build a greater sense of belonging:

- Establishing an effective work life balance, including flexible working, parenting, caring and self-care
- Eliminating discrimination, bullying and harassment at work
- Establishing effective line management relations and team working
- Promoting high quality appraisal, learning and career development

QVH Progress Pride Pledge

2023-24 saw the launch of our QVH LGBTQ+ Network and Pride Pledge. So far, 330 staff and volunteers have signed up to the QVH Pride Pledge. By signing the Pledge, staff and volunteers agree that they will challenge discrimination towards LGBTQ+ people within the organisation and support the hospital being a place of inclusion where patients and staff are respected and celebrated. We chose the Progress Pride flag as it incorporates the traditional rainbow flag and the additional colours (black, brown, pink, pale blue and white stripes) to represent marginalised people of colour in the LGBTQ+ community, the transgender community and those living with HIV/AIDS.

Supporting Gender Identity at Work

The QVH Supporting Gender Identity at Work Guidelines were introduced. These guidelines have been written to provide information and guidance on supporting transgender, non-binary and intersex colleagues, with the aim to provide a work environment that is inclusive to all. These guidelines include information on reasonable adjustments to support colleagues at work.

Veteran Aware Accreditation

QVH was formally recognised as 'Veteran Aware' in time for Remembrance Day. The accreditation was awarded on 6th November 2023 by the Veterans Covenant Healthcare Alliance (VCHA), a group of NHS healthcare providers in England committed to providing the best standards of care for the Armed Forces community, based on the principles of the Armed Forces Covenant. The Armed Forces Covenant - which recently passed into law - is a promise by the nation ensuring those who serve, or who have served, in the Armed forces, and their families, are treated fairly.

New starter lunch

James Lowell, Chief Executive Officer, (CEO) held the first of our new starter lunches, meeting some of the people who had been on induction with him, as well as colleagues who started

just after. James said: “It was great to hear how they are getting on so far, and find out what they like about QVH as well as areas where we can look to improve

‘Meet the CEO’ breakfasts

These give staff the chance to meet the CEO and members of QVH’s Executive team to ask any questions, or just have a chat as they grab breakfast or early morning coffee.

Team Brief

The CEO launched Team Briefs over 2023-24. We now have a regular monthly slot for the Team Brief led by the Executive leadership team. It is a chance for staff to hear about a variety of different subjects and have the opportunity to ask questions about the briefing or other things they would like to raise. The Team Briefs take place in person alongside the ability to join via MS Teams, and are recorded for colleagues unable to attend on the time / date of the Team Briefing.

Raising Concerns

Here at QVH, we strive to ensure our culture is one where we encourage, support and appreciate staff who speak up. We give colleagues opportunities to talk through any concerns honestly and confidentially, and in doing so, promote a culture in which no concern is too big or too small; Whether it is about worker safety and wellbeing, inappropriate behaviours, bullying and harassment, patient safety and quality, or anything else. There are a range of options to enable staff to raise concerns if they encounter anything that could potentially harm our patients, the public, colleagues or the reputation of the hospital:

- Raise concerns locally with their manager
- Raise concerns confidentially through the ‘Tell Nicky’ (Chief Nurse) link on the intranet
- Raise concerns confidentially through the ‘ask James’ (CEO) link on the intranet

Speak up Guardian, for confidential advice and support. This is now provided by “The Guardian Service” an independent provider, for access to the service 24/7.

Developing our Workforce; Education and Training

Dignity and respect training workshops

Over 2023-24 Enact Solutions delivered some innovative experiential training to our staff to help us improve interpersonal behaviour and reduce bullying, harassment and incivility in the workplace. At least one person from every team attended. The training aims to start a positive, open and honest conversation about challenging interpersonal behaviours at work. This gave attendees the opportunity to learn more about what inappropriate and harmful is, and what individuals can do to create the workplace they deserve. The training included dramatized content delivered by professional actors, alongside electronic voting, group exercises, and facilitation. These workshops were kindly funded by a grant received by QVH Charity

Medical and Dental Education

For the second year running, QVH has received no red flags (negative) in the GMC survey of doctors in training, alongside 19 green flags (positive) across our three main training programme groups. In Anaesthetics, our impressive 100% overall satisfaction score puts us as the joint top performing Trust in the country for that specialty. These repeated strong results are testament to the efforts of the teams in each specialty, including rota managers, clinical and surgical tutors and educational supervisors, supported by the medical education team and Director of Medical Education (DME). As always, an action plan has been put in place to look at the three pink flags in plastic surgery and any areas with a reduced score from the previous year. As part of the action plan from last year’s survey, we have commissioned two courses

for educational supervisors on giving feedback and having difficult conversations, which have been very well received and will be re-run in the next financial year.

The Head of Medical Education and DME have engaged with the work on the new trust strategy, vision and values, to ensure education and training is incorporated at all levels of the trust. The local faculty groups, local academic board and junior doctors' forum continue to be excellent forums for feedback from trainees, and ensure a high quality of governance for medical education. Specialty and Specialist (SAS) funding has been used to deliver a second annual away day for SAS doctors, with an opportunity to participate in team building exercises and receive some CPD points. Funding has also been used to commission a one-day online medico-legal day, which was made available to all SAS doctors across the KSS region.

A joint SAS and junior doctor wellbeing evening took place in April 2024. This event was well attended, with a plan to roll this out as a regular event. The Dental Skills Lab, funded by Health Education England (HEE), now NHSE Workforce Training and Education (NHSE WT&E), is in regular use, with a wide variety of CPD courses for dental staff at all levels being delivered in conjunction with NHSE WT&E. QVH staff are successfully engaging with delivering and attending the courses on offer.

National preceptorship for nursing interim quality mark

QVH is thrilled to have received the national preceptorship for nursing interim Quality Mark in recognition of our preceptorship programme's commitment to supporting newly qualified nurses on their professional journey. Our programme is not limited to nurses; it also extends to allied health professionals and health care scientists because we value the importance of supporting, learning and growing together as one team. The programme is also open to professionals who are new to their role, such as a community nurse now working on an acute surgical ward. Our preceptorship programme consists of three key components:

1. Preceptorship policy: This policy reflects our commitment to supporting newly registered professionals (known as 'preceptees') on a 12-month preceptorship programme. It also recognises the important role of the 'preceptors', the professionals supporting the preceptees in their development.
2. Preceptorship training: A four-day programme that allows preceptees to network and build supportive relationships across professions and departments.
3. Preceptorship workbook: An interactive workbook signing posts preceptees to self-directed learning opportunities. It includes a learning plan and meeting templates.

Quality of service delivery to different groups

For 2023-24 QVH has ensured there is clearly defined leadership for health inequalities within the trust including clinical, executive and operational leads.

All Trust policies continue to be subject to an Equality Impact Assessment (EIA) to ensure no adverse effect on patients or staff with protected characteristics. A health inequalities sub-section has been included in the trust's Standard Operating Procedure (SOP) template, to ensure all staff consider health inequalities in their processes, new pathways or when making pathways changes.

The Trust continues to work to improve reporting and data collection on health inequalities.

Statements from third parties

- NHS Sussex Integrated Care Board (ICB)



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11 June 2024

Dear Nicola,

Queen Victoria Hospital (QVH) Quality Account 2023/2024

Thank you for providing NHS Sussex ICB with the opportunity to review Queen Victoria Hospital's (QVH) Quality Account for 2023/24. We appreciate the ongoing collaborative working and open communication with Trust's senior clinicians over 2023/24, notably at the quarterly Quality Review Meetings (QRM) and the regular touchpoint meetings with the Chief Nurse.

NHS Sussex would like to congratulate the Trust for the ongoing positive work being undertaken to further drive forward quality improvement and lead innovation. NHS Sussex is pleased to see the achievements the Trust has made against the 2023/24 Quality priorities, building on the progress made from previous objectives.

NHS Sussex recognises QVH's expanding services, with the Minor Injuries Unit continuing to see a steady rise in attendances (increases of circa 11% in 2023-24 and achieving 99.6% of these patients attending having completed their treatment within 4 hours, above the nationally benchmarked target of 95%.) Alongside expansion, patient surveys continue to give QVH positive ratings for quality and the Trust was rated as the best hospital in the latest National NHS Adult Inpatient survey for the second consecutive year.

The Trust has achieved several successes in 2023/2024 most notably:

- The launch of the QVH Quick Reference Handbook for Regional Anaesthesia and portable ultrasound project.

- Developing Community Diagnostic Centre enabling local GPs to refer their patients for tests (diagnostic and physiological) to access our innovative clinical pathways.
- Ensuring late cancellations are kept to a minimum by achieving one of the lowest day-of-surgery cancellation rates in the country at around 5.46% (against the GIRFT target of 5%.)
- Recruitment into the national Perioperative Quality Improvement Programme (PQIP) which identified overall good compliance with the national standards for enhanced recovery pathway and DrEaMing (drinking, eating, and mobilising) within 24 hours postoperatively.

NHS Sussex acknowledges that 2023/24 has been a challenging year for the Trust in relation to workforce, especially in speciality areas, and there is continued work to improve recruitment and retention.

NHS Sussex recognise the importance of the priorities for improvement in 2024/25 along with how these will be achieved, including:

- Ongoing expansion and development of further pathways including the roll out of a Heart Failure pathway.
- Focus on health inequality data through routine patient contact to improve the collection of ethnicity and smoking prevalence data.
- Embedding the principles of the Patient Safety Incident Response Framework (PSIRF).
- Commitment to and involvement in projects that will reduce waste and carbon in theatres and beyond.

NHS Sussex supports these key priorities and the detailed, robust work that underpins them. We will continue to seek assurance on the progress of implementation of these quality priorities throughout the year via established governance assurance processes.

NHS Sussex look forward to the continued collaborative working with Queen Victoria Hospital and wider system partners over the coming year.

Yours faithfully,



Allison Cannon

Chief Nurse Officer

On behalf of NHS Sussex

3.3: 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 2023-4*
- 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 2023 to March 2024
- Papers relating to quality reported to the board over the period April 2023 to March 2024
- Feedback from commissioners
- Feedback from local Healthwatch organisations.
- The 2023 NHS Staff Survey results published on Thursday 9 March 2023
- CQC inspection report dated 23 May 2019

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

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

By order of the board

Statements from third parties

- NHS Sussex Integrated Care Board (ICB)

APPENDICES

APPENDIX 1: INDIVIDUAL SERVICE QUALITY UPDATES AND IMPROVEMENTS OVER 2023-4

Call 4 Concern

- **Martha's Rule**

Martha Mills sadly died in 2021 after developing sepsis in hospital. Her family's concerns about her deteriorating condition were not responded to promptly, and in 2023 a coroner ruled that Martha would probably have survived had she been moved to intensive care earlier. From April, all trusts should have a system in place where patients, families, carers and staff can have round the-clock access to a rapid review from a separate care team if they are worried about a person's condition. We have already introduced a patient safety initiative here at QVH which links with Martha's Rule. Called Call 4 Concern© (C4C), it is a service which means adult and paediatric inpatients, families and friends can call for help and advice if they or their family are concerned that there is a noticeable change or deterioration in condition. The service is run by our site practitioner team who are highly experienced senior nurses. They are available 24 hours a day to help support ward teams caring for acutely ill patients. C4C is an inpatient safety initiative only – anyone with problems regarding basic care issues, hospital bed, food, parking or any other general issues, should continue to be directed to the ward nurse or doctor, or our patient experience manager.

Anaesthetics

The anaesthetic department at QVH currently includes twenty-one consultant anaesthetists, four associate and trust grade specialists and eight senior anaesthetic trainees with responsibilities to patients before, during and after surgery. The team provides pre-operative assessment, anaesthesia, pain and critical care services in the Trust. The department also provides support to other specialities in the trust as well as attending serious emergencies in the Minor Injuries Unit. 2023 saw the anaesthetic department facing significant challenges. Staffing and recruitment while supporting the trust in its need to confront increasing waiting lists following on from COVID was particularly difficult. This was exacerbated by industrial action, during which the consultants worked hard to minimise disruption to services whilst covering their junior colleagues. Members of the Anaesthetic Department continue to provide senior management roles and the Anaesthetic department lead in providing simulation training for theatre and ward staff to prepare them for managing clinical emergencies. This also allows us to identify and respond to clinical vulnerabilities in a timely fashion.

We have clinical leads throughout the department who ensure that our policies are updated in line with NICE guidance, with audits of current practice against these recommendations. Policies updated within the last year include those for Acute Kidney Injury (AKI), including an implementation with IT to visually alert clinicians to an AKI result; intravenous fluid and sepsis guidelines. We continue to make the training of our anaesthetic junior doctors a priority, and it has been highly rated. For the second year in a row, QVH received no red flags in the GMC survey of doctors in training, alongside 19 green flags. In Anaesthetics, our impressive 100% overall satisfaction score puts us as the joint top performing Trust in the country for the specialty, and our anaesthetic department is consistently a strong positive outlier nationally with the best results of any department at QVH. The Trust also hosted a highly regarded anaesthetic regional teaching day and a regional careers development day. We have a wellbeing lead who has taken on pastoral care for anaesthetists of all grades and have participated in the RCOA approved national wellbeing in anaesthetists' survey.

Regional Anaesthesia

The department specialises in Regional Anaesthesia, offering awake elective and emergency surgery as routine, particularly for hand surgery, and works closely with the pain service for

extended postoperative care for amputee and peripheral nerve surgery patients. Our education programme includes a biannual anatomy teaching session in conjunction with the University of Sussex at their medical school in Falmer, regular formal teaching sessions, and hands-on clinical experience. The last year has also seen the launch of the QVH Quick Reference Handbook for Regional Anaesthesia and portable ultrasound project, which has been a trainee led project looking to combine a newly written reference handbook with a portable ultrasound so that our clinicians can self-direct education beyond the clinical setting, and is one of the only departments in the country that provides this enhanced learning experience. Additionally, a monthly Breakfast Block Club has been started providing practical experience and teaching of the RA-UK recommended 'Plan A' blocks. We have a number of projects ongoing: including audits surrounding Local Anaesthetic dosing, which was presented as a poster at RA-UK 2024; introduction of new techniques including ambulatory spinals, liposomal bupivacaine, and the development of a cryoablation service; and are currently auditing outcomes of our awake hand service. The next year has a number of exciting projects in the pipeline that will aim to enhance both patient and clinician experience, and keep QVH at the cutting edge of Regional Anaesthesia.

Community Diagnostic Centre

Two consultant anaesthetists are seconded as lead for physiological investigations and pathways to the QVH CDC project. This is a national initiative to increase the availability of planned diagnostics, thereby reducing health inequalities and achieving earlier diagnosis and treatment for patients. The QVH CDC, allows direct access for General Practitioners and their patients to a range of radiological and physiological investigations. The QVH CDC breathlessness pathway has been developed and implemented as the first of its kind in England. Over the last year we have continued to run our breathlessness pathway and introduced some stand-alone tests. The QVH CDC continues to develop new pathways, and is currently developing a digital solution to allow 'on boarding' with further GP surgeries, a new heart failure pathway, and an increase in echocardiogram provision on site with an escalation pathway for emergencies. We are excited to be planning a CDC build on site at QVH, and await these future developments in expanding the service.

Perioperative care

Perioperative care oversees the surgical pathway of patients from the time of booking of surgery until recovery. The last 12 months have been focused on the implementation of GIRFT/APOM 5 core requirements, which include early screening and optimisation of all elective patients and shared decision making. A dedicated team of nurses and anaesthetists run the pre-assessment clinic, which sees approximately 10,000 patients per year for a mixture of general anaesthesia, sedation and local anaesthesia lists; the numbers being seen are increasing almost monthly. We have identified all long waiters on the waiting list, ensuring the early screening process commenced prior to allocation of operation date thereby ensuring the treatment pathway was smooth, complications were rare and late cancellations were kept to a minimum. In fact, QVH has one of the lowest day-of-surgery cancellation rates in the country at around 5.46% (against the GIRFT target of 5%).

We have effectively trialled the perioperative Care for Older People (POPS) clinic and will be offering this service to optimise frail patients prior to major surgery. Our IV iron service has been identifying patients whose blood levels can be pre-optimised prior to major surgery, and we have successfully treated 12 patients in the last 12 months. Our breast reconstruction patients report a 100% satisfaction with our anaesthetic services, and we are producing a video to assist them in their perioperative journey. We have also recruited into the national Perioperative Quality Improvement Programme (PQIP) which identified overall good compliance with the national standards for enhanced recovery pathway and DrEaMing (drinking, eating, and mobilising) within 24 hours postoperatively. We released the first Newsletter in Perioperative Medicine focusing on current updates and events in the field.

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 that is supported by the Anaesthetic department with training and mentoring of staff. We have recently expanded this service to older children. The department carried out an audit in 2022 to validate the safety of nurse lead extubation in children down to 40Kg.

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. Critical Care has been essential for the Training and Development of skills required for the stepping down of, and continued management of patients on the expanded Head and Neck Unit, which enables complex and advanced cases to be undertaken safely and efficiently, with a clear pathway for post-operative recuperation alongside a dedicated multi-disciplinary team. We are developing a follow up support group for patients who have been discharged from the unit, to ensure that patient's physical and psychological issues are not neglected in their journey to recovery.

Research

QVH continues to support with recruitment into national anaesthesia projects. Currently, we are involved with the NIHRs PQIP study, within which we are focussing on analysing outcomes after breast reconstruction surgery.

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 continue to utilise two virtual reality kits, on Peanut Ward and with adult burn patients. The kits help with pain management by distracting the brain with virtual environments and 3 D games. The pain team continues in its work of training and education. We hold training sessions for most departments within the Trust: including burns, physiotherapy, the wards, medical staff, recovery and the preceptorship programme Regular workshops for regional and epidural anaesthesia are held every few months to maintain skill levels in all areas.

The "Green" agenda

The anaesthetic department have been collaboratively involved in supporting the hospital's "Green Plan". Having previously exceeded national targets for reducing the use of anaesthetic gases that are linked to climate change, our nitrous oxide manifold was dismantled and removed from the QVH site this year. As a department we are committed to making our patients operative journey as safe as possible, while also minimising the carbon footprint associated with this journey. There are many ideas currently being worked on, and we are hopefully spreading the green message far and wide. We are also committed and involved in leading further anaesthetic and multidisciplinary projects that will reduce waste and carbon in theatres and beyond.

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 to reconstruct their breast). Data from GIRFT shows that we do the greatest number of delayed autologous reconstructions in the UK, and we are the second largest provider of immediate reconstructions. We remain the sole provider of this highly specialized microsurgery service to the people of Kent, Surrey and Sussex. In 2023, QVH surgeons performed 344 free flap procedures for breast reconstruction, with 3 patients experiencing flap failures, giving a success rate of 98.4%. The proportion of immediate reconstructions, where the reconstruction is performed at the same time as the cancer surgery, formed 47% of our workload in 2023. Of note, our average length of stay in hospital following autologous breast reconstruction remains the lowest in the UK.

We aim is to deliver a safe, efficient, high-volume, high-quality service, whilst providing outstanding training to the next generation of breast microsurgeons via our nationally and internationally renowned microsurgical fellowship posts. The complexity of our work is increasing, and we now offer reconstruction to a wider range of patients by transplanting tissue from several areas of the body, known as “stacked” free flaps. The complex reconstructive work undertaken at the unit is supported by an oncoplastic multidisciplinary team (MDT) meeting held jointly with our breast surgery colleagues from around the region. We are increasingly receiving requests to support Trusts outside our usual catchment area due to our reputation and success rate. We have been approved as a host unit for the Breast TIG (Training Interface Fellowship) jointly with Maidstone & Tunbridge Wells NHSFT, but we are awaiting our first fellow to be placed, hopefully in 2025.

Since the pandemic many Trusts have struggled to regain their pre-COVID levels of autologous breast reconstruction, whereas QVH is now exceeding 2019 activity levels in this field. The ‘one-stop’ clinic model for immediate reconstruction patients has been a valuable legacy of the pandemic, enabling patients to have their consultation with a surgeon, CT/MRI scans and pre-operative assessment in one day, rather than attending the hospital on multiple occasions. The follow up clinics led by our breast reconstruction specialist nurses have been very successful, facilitated by the appointment of a much needed third specialist nurse to support the service. We have also trained the specialist nurses to drain seromas (accumulations of fluid, often in the abdomen or thigh after tissue has been harvested for breast reconstruction). This enhances the patient experience by avoiding a long wait for the on-call doctor to attend, and by providing continuity of care.

On a national level, a senior Breast Consultant is the current Chair of the JCIE (Joint Committee on Intercollegiate Examinations) for all surgical specialties, having previously served as the Chair for Plastic Surgery. The lead Consultant for Breast Reconstruction sits on the Expert Working Group for Coding in Breast Reconstruction, and has been involved in negotiating new OPCS codes for several procedures we perform at QVH (for example breast reconstruction using thigh tissue). This has resulted in recognition of the complex work we do with increased revenue. Another of our Consultants, as well as one of our specialist nurses, have recently delivered invited talks for the national charity Breast Cancer Now, focusing on the high quality breast reconstruction service we run at QVH.

Our current challenges are principally related to workforce. We have lost some capacity for breast reconstruction, since one of our Consultants is now working part time, and it is likely that in the next financial year we will need to create another substantive Consultant post. We are also hoping to obtain funding for a third microsurgical fellow to support the service. Staff shortages in radiology and anaesthetics have also impacted the breast service, and it is clear that the whole multidisciplinary team is key to delivering an efficient service. In terms of equipment, our current microscopes have been in use for some years, and we hope to purchase a new microscopy with capability to do lymphatic reconstruction in the future. If we are to order to increase the volume of reconstruction further in the future, and assist other regions, we may need to explore options such as a private model for breast reconstruction at QVH.

Burns service

The burns service has experienced significant challenges in service provision and staffing, but through a concerted effort, staffing levels on both the adult Burns Unit and CCU have improved, allowing the service to return to Unit status. The appointment of an ACP and Nurse Educator has been welcome and has allowed greater support and training for staff. As a result of our recent experience with complex patients, the whole service has undertaken additional training in the management of patients with neurodiversity. Recent Consultant appointments have raised the provision of senior leadership and continuity of care

throughout the week. Our rehabilitation service continues to provide a valued resource to the Burns Network and the unit has presented its work at national meetings.

Digital transformation is at the heart of the Burns Service and we have rapidly developed digital tools and pathways to replace our older paper-based systems. Digitisation of the burns operation note has led to a decrease in errors and contributed to improved patient safety in the Trust. This work is being expanded beyond the Burns Unit to enable similar change throughout the organisation

The Community Diagnostic Centre

Community Diagnostic Centres (CDCs) are a national NHS initiative to build additional diagnostic capacity for planned care, based in the community and separated from urgent and emergency services in hospitals. These 'one stop shops' for checks, scans and tests are designed to be more convenient and accessible for patients. Establishing efficient and effective clinical pathways will provide additional capacity within the ICB and improve the overall accessibility of diagnostic services. QVH was identified as an early adopter for a CDC pilot, co-designed through shared decision making with key partners including Sussex ICB, patient ambassadors, primary care, and community, Sussex and Surrey Cancer Alliance and Acute Trusts. Since then QVH provides CDC services with the hospital's Outpatient's department, Radiology, Skin Services and Sleeps diagnostic centre. QVH now offer a range of diagnostic imaging and physiological tests with short wait times, including:

Diagnostic imaging:

- X-ray
- Ultrasound
- CT
- MRI.

Physiological tests:

- Full lung function tests
- Ambulatory 24hr tape and BP monitoring
- ECG
- Echocardiogram
- FeNo
- Sleep studies
- Spirometry
- Phlebotomy
- Skin Lesion Images
- Pulse Oximetry
- POCT Capillary Blood Gas Assessment.

The CDC at QVH uses a digital solution which enables all relevant multidisciplinary clinicians to review, discuss and plan the next steps to support clinical decision making and patient treatment. Moving forward into 2024-25;

- QVH will act as a hub for the Sussex Non Specific Symptom pathway, working in collaboration between Sussex and Surrey Heartlands ICBs, acute providers and Surrey and Sussex Cancer Alliance.
- We will continue to expand and develop further pathways including the roll out of a Heart Failure pathway
- QVH will continue to work with Primary Care to enable more practices to refer their patients for CDC services
- The CDC currently operates out of pre-existing QVH clinical space but plans are developing for a new dedicated building

The Critical Care Unit Nursing Update

1. CCU is currently in the process of bringing in-situ simulation to the unit for both medical and nursing staff.
2. Auditing Burns admissions and reasons for refused admissions to address current availability to the burns network
3. “Room of Horrors” educational opportunity
4. Low fidelity drop in simulation and education regarding neck haematoma management
5. Project Garden
6. Padlet for education and also for bedside prompt cards
7. NGPod
8. See It, Say It, Sort It Initiative encourages staff to take the lead on changes on the unit no matter how big or small. As a result of this initiative staff have:
 - Created guidance on relocation of unit to recovery – what equipment to take, layout etc., Creating a tour of unit video for pre-assessment to share with pre-op patients
 - Creating a major burns study day
 - Created a pain prompt card in line with changes to pain prompt card, updated CCU chart and Care Plans
 - Ensuring that ‘This is Me Documents’ are used as appropriate
 - Seeking to improving ward rounds
 - Reviewing and amending Induction training for nurses new to CCU
 - Introducing Safety Huddle involving all members of the Multi-disciplinary team

Professional Nurse Advocates (PNAs)

There are two PNA’s who aim to hold sessions each month. One is doing more PNA work within the trust and the other is holding more escape room team building. The “escape room” concept allow a simulation approach to education and is very well received. The new CCU consultant is a medical examiner and a trainee advocate. She has been valuable in a couple of Morbidity and Mortality meeting and helping in debriefs.

Governance and Patient and Relative feedback

- All patients are given a survey to complete on discharge for their feedback and experience
- Feedback for the unit as a whole over the last year has been shared through the unit’s bi-monthly newsletter sent to all critical care staff.
- Specific feedback from patients concerning the unit is shared via emails to the Critical Care Group which encompasses all critical care staff.
- This is often reinforced regularly as a ‘hot topic’ in daily ward huddles and also recorded in Critical Care Governance meetings.

Partake in the Friends & Family Feedback, which is shared amongst all unit nursing leads, at Nursing Quality Forum and CCU Governance meetings

Orthodontics

In 2023, the QVH orthodontic department team assessed 970 new orthodontics patients and undertook 12,388 patient follow-up appointments. We also ran multidisciplinary clinics with both our cleft and maxillofacial surgical colleagues as well as our restorative colleagues.

Outcomes for Patients Receiving their Care in the QVH Orthodontic Department

The PAR (Peer Assessment Rating) Index provides an objective measure to assess the improvement gained by orthodontic treatment. The higher the PAR score, the poorer the bite / occlusion. At the QVH, data continues to be prospectively collected by our blinded calibrated 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 different. With respect to interpreting the results, a mean PAR score improvement of greater than 70% represents a very high standard of treatment.

In 2023, the QVH team produced results indicating that 99% of our patients were assessed as improved and greatly improved; 60% were in the greatly improved category. These results demonstrate 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

Patient Feedback for the QVH Orthodontics Service

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

189 patients who completed the satisfaction questionnaire in 2023 were included in the data analysis.

- All of the patients (100%) were either satisfied or completely satisfied with the result of their treatment
- 96% of patients would recommend the QVH orthodontic unit to deliver a quality outcome of orthodontic care.

Patient Satisfaction of Treatment of Sleep Disorders with the Mandibular Advancement Splint

There is close liaison between the sleep disorders centre and the orthodontic unit.

Treatment involves a non-invasive intra-oral appliance (mandibular advancement splint - MAS) which is known to improve the quality of sleep in mild to moderate sleep apnoea. This brings the lower teeth and jaw forwards, thus opening up the airway at the back of the mouth, keeping it patent so air is able to flow unrestricted and reduce the patient's experience of breathing problems (hypopnea/apnoea). Over the years, QVH's 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 our patient's satisfaction an 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 modality.

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

- 86% of patients are wearing the splint at least 4 nights a week or more
- 73% of patients claim that their sleep quality is better than it was before
- 76% of patients claim that their daytime sleepiness is better than before
- 100% 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.

Standards set from the previous year:

- In 2023, 73% of patients stated that their sleep quality had improved
- It is also important to highlight that 100% of patients report an improvement in their general well-being and 86% of sleep partners felt their sleep quality was better after the MAS was fitted compared to before treatment.

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

Psychological Therapies

The department of psychological therapies offers a range of evidence-based psychological treatments to inpatients, outpatients and staff at QVH. Therapies offered to patients include preparing them for surgery and for adjustment following surgery, body image difficulties, post-traumatic stress disorder, injury and illness-related depression and anxiety, insomnia and other sleep disorders. The department includes clinical psychologists, counsellors and psychotherapists and specialist paediatric clinical psychologists. We have therapists dedicated to working on the burns ward, facial palsy, facial anomaly clinics, insomnia clinic, and paediatric and burns departments. 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. During 2023-24 the department has continued to offer the full range of therapies to patients and staff. A combination of individual and group therapy. Therapeutic approaches included CBT (Cognitive Behavioural Therapy), CBTi (Insomnia), EMDR (Eye Movement Desensitisation and Reprocessing), Solution focussed Brief Therapy, ACT (Acceptance and Commitment Therapy) and Mindfulness

Radiology

The QVH Radiology Department continues to provide;

- General radiography
- Fluoroscopy
- Non-obstetric ultrasound (US)
- Magnetic Resonance Imaging (MRI) Computerised Tomography (CT) cone beam CT services

2023-2024 has seen a real drive for digital enablement, pathway development and creating the new workforce. A collaborative and flexible working approach has been key to continued service delivery throughout the changes and challenges faced by health and care services this period of elective recovery and CDC growth. QVH is part of the Surrey and Sussex Picture Archiving and Communication System (PACS) consortium and the entire collaborative has implemented a shared PACS with 2 other trusts coming online in 2024 (Surrey & Sussex and Frimley). There has been a great deal of collaborative working during 2023-24 with the refining of the Community Diagnostic Centre (CDC) breathlessness pathway. QVH are now being supported as the regional lead for a new Non Specific Symptom (NSS) pathway for Sussex. We are working on refinement and on-boarding of core staff to deliver this nurse led triage and CT pathway.

The CDC work activity is continuing and we are delivering radiology imaging tests every week to support the NHSEI aims of imaging nearer home and GPs being able to have direct access to CT and MRI. QVH has also been supporting surrounding trusts with their local US and CT backlogs. During this last financial year, we have successfully trained 1 sonographer in general ultrasound and have another training in MSK ultrasound. We successfully secured funding to replace one of our portable x-ray machine. The static X-ray room and CT suite are also in the process of being replaced in 2024. As part of the CDC build, the trust have procured a DEXA scanner which aims to be operational for the planned CDC build opening in 2025. Radiology will need to gain UKAS QSI accreditation for our CDC work. As part of this work, a procurement has been undertaken across multiple departments in procuring a quality management software system for documentation. The go live is due in March-April 2024.

We are part of the SE2 imaging network. The network runs from Frimley to Eastbourne and is driving forward on multiple aspects such as digital, workforce, standardisation and governance. There are many work streams that require trust input/ clinical input/ digital team input and we are working with the network to develop and realise the aims/strategy. The Royal College of Radiologists iREFER project has gone live with a clinical decision making tool within the order comms. iRefer is widely accepted nationally as a major tool to promote evidence-

based imaging. This enables clinicians to be directed towards the most appropriate test for patients meaning reduced rejection rates and less inappropriate tests. Currently, this is enabled for GP referrers but in the longer term will likely be enabled for trust clinicians.

With the advent of pathology and imaging networks, there is a Sussex wide regional business case to develop a “federated order comms” across the region. This is likely to go live within 2024-25.

Radiology do have a number of risks around our workforce, old equipment, estates, and report turnaround times. To mitigate against these, we are utilising all mechanisms to ensure risks are actively managed such as outsourced reporting, securing funding for asset replacement, working collaboratively with other areas in the trust to ensure radiology is considered for any service expansion. We continue to have great patient feedback across all modalities which the staff are very proud of and always strive to give an excellent and safe service.

The Sleep Disorder Centre

The Sleep Disorder Centre continues to provide a comprehensive service for all aspects of sleep medicine for adults. It is the largest sleep centre in the South East outside London and has a catchment area encompassing the whole of Sussex, much of Kent and Surrey, as well as parts of Hampshire. Insomnia patients travel from much further afield. It is also a tertiary referral centre, receiving referrals of complex patients from other sleep centres.

The centre received 7426 new referrals over 2023-24, a considerable increase (911) from the 6516 new referrals received over 2022/23. The centre now employs 3 Consultants, 24 Sleep Physiology, and 17 administrative staff on a substantive basis with support from 10 bank staff. 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, hypersomnia’s, 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.

Towards the end of 2023, we added a new diagnostic service enabling patients to undergo investigations in the comfort of their own home. In addition, we are running a new and improved Lung Function Service to support current departments within QVH and the CDC pathways. One of the main achievements during 2023 was a marked improvement in our DM01 diagnostic targets, bringing down diagnostic waiting times. (Jan ‘23 25.2% of the waiting list waiting more than 13 weeks compared with Jan 24 only 1%). Recruitment to our substantive Consultant team continues, supported by locum Consultants who provide appointments remotely to meet increased demand. Integration with the Epsom respiratory service continues to augment the Respiratory Consultant input into the Sleep service, and we are providing mutual aid for the lung function service with patients being seen on-site at QVH.

APPENDIX 2: LOCAL AUDITS AND THE ACTIONS

Project ID	Specialty	Project title	Summary
2037	Anaesthetics	Pre-operative paracetamol pre-medication for paediatric patients (Round 1)	A pre-medication sticker was introduced on Peanut (paediatric) Ward in October ‘23 following an initial audit to understand and analyse paracetamol usage. Round 2 of data collection saw an increase in oral paracetamol prescribing (63% up from 5%) and a decrease in intravenous paracetamol administration (9% down from 58%).
2037	Anaesthetics	Pre-operative paracetamol pre-medication for paediatric patients (Round 2)	

Project ID	Specialty	Project title	Summary
402	Clinical Support	Retrospective qualitative analysis of dual phase CT scans versus blended CT scans (Round 1)	This snapshot audit reinforces that current scan protocols using dual phase and arms up (adopted in 2021) are the most appropriate for most diagnostic CT staging scans.
583	Clinical Support	CT Records and Post-Processing Monitoring & Compliance Audit (Round 3)	Overall compliance with standards exceeded 95%. A CPD session outlining the importance of complete and accurate documentation was undertaken to drive improvements.
617	Clinical Support	MRI Records and Post-Processing Audit (Round 3)	Adaptation of the safety proforma has improved the documentation of patient ID checks and the scan required. Further audit is planned to monitor compliance and focus training needs.
1387	Clinical Support	Quality assurance of lead protection audit (Round 2)	The radiology department is compliant with standards set out by IRMER17 and HSE L121 QA programme for lead shielding monitoring. A crib sheet has been designed and shared with staff and the related SOP has been updated to ensure continued awareness and compliance.
1428	Clinical Support	Radiology patient identification compliance (Round 3)	Compliance with patient ID standards is excellent with an improving picture for certain modalities since the last round of data collection. Targeted education has taken place to ensure continued compliance with patient ID checking.
503	Corneo Plastic	The effects of Minimally Invasive Glaucoma (MIG) surgery on Quality of Life and Ocular surface disease at QVH (Round 1)	Audit demonstrated 74% of patients gave an improved score on the Glaucoma Quality of Life-15 measure and 56% on the Ocular Surface Disease Index. There is a current focus on how MIGS affect quality of life and this audit shows a positive benefit likely due to reduced drop burden.
530	Corneo Plastic	Audit of Hydrus glaucoma microstent surgery (Round 2)	Audit results show better safety results than published outcomes. Increased post-operative monitoring has been implemented and patients are advised to continue taking NSAIDs for four weeks post-operatively in view of audit results.
663	Corneo Plastic	Are patients receiving the necessary information prior to attending outpatient clinics? (Round 2)	After improvement work undertaken after round 1 to ensure patients receive the correct letters and an accurate patient information leaflet, round 2 saw an improvement in patients receiving the correct paperwork (65% up from 23%). Further work has been undertaken to make the patient information leaflet clearer after round 2.

Project ID	Specialty	Project title	Summary
674	Corneo Plastic	Audit of adherence to the immunosuppression protocol (Round 1)	Round 1 saw poor compliance with the departmental immunosuppression protocol. A dedicated nurse was identified to work within this specific service. Round 2 saw continued
674	Corneo Plastic	Audit of adherence to the immunosuppression protocol (Round 2)	poor compliance – work is in progress to create a departmental protocol, patient information leaflet and a shared care letter for GPs.
675	Corneo Plastic	Audit of ICL sizing in keratoconus (Round 1)	Audit demonstrated a 10% overall realignment / exchange / removal rate in implantable collamer lenses (meeting published standard of 12%). To further improve sizing outcomes, the LASSO formula is now used to compliment the OCOS website calculation already used.
1583	Corneo Plastic	Outcomes of ptosis surgery at QVH (Round 3)	The majority of patients were happy with the outcomes of their surgery and success rates are comparable to national standards. The complete success rate was 74.4% with a partial success in a further 20.9% cases.
2030	Corneo Plastic	Oculoplastic conditions in Covid-19 patients: case series	Patients presenting with ocular inflammation are now tested for COVID-19 to establish the correct diagnosis.
2033	Corneo Plastic	Evaluation of the effectiveness of anterior lamellar positioning surgery in Meibomian gland inversion in blepharospasm	Audit found that correction of MGI to improve ocular surface symptoms improves blepharospasm symptoms as well, as reflected in reduction in Jankovic and blepharospasm functional disability scales.
2069	Corneo Plastic	Ophthalmic competencies audit within the theatre team (Round 1)	Teaching boards have been created and displayed within Theatres to increase visibility and awareness of the corneo plastic consultant body. Work is underway to incorporate a timetable of rotations around the corneo plastic specialties for new theatre staff, as well as processes for existing staff to undertake supernumerary shifts to maintain their competencies.
445	Maxillo-facial Surgery	2WW biopsies - what are the most common histological findings?	25% of all urgent biopsies were confirmed cancers of the oral cavity. In the majority of cases, as expected, those cancers were squamous cell carcinoma. Findings are to be discussed at the maxillofacial teaching day, with a focus on appropriateness of referrals and ensuring that 2WW referrals are only requested by senior clinicians.

Project ID	Specialty	Project title	Summary
614	Maxillo-facial Surgery	H&N cancer quality outcomes - improvement and clinical effectiveness programme (2022)	Recommendations after data collection for 2022 include a dedicated reconstruction MDT, continued consultant-led ward rounds and use of Enhanced Recovery After Surgery protocol to improve flap failure rate and post-operative complications. Monitoring of tumour complexity will continue next year.
640	Maxillo-facial Surgery	Accuracy of Orthodontic Coding at QVH (Round 2)	In round 1 of data collection, primary procedure documentation and coding met the advisory gold standard while secondary procedures met the mandatory gold standard only. Teaching for clinicians and dental nurses was undertaken and round 2 saw primary and secondary procedure documentation and coding both meeting the advisory gold standard. Refresher teaching sessions and re-audit planned.
672	Maxillo-facial Surgery	2ww pathway: Determine the diagnostic yield from the 2ww referral pathway within the Maxillofacial Department (Medway & QVH)	The number of referrals on 2WW pathway proving to be for a malignancy were below the target of 5% (QVH: 4%, Medway: 2%). Recommendations include further focused audit to inform the provision targeted advice and guidance to primary care colleagues on areas with the highest inaccuracy.
2056	Maxillo-facial Surgery	The performance and record keeping of naso-endoscopy within recall appointments of oral cancer patients	Audit highlighted that naso-endoscopy is not being used routinely for follow-up cases as often as recommended. The number of codes claimed for this service is also lower than set standards. Actions include a hands-on study day for clinical performers to improve skills and confidence in naso-endoscopy, as well as new documentation for all naso-endoscopies performed.
1322	Nursing	Adult Inpatient Pain Management Quality Audit (Round 3)	Round 3 of audit included questions around neuropathic pain management to ensure compliance with NICE guideline CG173. High compliance was demonstrated against all standards. Further round of audit planned in 2025, with added patient experience element.
2009	Nursing	Aseptic Technique and Aseptic Non-Touch Technique (ANTT) Standard Operating Procedure (Round 3)	74% of the audit submissions were fully compliant with the SOP. Completion of this audit has certainly highlighted some training needs around the use of aseptic technique, and it should be made clear to all areas that gold standard is to use aseptic technique for all dressings or invasive procedures. Recommendations include promotion of available training, education at a departmental

Project ID	Specialty	Project title	Summary
			level and a “back to basics” infection control approach to reduce post-pandemic fatigue.
2025	Nursing	EDN Capture/Communication of Safeguarding concerns (Paediatrics only)	Audit shows that there have been missed opportunities to communicate paediatric safeguarding information with the GP in all specialities, particularly with the Plastic Surgery cohort of patients. Learnings are to be shared at the Joint Hospital Clinical Governance Group and new guidance written by the paediatric safeguarding lead.
2036	Nursing	Audit to assess compliance with NICE guideline NG84 - Sore throat (acute): antimicrobial prescribing (Round 1)	Audit showed that the CENTOR / FEVERPain tool was only documented in 11% of cases audited in MIU. Correct observations are being undertaken but not documented correctly – symptoms and findings are documented but not the use of FEVERPain or Centor and the score. A team training session will be delivered, and the use of a scoring tool sticker will be implemented.
1277	Peri-operative Services	Recovery "intervention" audit 2022	We continue to focus on the analysis of outcome after breast reconstruction surgery. Data shows that we are consistently achieving or over-achieving the national average.
2008	Peri-operative Services	Rub don't scrub: the carbon footprint of surgical scrubbing and using ABHR as a green alternative (Round 1)	This action relates to the replacement of traditional scrub solutions with Alcohol Based Hand Rubs (ABHR) within surgical environments, which will greatly reduce water waste in surgical settings. Data will continue to be collected and analysed in collaboration with our IPC team. Data will be collected on multi-modal pain relief outcomes.
425	Plastic Surgery	Clinical outcomes between masseteric-to-facial nerve transfer with vascularised cross-facial nerve graft and masseteric-to-facial nerve transfers alone	Clinical outcomes included 100% flap survival rate, with all cases showing functional improvement. The use of the vascularised cross-facial nerve graft added spontaneity to the smile and helped with upper lip elevation.
432	Plastic Surgery	Outcomes of patients treated with Nexobrid for deep facial burns	Patients displayed good aesthetic and functional outcomes, with no concerns at follow-up ranging from 3 - 36 months. Good aesthetic and functional outcomes were observed. Larger sample sizes are needed,

Project ID	Specialty	Project title	Summary
			and it is hoped that this project will encourage further research and practice in this field.
447	Plastic Surgery	Adherence to national melanoma guidance in a QVH plastic surgery unit (Round 1)	Poor compliance with NICE guidelines was identified. Recommendations include education to increase awareness of quality of documentation around vitamin D level testing.
448	Plastic Surgery	Evaluation of Plastic Surgery - Burns Operation Notes (Round 1)	Initial audit found that 74% of documentation errors were incorrect operation date. An electronic operation note was implemented. Second round of data collection found the use of electronic operation note did reduce the incidence of this common error did not protect against missing or incorrect clinical information. Work is ongoing to further adapt and improve the electronic operation note, with a free-draw diagram section.
448	Plastic Surgery	Evaluation of Plastic Surgery - Burns Operation Notes (Round 2)	
707	Plastic Surgery	Service evaluation of post-operative care following lymph node dissection (Round 1 and 2)	The formal introduction of the ERAS protocol booklet was seen to reduce variation in perioperative care with encouraging outcomes, including reduction in variation of antibiotics administered and compliance with blood testing and drain management protocols.
712	Plastic Surgery	Evaluating the Service Delivery and Efficiency in Complex Adult Hand Trauma at QVH, in accordance with BSSH Guidance (Round 3)	Final audit report pending
2003	Plastic Surgery	Audit of Variability in Booking Skin Procedures (Round 1)	Final audit report pending
2017	Plastic Surgery	Improving the burns unit induction for junior doctors (Round 1)	Final audit report pending
2054	Plastic Surgery	Evaluation of start times of trauma theatres at QVH	Final audit report pending
2061	Plastic Surgery	Comparing the VTE rates in autologous breast reconstruction patients before and after the change in length of venous thromboembolism (VTE) prophylaxis protocol (Round 1)	Final audit report pending

Project ID	Specialty	Project title	Summary
2061	Plastic Surgery	Comparing the VTE rates in autologous breast reconstruction patients before and after the change in length of venous thromboembolism (VTE) prophylaxis protocol (Round 2)	Final audit report pending
449	Sleep	Service evaluation investigating triage process for obstructive sleep apnoea	Final audit report pending
525	Therapies	Virtual measurement of range of movement (ROM)	Final audit report pending
669	Therapies	Improving psychological care for head and neck cancer patients	Final audit report pending
715	Therapies	Evaluation of Psychological Supervision offered to Clinical Nurse Specialists	Final audit report pending
716	Therapies	Experience of psychological therapies services at QVH for Cancer Services	Final audit report pending
1066	Therapies	Outcomes of finger flexor tendon repairs (FDP/FDS) performed at the QVH Jan-Dec 2022	Final audit report pending
1284	Therapies	Sleep Group Long Term Outcomes Evaluation	Final audit report pending
1286	Therapies	Facial palsy therapy outcome audit (2016 - 2022) (Round 2)	Final audit report pending
1451	Therapies	Physiotherapy Outpatients - annual patient satisfaction survey (2023)	Final audit report pending
2002	Therapies	Multidisciplinary Online Facial Rehabilitation for Synkinesis (MOFRS)	Final audit report pending
2031	Therapies	NGPOD a new method of NGT position testing: Evaluation Audit Results	Final audit report pending

APPENDIX 3: PATIENT SURVEY RESULTS

Top 5 scores vs Picker Average	Trust	Picker Avg
Q5. Not prevented from sleeping at night	72%	48%
Q41. Told who to contact if worried after discharge	92%	75%
Q4. Had help from staff to keep in touch with family & friends	98%	83%
Q47. Asked to give views on quality of care during stay	27%	13%
Q23. Staff did not contradict each other about care and treatment	79%	65%

Most improved scores	Trust 2022	Trust 2021
Q44. Got enough support from health or social care professionals after discharge	90%	86%
Q4. Had help from staff to keep in touch with family & friends	98%	96%
Q46. Rated overall experience as 7/10 or more	95%	93%
Q39. Given information about medicine at discharge	98%	97%
Q40. Knew what would happen next with care after leaving hospital	96%	95%

Most declined scores	Trust 2022	Trust 2021
Q35. Staff discussed need for additional equipment or home adaptation after discharge	88%	93%
Q2. Did not mind waiting as long as did for admission	69%	74%
Q11. Offered food that met dietary requirements	94%	97%
Q41. Told who to contact if worried after discharge	92%	95%
Q37. Given information about what they should or should not do after leaving hospital	93%	95%

Friends and Family (FFT) scores

NHS FFT scores (patients)	Minor injuries unit	Acute inpatients

	2019/ 20	2020/ 20	2021/ 22	2022/ 23	202 3- 24	2019/ 20	2020/ 20	2021/ 22	2022/ 23	202 3- 24
% extremely likely/likely to recommend	96%	97%	94%	94%	93%	98%	99%	99%	99%	99%
% unlikely/extremely unlikely to recommend	2%	2%	3%	3%	4%	0%	0%	0%	1%	1%
Response rate	18%	29%	23%	22%	22%	39%	30%	38%	36%	41%