Queen Victoria Hospital NHS Foundation Trust

Quality Account

2024/25

CONTENTS

Forward from Trust Chair & Chief Executive Officer

Queen Victoria Hospital NHS Foundation Trust (QVH) is a leading specialist centre for reconstruction and sleep, internationally recognised for pioneering innovative treatments and techniques. The majority of our patients are from Sussex, Surrey and Kent, however due to the nature of the specialist services we provide, we also support patients from right across the UK and beyond.

Quality, safety and the experience of patients are at the forefront of everything that we do and we have a strong track record of excellence and successful patient outcomes. QVH is consistently ranked among the country's top hospitals for quality of care and known for outstanding patient satisfaction ratings. This includes the latest Care Quality Commission (CQC) Adult Inpatient Survey where we received the highest score in the country from patients who had received inpatient care at our hospital.

We are pleased to present to you our Quality Account 2024/25 which 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.

What is the Quality Account?

The Quality Account is an annual report produced for the public by NHS healthcare providers about the quality of services they deliver. Its aim is to enhance accountability and engage leaders of NHS organisations in their quality improvement agendas. The Quality Account is a mandated document, which is laid before Parliament before being made available to patients, their families, and the public on the NHS and our website.

Patient-centered care

We want QVH to be the best hospital it can be. In the last year we have embarked on a three year programme of developing and embedding a bespoke continuous improvement programme to help us consistently improve how we deliver care and services. Named by our colleagues, The QVH Way continuous improvement programme is already helping us drive meaningful and sustainable improvements that enhance patient care and organisational performance. We look forward to further embedding this within our organisation in the coming year.

We also launched the *QVH Strategy 2025-2030* in November 2024, a milestone moment for us. Shaped and co-produced with over 3,000 patients, volunteers, staff, health and care partners, a wide variety of stakeholders from across Kent, Surrey and Sussex, and supported by a considerable amount of data, the *QVH Strategy 2025-2030* sets out our refreshed organisation vision, values, strategic objectives, future focus and direction. It includes our ambitions for QVH's patient services and the key enablers to help us deliver our strategy. Through our strategy we recognised the importance of being agile and dynamic and this has never been more important than it will be in the coming year, one of the most challenging in the history of the NHS.

QVH has a history of collaboration and we continue to work in partnership with providers across Kent, Surrey and Sussex to ensure that we provide efficient and safe patient pathways and reduce waiting times for treatment. This focus on collaboration is clear through our QVH Strategy 2025-2030 and will remain a priority for the coming year.

To the best of our knowledge, the information contained within this report is accurate and provides a balanced account of the quality of services we provide.

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

Jackie Smith, Chair, Queen Victoria Hospital NHS Foundation Trust

2. About QVH

2.1 Our services, structure and patients

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

Patients come to QVH from all over the UK with a more concentrated number from within the South East of England. For some of our services we are the sole provider across Kent, Surrey and Sussex. Due to the specialist nature of many of our services patients also attend our hospital from all over the UK.

Internationally recognised for pioneering innovative treatments and techniques, we have a strong track record of excellence and successful patient outcomes. Consistently ranked among the country's top hospitals for quality of care, QVH is known for its outstanding patient satisfaction ratings. In the 2023 Care Quality Commission (CQC) Adult Inpatient Survey QVH received the highest score in the country from patients who had received inpatient care at our hospital. In the 2023 NHS National Cancer Patient Experience Survey patients rated the care they received at QVH as 9 out of 10, and in response to the statement the "Patient was always able to discuss worries and fears with hospital staff" we scored 86%, the highest of any trust in the country.

The results from the Friends and Family Test show that 95% of our patients would recommend us to their friends and family. The same test indicates that 99% of our adult inpatients rated QVH as a positive experience.

The delivery of safe, high-quality care is our primary focus to ensure we provide a positive experience for our patients and their family or carers. Our Minor Injuries Unit (MIU) has continued to see a steady rise in attendances throughout 2024/25 continued to exceed the nationally benchmarked target of 95% of patients having completed their treatment within 4 hours.

We have a history of collaboration and provide services across a number of ‘spoke sites’ ("hub and spoke" refers to a model where a central "hub" provides services, while smaller "spoke" sites receive or distribute those services through our QVH@ model, as well as being a key provider in cancer pathways across the health system. We also provide opportunities for surgical resident doctors and apprenticeships every year alongside training and development of our staff.

We are committed to providing a range of services and operating as an anchor institution, proactively supporting our community’s well-being and tackling health inequalities.

2.2 Strategy

In November 2024, the Trust Board approved the *QVH Strategy 2025-2030*, shaped and co-produced with over 3,000 patients, volunteers, staff, health and care partners and a wide variety of stakeholders across Kent, Surrey, Sussex and beyond. It has been developed looking at national and local policy and direction for the future, and our case for change. It is in line with the health and care system strategies across Kent, Medway, Surrey and Sussex and is underpinned by a suite of clinical and support service enabling strategies.

As part of the process of developing the *QVH Strategy 2025-2030*, we refreshed our vision and values, aligned with the approved five-year strategy. The vision – “To be a centre of excellence that rebuilds lives and supports communities for a healthier future” – was co-produced with staff and patients and aligns to our ambition to be a provider of both specialist and regional services, whilst delivering a service offer for the local population.

To achieve our vision, our new values mean:

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

We also developed a behavioural framework to support the integration of these values, with workshops ongoing to support managers and staff in embedding the values across the organisation.

Our new strategic objectives set the direction for our priorities and decision-making, framing everything from significant service level decisions through to individual objectives with a view to delivering improved outcomes for our patients and populations and improving our staff experience.

2.3 Working in partnership: Improving Lives Together

The *QVH Strategy 2025-2030* is also aligned to the ambitions and objectives of the Sussex Health and Care System Strategy *Improving Lives Together*. Working in partnership is essential to creating meaningful, lasting improvements in people’s lives by supporting them to live healthier for longer, and making sure they have access to the best possible services when they need them. By collaborating across organisations, sectors and communities, QVH can combine expertise, resources, and perspectives to address complex challenges more effectively. This includes strengthening our role as an anchor institution, supporting the health and wellbeing of our local community, and helping to reduce health inequalities.

Strong partnerships foster innovation, drive service improvements, and ensure that the needs of individuals and communities are met in a holistic and sustainable way. Through shared goals, mutual respect, and a commitment to continuous improvement, we can deliver better health, well-being, and quality of life for all.

2.4 QVH Charity

The QVH Charitable Fund, also known as QVH Charity, was set up in 1996 to manage money donated to the hospital. Nearly 30 years later QVH Charity has a crucial role in supporting elements of the hospital's work that lie beyond NHS funding. This includes:

- Research which will enable QVH to continue to develop new and innovative treatments for patients.
- Investment in innovative medical equipment to improve patient outcomes
- Improvements to the hospital environment to enhance patient experience
- Wellbeing initiatives for staff.

With increasing pressure on the NHS to do more for its patients whilst meeting the NHS efficiency agenda QVH Charity will play an important part in supporting the QVH Strategy 2025-2030 and continuing to go above and beyond for patients. You can find out more about QVH Charity at www.supportqvh.org

3. Statement on Quality

3.1 Our approach to Quality Improvement: The QVH Way

QVH's Continuous Improvement (CI) programme was developed to enable us to make improvements in our delivery of safe and effective care across the organisation. The programme named '*The QVH Way* 'by our staff, was developed using an approach aligned to our Trust strategy with the quality of patient outcomes at its core.

During 2024/25, the first year of the programme was launched and it has already succeeded in embedding an ethos that supports and encourages continuous learning and improvement. Engagement and training 'from Board to Ward' has allowed us to develop our improvement capacity and capability. A standardised approach to continuous improvement, including the development of a cohort of improvement champions across the Trust, promotes sustainable from ward to board learning.

An accredited British Quality Foundation Lean Six Sigma belt programme has been established with Yellow, Green and Black belt courses. This ensures that training is offered to staff at the required level to enable improvement to flourish throughout our organisation. Three cohorts of accredited yellow belt training have been completed so far, with 44 staff members gaining this accreditation. The first green belt cohort was completed in March 2025 *(pictured below)*, with each participant aligned to a project to support the delivery of our key strategic priorities.

Improvement huddles have been implemented in 16 areas across the Trust, including clinical and non-clinical settings. These huddles have become business as usual for our teams and empower everyone to use their individual expertise and knowledge to participate. Staff can innovate and suggest improvements by working together to implement, share, and celebrate their successes together. These huddles have resulted in improvements in patient outcomes

and experience, reduced waste in processes and time, and added value to our patients' care journey.

Our approach to quality is now largely established using *The QVH Way* methodology. This approach enables us to use data and feedback to really understand the root causes of challenges and drives our activity to test, learn and implement sustainable improvements. A bespoke mandatory training programme for all staff will launch in 2025/26. This is aimed at further supporting QVH to be a community where a culture of learning, innovation and continuous improvement is at the heart of daily working.

Pictured: Nine QVH colleagues who took part in our first Green Belt training programme

3.2 Quality priorities 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. They have been selected following review of the following:

- Feedback from staff, patients, carers and the wider community as part of the development of the QVH Strategy 2025-30 – their hopes, fears and ideas for QVH
- Feedback from staff in response to our Care Quality Commission (CQC) preparedness programme including areas of change and improvement, questions for managers and things we are proud of.

At QVH we use the three established dimensions of health care quality:

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

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

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

Progress against these priorities was monitored by the Trust's Quality and Safety Committee on a quarterly basis.

Patient Safety

The implementation of *The QVH Way* programme (will allow us to deliver our strategy, optimise best quality and value, and enable a culture of continuous improvement to be embedded across the organisation.

Achievements 2024/25

- Recruitment to the Head of Continuous Improvement post
- Completion of a readiness assessment involving key stakeholders and members of the Board. A readiness assessment is a systematic evaluation of an organisation's preparedness to implement a specific change, project, or initiative. It helps determine if the organisation has the necessary resources, skills, and support to successfully implement the change, and it identifies potential barriers and challenge
- The introduction of a Continuous Improvement education and training programme that meets the needs of all staff in the organisation. This includes online resources/programme for basic awareness and skills training
- Provision of specific bespoke training and education programmes for a group of leaders in the organisation, including coaching for staff in continuous improvement leadership positions
- A set of standardised Continuous Improvement tools and methodologies to improve quality across the Trust.

Clinical Effectiveness

Focus on identifying and addressing Health inequalities

Health inequalities are unfair and avoidable differences in health across the population and between different groups within society. They arise because of the conditions in which we are born, grow, live, work and age. These influence how we think, feel and act and can impact both our physical and mental health and wellbeing. They also have a significant corresponding negative impact on the access people have to health services and their experience and outcomes.

QVH is committed to developing our role as an anchor institution in our local communities so that we can positively influence the social, economic and environmental conditions that impact on health inequalities.

The 'Better Together' QVH approach to meeting the needs of our population by addressing health inequalities will interlink with the organisation's Patient Engagement strategy.

Achievements 2024/25

- We have identified the Trust's core catchment area and described the health profile of the local population that we serve
- We have started to collect equality data for all patients who are happy to participate

- We have made some improvements in ethnicity coding capture (the process of categorising and classifying individuals' ethnic backgrounds for research, data collection, and other purposes
- Smoking prevalence status has been captured for all patients added to a waiting list
- We have established a Health inequality steering group

Aims for 2025/26:

- An Equalities Data working group will be established to identify if any parts of the Trust's population experienced inequity in access or health outcomes
- Triangulation will be carried out looking at qualitative indicators including complaints, incidents and patient experience.

Patient Experience

Enhancing the experience of patients with additional needs

QVH is committed to improving patient experience, particularly for those patients with additional needs. The 2023 Patient-Led Assessments of the Care Environment (PLACE) inspection identified that we did not meet the needs of our patients who have a disability or dementia. Feedback from staff has also shown that we need to improve the support and facilities for patients with disabilities and additional needs.

Achievements 2024/25:

- 2024 PLACE inspection completed and overall improvement seen across all eight domains
- Volunteers have been recruited and trained to support patients on the ward during mealtimes
- A review of national standards continues via the Additional Needs Forum
- Multiple improvements have been completed to the estate and clinical areas to meet national standards such as handrails, consistent toilet and shower signage, access to dementia friendly clocks, and the availability of hearing loops to ensure that it meets the needs of our patients and their carers
- Improved access to translation services.

Aims for 2025/2026:

- Review of National Learning Disability Standards, Accessible Information Standards, Dementia Training Standards
- Better facilities to support children with additional needs and their families
- Improved support for neuro diverse patients, offering safe rooms or quiet spaces, for patients and staff to use when they are overwhelmed
- More support for people with translators, using British Sign Language (BSL) or those with additional communication needs.

3.3 National quality indicators

National and local clinical audits: action taken to improve quality

At QVH we have adopted the NHS IMPACT approach.

NHS IMPACT (Improving Patient Care Together) supports all NHS organisations, systems and providers to have the skills and techniques to deliver continuous improvement.

This approach has been implemented through collaborative working with Continuous Improvement; one member of the quality and compliance team has received the yellow belt training. Clinical Audit is now seen as a wider suite of tools and not the only solution to understanding problems and how to improve. It's not only the remit of clinicians, but a system wide approach. It's helped shape our quality priorities and our focus on patient outcomes.

The Trust's audit plan was developed taking into account incidents, risk, and strategic objectives. We are committed to participation in relevant national audits and participate in national confidential enquiries (confidential, in-depth reviews of patient care designed to identify areas for improvement and prevent future harm).

Participation in national clinical audits 2024/2025

Clinical audit is a way to find out if healthcare is being provided in line with standards and informs care providers and patients what is doing well, and what could be improved.

The Trust took part in eight national clinical audit programmes, six individual national clinical audits and two national confidential enquires.

National programme name	Workstream name	%
Breast and Cosmetic Implant Registry		15 (low % due to awaiting consultant approval, sign off process holding up data submission)
Case Mix Programme (CMP)		100
Child Health Clinical Outcome Review Programme	Emergency surgery in children and young people	100
LeDeR - Learning from Lives and Deaths of People with a Learning Disability and Autistic People		100
Medical and Surgical Clinical Outcome Review Programme	Blood Sodium Study	100
National Audit of Care at the End of Life		Organisational only, no applicable patients
National Falls & Fragility Fracture Audit Programme	National Audit of Inpatient Falls	Organisational only, no applicable patients
Perioperative Quality Improvement Programme (PQIP)		146 patients have been recruited to this study during the year, 1,079 over the course of the study (Breast Cancer and Head & Neck Cancer patients only)

Examples of national audit findings:

Audit title	QVH Impact
Medical and Surgical Clinical Outcome Review Programme: Planning for the End - A review of the quality of care provided to adult patients towards the end of life	• Increased staff awareness through study days. • End of life discussed at team meetings to promote open and honest conversations and increase the knowledge of staff. • Building of relationships with palliative care teams outside of the Trust.
National Audit of Dementia Care in General Hospitals 2023-24: Round 6 Audit Report (includes recognition and management of delirium)	• Development of a dementia friendly environment within the Trust. • Increased staff awareness through study days. • Discharge Team supporting complex care needs.
Inpatient falls – 2024 report on 2023 clinical data (National Audit of Inpatient Falls)	• All falls reported and reviewed to identify areas for improvement. • Learning from falls disseminated internal and external to the Trust.

National Confidential Enquires 2024/2025

We have participated in three:

- Medical and Surgical Clinical Outcome Review Programme, Blood Sodium Study
- Child Health Clinical Outcome Review Programme, Emergency surgery in children and young people.
- The Thirlwall Inquiry.

National audit priorities for 2025/2026:

- National Ophthalmology Database (NOD) Audit – Cataract Audit.

Local Clinical Audits

- 43 local clinical audits were registered during 2024/25.

Below are some examples of how these projects impact the services we provide.

Dietetics

- Managing malnutrition using “MUST” tool (Malnutrition Universal screening tool)- NICE CG32

The MUST tool is a quick assessment that helps healthcare professionals see if someone needs extra help with nutrition. It involves assessing an individual's BMI, unintentional weight loss, and any acute disease effect, and then assigning scores based on these factors. Regular audits show good compliance with the use of the tool at QVH with further education improving the recording weights of patients. This results in earlier referral to the dietician and/or nutrition nurse.

- Protected mealtimes

The aim of protected mealtimes is to provide an environment that allows patients to eat their meals without unnecessary interruption and to allow staff to focus on assisting patients. This directly improves the safety of patients by reducing the risk of malnutrition or dehydration.

The audit demonstrated increased awareness of the need for protected mealtimes and quality improvement ideas in use to support this. The use of the red tray system was shown to be effective in identifying patients needing assistance with eating.

- Nasogastric tube (feeding tube) Audit

This audit monitored appropriate nasogastric tube management within our hospital according to national guidance and local policy. The improvements include increased compliance with documentation, regular checking of pressure areas, better positioning of tube and effective checking without the need for x-ray.

Radiography

- Radiographic marker audit (2023-24)

It is best practice to have anatomical side markers (a left (L) or right (R) marker which clearly indicates which side of the body is demonstrated on a radiograph) visible on all x-ray images. This audit showed an improvement in compliance for QVH staff and agency workers. The improvement actions include consistent tracking as staff join or leave the Trust and standardises the approach to staff assessment for general radiographic standards.

- Appropriateness of Head and Neck Ultrasound scans performed based on the initial clinical information

This audit has identified the need for standardising referrals for ultrasound scans according to British Medical Ultrasound Society guidance, working with referrers and clinicians to ensure patients are referred appropriately.

Maxillofacial

- Head and Neck Cancer Quality Outcomes – improvement and clinical effectiveness programme

As a result of the audit there has been a thorough, in-depth examination into post-operative infection and flap survival which has seen a reduction in flap failures since 2023. A flap refers to a piece of tissue, including skin and underlying tissue (like fat or muscle), that is moved from one part of the body to another to reconstruct or repair a defect caused by the cancer or its treatment

Infected Blood Inquiry

The Infected Blood Inquiry was an independent public statutory inquiry established to examine the circumstances in which people treated by the NHS in the UK were given infected blood and blood products in the 1970s and 1980s. The final report was published and presented by Sir Brian Langstaff on 20 May 2024. The report identified a “catalogue of

failures" including the import of risky blood products, inadequate testing and the lack of informed consent from patients. It concluded that victims of the scandal were repeatedly failed and that authorities were not transparent or honest.

A quality and safety seminar led by the Board was held at QVH to review the results of the public inquiry, hear the stories of patients involved in the national inquiry, and reflect on what had been reported. It was recognised that whilst the evidence in the report was historical, the findings were devastating and highly relevant to contemporary NHS practice. The implications of the report for QVH were carefully considered to understand how learnings could be integrated into daily working.

Three of the recommendations from the inquiry were directly relevant for QVH. The first was about ensuring a patient safety culture which prevents future harm to patients supported by a Duty of Candour, a lack of defensiveness and the effective digitisation of records. The second was ensuring use of tranexamic acid to prevent excessive blood loss from surgery. The third was to support the identification of people who had had a blood transfusion before 1996 to ensure they had been tested for Hepatitis C and directed to treatment if appropriate. A process to systematically identify patients at risk of significant blood loss from surgery has been introduced with pre-emptive tranexamic use where appropriate. Our Pre-Operative Assessment Team enquire about blood transfusion and will direct to the national testing programme for Hepatitis C as needed.

The Trust has introduced a suite of tools to support patient safety including 'Freedom to Speak Up', 'Martha's Rule' (known at QVH as Call 4 Concern) and the Patient Safety Incident Response Framework (PSIRF). The Quality Priorities identified for 2025/26 will continue this work. Digitisation of records has continued at QVH and this will be consolidated with the new Electronic Patient Record (called Archie) system in 2025/26.

Readmission within 30 days of discharge

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

The average hospital readmission rate nationally is 14.67%

	2021-22			2022-23			2023-24		
	Age 0 - 15	**16 & over**	**Total**	**Age 0 - 15**	**16 & over**	**Total**	**Age 0 - 15**	**16 & over**	**Total**
Discharges	*1455*	*6780*	*8235*	*1650*	*7255*	*8900*	*1250*	*7290*	*8540*
30 day readmission	*55*	*365*	*425*	*75*	*410*	*485*	*55*	*400*	*455*
30 day readmission rate (%)	*11.6*	*11.4*	*11.0*	*11.0*	*12.1*	*11.2*	*18.1*	*12.9*	*11.7*

We believe this data is as described for the following reasons

- QVH has a process in place for collating data on patient readmissions to hospital
- Data is collated internally and patient episode details are submitted to NHS Digital via the Secondary Uses Service
- Readmissions are predominantly to treat complications that may arise from the original injury or from surgery, such as wound infections, or delays in surgery
- We monitor all readmissions as a means of ensuring our complication rate is acceptable and is reviewed for learning
- QVH acknowledges the slight increase in total hospital readmissions within 30 days, and this is particularly noted within the age 0-15

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

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

Our patients' personal needs

Our Trust's responsiveness to the personal needs of our patients is based on the average score of five questions from the National Inpatient Survey which measures the experiences of people admitted to NHS hospitals. Following the merger of NHS Digital and NHS England on 1 February 2023 a review of the NHS Outcomes Framework indicators has commenced. As part of this review, the annual publication due in March 2023 has been delayed and therefore the data in the table below is for 2020/21.

The overall score is calculated as the average score of the five domains:

- access and waiting
- safe, high quality co-ordinated care
- better information more choice
- building closer relationships
- clean, comfortable and friendly place to be.

This average is used as a high-level outcome measure. Data source
NHSOF_4.2_I00685_D.xlsx

Venous thromboembolism

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

The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period are included in the table below.

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

- QVH has processes in place for collating data on VTE assessment
- Data is submitted monthly via the Strategic Data Collection Service (SDCS)

- Performance against this target is measured monthly using the Trust-wide performance dashboards
- Monthly audits in all inpatient areas continue to monitor compliance with the VTE assessment.

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

	2024/25 Qtr 1	2024/25 Qtr 2	2024/25 Qtr 3
QVH (%)	*97.4*	*97.5*	*98.1*
National average	*88.6*	*89.0*	*90.5*
Best performing trust	*100.0*	*100.0*	*99.9*
Worst performing trust	*14.9*	*14.3*	*13.7*

Infection control: C.difficile

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

The table below shows the rate per 100,000 bed days of cases of C.difficile infection reported within our Trust amongst patients aged 2 or over during the reporting period.

	2020/21	2021/22	2022/23	2023/24	2024/25
QVH rate per 100,000 bed days of case	*80.6*	*20.4*	*41.7*	*9.4*	*38.19*
National average	*45.7*	*43.9*	*43.5*	*46.67*	*
Best performing trust	*0.0*	*0.0*	*0.0*	*0.0*	
Worst performing trust	*140.5*	*138.4*	*133.6*	*131.2*	

**the national data for 2024/25 is not yet available. It is expected in September 2025 and will be included in our 2025/26 Quality account*

We continue to implement a range of measures to tackle infection and to improve the safety and quality of our services. These include a strong focus on prevention and antibiotic stewardship (using antibiotics appropriately), as well as improved environmental hygiene, supported by continuous staff engagement and education. We have continued to report mandatory data via the UK Health Security Agency. The NHS has published annual thresholds for healthcare-associated C. difficile infection and key Gram-negative BSIs bloodstream infections).

QVH is above the threshold for one of the Gram-negative BSIs, under the threshold for the other two Gram-negative BSIs, and above the threshold for C. difficile. The threshold for healthcare-associated cases of C. difficile for 2024/25 was no more than 0 cases (set by the Trust and ICB based on Trust data from the preceding 12 months). The Trust has exceeded

this threshold, reporting a total of 4 healthcare-associated cases for 2024/25 however 1 of these cases was not attributable to QVH. Of the other three:

- Two cases related to non-compliant antibiotic prescribing
- One likely present on admission but delayed sampling led to attribution
- All cases were isolated with no secondary spread. Learning has been shared with relevant teams, and additional training provided

We believe our performance reflects that:

- The Trust has a process in place for collating data on C. difficile cases
- Data is collated internally and submitted on a regular basis to UK Health Security Agency
- Effective systems are in place to review cases and improve practice to reduce the risk of C. difficile.

3.4 CQUIN performance

CQUIN stands for Commissioning for Quality and Innovation. This is a system introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.

There were no CQUINs to report this year.

3.5 Duty of Candour

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

We support a culture of openness, honesty and transparency adhering to the Duty of Candour principles that our staff should use when communicating with patients, their families and carers following a patient notifiable safety incident, complaint or claim where a patient suffered moderate harm or above; there were two formal Duty of Candour letters required in this reporting period.

3.6 Never Events

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

There was one Never Event in QVH during 2024/25 (March 2025), involving a 'wrong site block' on a hand trauma patient, resulting in no harm to the patient. The investigation has now concluded and has resulted in a change to the current process.

3.7 Infection, prevention and control

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

One key auditable factor relating to infection prevention and control is hand hygiene compliance. We have a robust process in place for monitoring and recording compliance with hand hygiene standards through monthly auditing and regular spot checks. Focus is maintained with ongoing education using a variety of different formats to engage staff across our organisation. Mandatory training, regular auditing and constant challenge by the infection control team and link group members are also used. 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 carried out in all clinical areas to ensure that staff across each discipline are complying with standards. The audit tool and audit process is monitored closely to make sure accurate, reliable and robust data is collected. A record is held of non-compliant individuals and those who frequently do not comply are managed formally by the Infection Control Team and their line manager

	Target	2021/22	2022/23	2023/24	2024/25
Hand Hygiene (washing or using gel)	95%	98.7%	99.5%	98.7%	98.6%

3.8 Patient safety incidents

Patient Safety Incident reports were submitted to the National Reporting and Learning System (NRLS) until 13 February 2024 when uploads were switched to Learning from Patient Safety Events (LFPSE). LFPSE has been fully implemented in our Trust alongside the Patient Safety Incident Response Framework (PSIRF).

Within QVH:

- There is a process in place for triaging / reviewing patient safety incidents on a daily basis by experienced clinical and non-clinical incident reviewers
- Patient Safety Incidents are now uploaded to LFPSE on submission of a report and re-uploaded each time the LFPSE required data is updated. This replaces manual uploads to the NRLS
- Data is collated and tracked to understand trends, themes and the incident reporting culture within the Trust. This information is reported quarterly to the Patient Safety and Experience Committee and then on to the Quality and Safety Committee.

There is a strong reporting culture across our Trust around reporting patient safety incidents, the majority of which are no or low / minor harm. Formal investigations are tabled and approved at the newly implemented Clinical Outcomes and Effectiveness Sub-Committee following which reports, in their entirety, are sent to the patient / family with the option of meeting with the investigation lead to discuss the report should they wish to do so.

3.9 Learning from deaths and patient death reporting

The specialism and size of our Trust mean on-site deaths are unusual and therefore there is no Standardised Hospital Mortality Index (SHMI) data reporting. In-depth targeted reviewing consistent with the NHS 2017 framework ensures that deaths which might be related to care at our Trust are consistently evaluated. In line with the 'Learning from Deaths' policy, family perspective is included in mortality reviews where this is appropriate.

Monitoring of deaths within 30 days of a procedure at QVH is supported by the Quality and Compliance Team and the Deputy Chief Medical Officer. Causes of death are identified via the Medical Examiner's Office and senior clinicians within services scrutinise onsite and regional health care records. Mortality and morbidity review meetings within services allow multidisciplinary teams to consider evidence and learn together.

All deaths on site and those that occur in the early days following transfer from QVH are subject to Structured Judgement Review (SJR – an internal independent review) by a senior clinician who has knowledge and skills in the specialist area but was not directly involved in the patient's care. Reporting from SJRs is through the Clinical Outcomes and Effectiveness Group reporting through the Executive Committee for Quality and Risk as well as Quality and Safety Committee to the Board.

Referrals to the Coroner are submitted by direct communication and through the designated portal. 'Hot debriefs' (a quick, post-event review that occurs shortly after a significant event) are performed following deaths and these inform terms of reference for any further investigations needed through the Patient Safety Incident Response Framework (PSIRF). Documentation including witness statements for Coroner's inquests is facilitated through the Patient Safety and Experience Team. 'Cold debriefs' (a structured discussion held after a significant event, typically days or weeks later, to review the event, identify lessons learned, and improve future performance) are instigated where there is further learning for the broader teams. Staff are encouraged to use learning forums and wellbeing resources including psychological services where they are personally affected.

Practical learning from deaths and other serious events on site are used to inform desktop simulation training where staff participate in reconstructed scenarios within their normal working environment. Staff find this learning approach extremely relevant and valuable. The Education Team continually refresh this programme with the support of a Clinical Lead and ensure training is made available in all relevant areas.

The numbers for deaths within 30 days of a hospital procedure is given below separated out by expected and unexpected deaths. Of the expected deaths, 1 occurred on the hospital site with full palliative care support. Of the unexpected deaths, 1 occurred onsite and the other 4 following transfer to other Trusts where support for multi organ failure could be provided.

	2020/21	2021/22	2022/23	2023/24	2024/25
In-hospital mortality	0.0119%	0.0197%	0.0095%	0.0047%	0.0084%

In-hospital deaths	2	4	2	1	2

All unexpected deaths were reported to the coroner and SJRs were performed or are planned in early 2025/26. The death of 1 patient who had had extended treatment in the Trust following severe trauma is being evaluated within the PSIRF framework. We participated in 1 inquest during 2024/25 (February 2025) where a narrative verdict consistent with the Trust's serious incident investigation was returned. The death of 1 patient has been reported to the Learning from Lives and Deaths – People with a Learning Disability and Autistic People (LeDeR) programme.

None of the investigations into deaths have shown deficiencies in care contributed to death, however several learning points have been identified. These include attention to documentation; improvements in handover processes; the value of standardised trolleys to support the care of deteriorating patients; and the need to ensure staff have skills and support in the care of patients with mental health conditions.

3.10 Participation in clinical research

In preparation for the launch of our new research and innovation enabling strategy in 2024/25, the Trust commissioned an in-depth review by the independent specialist global research company, IQVIA. The brief of this analysis was to understand and benchmark our research performance in comparison to peer specialist trusts, describe the design for future capability, capacity and ways of working and, to develop a roadmap with milestones for change.

The review highlighted the considerable potential for development of research and innovation at QVH, building on our existing strengths. These include our already established National Institute for Health Research (NIHR) portfolio of clinical trials. In addition, through our hub and spoke outreach model, QVH has a longstanding record of clinical and academic collaboration. Feedback on undergraduate and postgraduate academic education and innovative multi-professional career development opportunities has been consistently outstanding.

Research delivery in 24/25 has been consistent with performance standards for Good Clinical Practice. The total number of participants recruited to clinical trials in 2024/25 was 535 within 14 research studies including 2 commercial trials. This compares with 743 patients recruited into 17 studies in 23/24. Lower recruitment numbers in 24/25 largely relate to closure of 2 prior large-scale studies with high recruitment targets. Of the 5 studies that closed in 24/25, 3 met or exceeded recruitment targets with 1 falling slightly below target and another closing early at the sponsor's request due to poor global recruitment.

Our new Research and Innovation Strategy was launched in November 2024 following extensive consultation. QVH shares the ambition of partners in the Sussex Health and Care Research Partnership to "improve lives together through research". Consistent with the NHS 10-year plan, our strategy recognises the opportunity to build on QVH's existing strengths to develop research and innovation alongside academic, commercial, charitable and independent sectors within the UK and globally.

Four priority areas were identified for the delivery of our research and innovation objectives:

- Strategic leadership and culture
- Workforce, infrastructure and governance

- Sustainable growth
- Collaboration and partnerships.

Significant progress has already been made in all priority areas. Research is overseen by the Chief Medical Officer and other members of the Board, Governors and senior clinicians are supporting the development of the research and innovation culture and partnership. The national Research Delivery Network (RDN) and Sussex Health & Care Research Partnership are facilitating our progress and there is a growing sense of broad and multidisciplinary research enablement at QVH. To date this has resulted in agreement of a new specialist plastic surgery study in collaboration with the University of Bath and an RDN grant application in partnership with primary care for research to support the local community. Cognisant of the importance of putting patients at the heart of research, the team has identified a lead for patient and public involvement (PPI) and has planned to nominate a member of the public to help guide the Trust in research prioritisation.

3.11 Patient experience

Patients, carers and visitors who provide feedback as a result of their experience following care or treatment help us to learn, improve and develop our services.

Feedback is managed by the Patient Experience Manager in conjunction with our triumvirate leadership teams. This supports our aim of listening to improve and using feedback and the patient's voice to help shape our services.

The table below shows, for comparison purposes, the activity of the last three years:

	2022/2023	2023/2024	2024/2025
Total number of formal complaints received	62	65	73
PALS (Patient Advice and Learning Service) contacts received	202	230	278
Compliments received by Chief Executive Officer's office	78	83	96

The Trust has an integrated service – Complaints and PALS - to manage complaints, concerns and feedback in accordance with its Complaints Policy.

From 1 April 2024 to 31 March 2025 we received 73 formal complaints, which is an increase of 12% from the previous year (65 complaints) and aligns to local and national trends of increasing complaints being received.

In April 2024 an organisational structure was completed leading to the creation of triumvirate led directorates. The aim for 2024/25 was to embed a new complaints process working more closely with the triumvirate leadership teams. Work was also undertaken to improve the communication with our patients during the complaints process which has included the development of a communications plan and updated complaint response letter. Both set out the high level expectations against NHS Complaint Standards and are then tailored specifically to the individual on the points of detail to make sure their needs are met as much as possible.

During July 2024 we implemented robust governance processes around the management and sign off of our complaints at an Executive level to further improve the quality of responses. During 2024/25 we achieved 90% within requirements. The percentage of PALS cases that converted to a complaint over the previous year was 2% (5 out of 268).

During 2025/26 the focus will be to embed a new investigation process within the directorate leadership teams, tailoring the new complaints management process to each complainant, and ensuring that we consistently follow the new PHSO NHS Complaints Standards. This means providing a quicker, simpler and more streamlined complaint handling service, with a strong focus on early resolution and regularly reviewing what learning can be taken from complaints to improve services.

Themes of Complaints, PALS and Compliments

When we receive feedback at QVH, we break it down into theme(s) which can mean some complaints, PALS or compliments may have one or more subjects. This information is addressed at quarterly 'learning from' meetings with the directorate leadership teams. Using the information of themes and trends from complaints and PALS contacts helps identify areas of concern for wards and services. It is also useful to share the themes from compliments as there might be local practice or process that other areas of our Trust may benefit from.

The table below shows the top five themes for Complaints, PALS and Compliments.

2024-2025	Complaint	PALS	Compliments
1	Clinical Management (44)	Delays (86)	Clinical Management (88)
2	Delays (21)	General Enquiries (56)	Attitude (5)
3	Attitude and Behaviour (8)	Appointments (33)	Nursing Care (3)
4		Clinical Management (30)	
5		Communication (22)	

During the course of this period, the Patient Experience Manager and the Directorate Leadership Triumvirates have met quarterly to discuss the results of triangulation in 'Learning From' meetings. Where findings are Trust wide, ad hoc meetings are called to discuss topics and understand if there is a suitable forum or working group within existing governance structures to pick up on this.

The result of each 'Learning From' meeting is a trust and directorate action plan. Training needs for individuals, for example, are always captured on directorate action plans. Trust action plans, for example, capture team training on values and customer service as well as process/procedural changes.

Each complaint is seen as an opportunity to reflect, learn and make improvements in the areas that matter most to our patients, and the people important to them. Examples of learning and changes in practice that have arisen in response to complaints are set out below:

- The Complaints policy is being revisited to better reflect the Complaints Standards and prescribe the compassion and empathy through the steps of the process.
- Following concerns raised about the management of clinics with both face to face and telephone appointments, the service provided training to the team to standardise how the clinic is managed. A new procedure was not considered necessary as a first step and a review is planned in the next period to reflect how effective this change has been.
- The clinical teams have been briefed on the need to report potential incidents and the considerations around their Duty of Candour requirements. The Duty of Candour policy is being revisited in this next context for improved clarity.
- Following concerns raised about the type of patient concerns coming into the MIU seeking assistance. The service is working with the ICB to better define the service offer of what it can and does treat so NHS 111 is clear. This has also be provided in improved communication with patients for the same purpose.
- Following concerns raised about the trauma clinic management the wider network has been communicated to, and continue communication channels opened, to inform them of key expectations. One such example like an arrival time and not an appointment time.
- As a result of a complaint about the way in which a patient's discharge was managed, changes have been made to ensure that discharge reviews are conducted in a timely manner. Nursing staff also now ensure that they confirm with patients how they are getting home and explore options for transport with them.

Patient experience surveys

We use a range of methods to gather feedback from patients including three different forms of patient surveys: National patient experience surveys, Local patient surveys, and the Friends and Family Test (FFT).

National Patient Experience Surveys

We participate in the national annual patient experience survey programme and undertake all national surveys stipulated by the Care Quality Commission (CQC) each year. During 2024/25 QVH participated in three national patient surveys: Adult Inpatient Survey, Cancer Patient Experience Survey, and the Children and Young People's Patient Experience. The surveys were undertaken by Picker as contractors for our Trust.

National inpatient survey results 2023 (reported in 2024)

The Adult Inpatient Survey 2023 was administered by the Survey Coordination Centre (SCC) at Picker across 131 acute and specialist NHS trusts. CQC uses 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 also uses the results to check progress against the objectives set out in the NHS Mandate whilst the Department of Health and Social Care will hold trusts to account for the outcomes they achieve.

Respondents and response rate:

- 1,250 of our inpatients were invited to complete the questionnaire, with 524 patients completing it

- Our response rate was 43% against a national average of 42%
- 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.

Comparison with last year's results:

The number of questions in which QVH performed in 2023 versus 2022:-

Significantly better:	7
No Different:	30
Significantly worse:	None.

Comparison with other trusts:

The number of questions in which QVH performed better, worse or about the same compared with other trusts:-

Worse	None
About the same	1
Better than expected	6
Much better than expected	41.

QVH is the top scoring hospital in relation to 'Your care and treatment' with a score of 9.4.

Children and Young People's survey results 2024 (reported in 2025)

The Children and Young People's Survey 2024 was administered by the Survey Coordination Centre (SCC) at Picker across 120 acute and specialist NHS trusts. CQC uses 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 also uses the results to check progress against the objectives set out in the NHS Mandate whilst the Department of Health and Social Care will hold trusts to account for the outcomes they achieve.

Respondents and response rate:

- 505 of our children and young people or their parent and carers were invited to complete the questionnaire, with 137 completing it
- Our response rate was 27% against a national average of 20%
- The survey identifies demographic information which will be used to ensure we meet the needs of our population.

This survey is the first since 2020 and has changed significantly since it was last administered so comparisons with previous years are not possible.

Comparison with other trusts:

The number of questions in which QVH performed better, worse or about the same compared with other trusts:-

Worse	None
About the same	12

Somewhat better than expected	5
Better than expected	25
Much better than expected	30.

QVH is the top scoring hospital in relation to 'Overall experience' with a score of 9.4.

Friends and Family Test

We utilise a multi-modal approach to gathering Friends and Family (FFT) data, using paper surveys, online surveys, QR code capture and URLs to ensure it is accessible and inclusive for all of our patients. In the period 2024/25 there were 37,032 responses to the test.

The number of responses was up on the previous year due to increased activity and represents the same percentage (21%) of respondents from our patients. Of those 95.5% (35,376) of the respondents rated the care they received as very good and good. In terms of response method, 7,576 responses were provided via an automated telephone survey, 1,077 online and 3,469 were paper cards.

3.12 Our people

Staff recommendations to family and friends

Friends and family test

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

Data is:

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

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

Staff recommendation	2022	2023	2024
Queen Victoria Hospital	93%	93%	93%
Average for Acute Specialist trusts	86%	88%	89%
Highest combined Acute Specialist trust	93%	94%	93%
Lowest combined Acute Specialist trust	71%	74%	72%

Source: NHS staff surveys

Staff Survey Results

The results of the 2024 NHS Staff Survey were published on the 12 March 2025, represent the views of 58% of our staff who responded. Our headline results show:

Staff recommendation	2024
Queen Victoria Hospital	
Happy to recommend the care the Trust provides to family or friends	93%
Care of patients / service users is the organisation's top priority	89%
Would recommend the organisation as a place to work	73%

The response of our staff to the statement “If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation” was second best in the country for acute specialist trusts, and top for Sussex. Our scores are average or 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 safe and healthy
- We are always learning
- We work flexibly
- We are a team.

Medical and Dental Education

The General Medical Council (GMC) survey in 2024 delivered another excellent year of results for QVH across our specialties, with a total of 12 green flags (positive outliers) and two light green flags (positive in comparison to the average). An internal action plan for the 2 red flags (negative outliers) and 19 pink flags (negative in comparison to average) was developed by the Director of Medical Education, Head of Medical Education, and tutors for the specialties, which was progressed via the Local Academic Board governance meeting. The KSS Deanery did not request an action plan from us this year, indicating they are pleased with our ongoing strong performance.

The Medical Education Team commissioned two further courses for educational supervisors on giving feedback and having difficult conversations which were very well received, as well as an excellent training day to help educational supervisors support resident doctors with a neurodiversity. This course will be re-run next financial year. As part of the Plastic Surgery teaching programme for resident doctors, we were proud to deliver the annual Cobbett Lecture and national microsurgery competition, with Prof Scott Levin as the keynote speaker. Over 40 people attended the lecture, including the Chief Executive Officer, Plastic Surgery Consultants, resident doctors and members of the multidisciplinary team. We also hosted regional teaching events for the Anaesthetics and Oral and Maxillofacial Surgery schools, with over 100 resident doctors from the Kent, Surrey and Sussex region attending in total.

Our Head of Medical Education and Director of Medical Education were involved in the work to develop the *QVH Strategy 2025-2030*, vision and values, and the Medical Education Sub-Strategy is due for ratification shortly. The local faculty groups, local academic board and resident doctors’ forum continue to be effective avenues for feedback from resident doctors and ensure a high quality of governance for medical education.

Specialty and Associate Specialist (SAS) funding has been used to deliver an annual away day for SAS doctors, with an opportunity to participate in team building exercises and

receive CPD points. Funding has also been used to commission an additional training day incorporating creative problem solving and understanding of Myers Briggs type indicators.

The Dental Skills Lab, funded by NHS England 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, as well as supporting foundation dental training.

The Head of Medical Education has also been part of a multidisciplinary team delivering the second cohort of Leading through Education for Excellent Patient Care (LEEP) leadership training, with a third cohort planned for next year.

3.13 Freedom to Speak Up

Speaking Up

At QVH we believe that every staff member's voice matters. Our commitment to Freedom to Speak Up (FTSU) is rooted in the values we uphold: being caring and inclusive, supportive and challenging, listening to improve, and succeeding together. The Government has reinforced this commitment by requiring all NHS trusts to report annually on staff who speak up, including whistleblowers. This reflects our ongoing dedication to fostering an environment where concerns are heard and addressed.

Providing a safe space to speak up

We are proud to have an independent and external Freedom to Speak Up Guardian (FTSUG) who plays a crucial role in ensuring our workplace remains safe, supportive, and inclusive. The FTSUG serves as a trusted, confidential resource for staff to raise concerns, whether they seek informal resolution, or wish for their concerns to be escalated anonymously or with their consent.

Our FTSUG is part of The Guardian Service (GSL), an independent and confidential staff liaison service that operates 24/7. Launched at QVH in April 2024, this service was originally established in response to The Francis Report in 2013. It exists to ensure that every staff member has a secure and accessible way to voice concerns without fear of retribution.

Accountability and governance

We place great importance on ensuring the Freedom to Speak Up framework is embedded at every level of our organisation. Our governance structure includes:

- An Executive and Non-Executive Lead for Speaking Up, who work closely with the FTSUG to uphold best practices
- Regular reporting to the Trust Board, with Speak Up reports presented at least twice a year, including an Annual Report
- National oversight, with the FTSUG maintaining direct communication with the National Guardians' Office and submitting quarterly reports in line with national requirements.

Encouraging staff to raise concerns

To help our staff feel supported in speaking up we have a robust “Raising Concerns” policy, complemented by a dedicated section on our intranet that provides guidance on:

- How to raise concerns
- Who to contact
- What to expect after speaking up.

We actively promote awareness of the FTSUG through our corporate communications, team meetings, the guardian’s regular site visits and participation in our induction programme. Staff can raise concerns through multiple channels, including:

- Direct contact with the FTSUG
- Their line manager
- The Trust’s incident reporting system
- The Chief Executive Officer’s open access route (‘Ask Abigail’)
- Direct engagement with the Chief Nursing Officer (‘Tell Edmund’).

Beyond these formal routes, staff can access additional support through:

- The Employee Relations Team
- The Wellbeing and Inclusion Team
- Trade unions
- HR and Occupational Health
- Anti-Fraud Specialists.

For those who feel they need to escalate concerns externally, we fully support their right to do so, reinforcing our commitment to transparency and integrity.

Data/Activity

The FTSU data provided in this report covers the period from 29 April 2024 to 31 March 2025.

During the period, our Freedom to Speak up Guardian (FTSUG) engaged with colleagues about speaking up issues a total of 295 times through the following mediums:

The table below shows the number and method of contacts to the FTSUG:

Email	219
Telephone	32
Face to face	44

The table below shows the main themes for cases and the number of concerns:

Themes	Number of concerns
Management issue	14
Bullying or harassment	6
System and processes	6

Behaviour / relationship	4
Patient safety / quality	1
Worker safety / wellbeing	1
Discrimination and inequality	1
Total	33

Staff who raise concerns with the FTSUG are routinely asked why they chose to contact The Guardian Service. The responses that were given to this question in the period are displayed in the chart below:

Why use The Guardian Service	Number of staff
Impartial support	16
Fear of reprisals	8
Have raised concerns before but not listened to	8
Believe they will not be listened to	1
Total	33

We understand a culture of openness and transparency is essential for the wellbeing of our staff and safety of our patients. We are continuously working to improve psychological safety through targeted initiatives aimed at strengthening trust and encouraging honest dialogue.

Through ongoing engagement, increased visibility of our FTSUG, and a commitment to best practices, we are reinforcing our mission to ensure that every member of our team feels empowered to speak up because their voice truly matters.

3.14 Guardian of Safe Working Hours

The Guardian of Safe Working (GOSW) role was established as part of the 2016 contract settlement for resident doctors helping to ensure safe and supportive working conditions for them. Our GOSW is a consultant plastic surgeon who works closely with the resident doctor forum, education team and services to proactively manage working conditions. This approach means we are renowned for our high-quality clinical learning environment. We benefit greatly from international medical graduate (IMG) recruitment. The GOSW works with HR services and IMG champions to ensure these doctors receive any tailored support they might need to fully integrate, and this is highly valued by these doctors.

Being caring and inclusive is one of QVH's core values and to support this 'active bystander' training has been introduced to ensure everyone feels safe to speak up about inappropriate behaviours in the workplace. In addition, the Trust signed up to the Sexual Safety Charter in March 2024, with policies and action plans implemented to ensure colleagues understand expectations in the workplace. Where we can, we also facilitate flexible working arrangements for resident doctors with personal commitments or other needs. A consultant anaesthetist has been designated as the lead for less-than-full-time working and return-to-work initiatives and provides crucial support for doctors transitioning into or back into their roles.

The Guardian fine fund, generated by fines resulting from breaches of working hours, is used to support the wellbeing of resident doctors. Fines occur primarily when doctors cannot meet the required five hours of continuous rest within a 24-hour period due to urgent procedures; a situation that arises approximately once a month. The fund is used to support various initiatives benefiting the residents, including wellbeing events, induction packs (such as bags and fleeces), awards, and out-of-hours food.

Our Resident Doctor Awards are held twice a year to recognise outstanding contributions by resident doctors. These awards are open to all staff for voting, with multiple categories to acknowledge individual achievements. The Junior Doctor of the Year Award, named in memory of Sandy Saunders, is presented to the trainee with the most votes overall. Sandy Saunders, one of the original members of the Guinea Pig Club, went on to study medicine after his injuries and became a GP before dying in 2017. This award serves as a lasting tribute to his legacy.

3.15 Data quality

Our Data Quality Improvement Group meets monthly to review areas of recorded patient data that can be improved. The current focus is on ethnicity recording and additional granularity of recorded treatment speciality.

NHS Data Quality Maturity Index

Overall, the NHS Data Quality Maturity Index (DQMI) has improved for QVH from 76% to 98% in the latest results including the Diagnostics Imaging Dataset (DID) relating to October 2024. This was achieved by improving the quality of our DID submission itself (from 82% in November 2023 to 99% in October 2024), whilst maintaining the Inpatient (Admitted Patient Care) data at 96% and the Outpatient data at 100%. We no longer submit the Emergency Care Data Set (ECDS) as it is not appropriate for our Minor Injury Unit.

Payment by results and clinical coding

The Clinical Coding Department continues to maintain 100% full coding of inpatient activity within the required 2 months for payments by results for diagnosis and performed procedures. In the latest Audit of Clinical Coding accuracy for inpatient activity we achieved the highest level attainable of “Standards Exceeded”:-

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

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

3.16 Information governance and Cyber Security

Information governance

Our information governance function assures the proper processing of all personal, sensitive and corporate information in whatever format it is recorded. We do this through official information governance roles and formal meetings 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. There is increasing collaboration with information technology.

We continue to 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. This increases public confidence that the NHS and its partners can be trusted with data. The Data Security and Protection Toolkit/Cyber Assessment Framework submissions can be accessed by members of the public to view the assessments of participating organisations.

Cyber security

Cyber security remains one of the most significant operational threats to the NHS and is a primary focus of the information governance agenda. NHS England has integrated a cyber-security service into its Cyber Security Operations Unit (CSOU) to enhance cyber resilience across the health and social care system. This service identifies emerging threats and provides guidance to healthcare organisations on appropriate responses. We receive these alerts and take necessary actions accordingly.

In September 2024, the Data Security and Protection Toolkit (DSPT) underwent significant changes to align with the National Cyber Security Centre's (NCSC) Cyber Assessment Framework (CAF). This was a change from assurance against the National Data Guardian's Data Security Standards to assurance against the National Cyber Security Centre's CAF as its basis for cyber security and information governance. This reflects the significant importance of our organisation to be cyber resilient through robust policies and procedures to manage cyber risk and protect our organisation against cyber-attack through prevention, detection and minimising impact. Key security elements of confidentiality, privacy and mandatory staff training in data security remain.

This alignment introduces enhanced cyber security and information governance requirements for NHS organisations, including NHS Trusts, Integrated Care Boards (ICBs), Commissioning Support Units (CSUs), and Arm's Length Bodies (ALBs). The updated DSPT contains 47 contributing outcomes, each supported by indicators of good practice, categorised into achievement levels: 'Not Achieved,' 'Partially Achieved,' or 'Achieved.' To attain 'Standards Met' status, organisations must meet the specified achievement levels set by NHS England for each outcome. Organisations unable to meet these levels are required to submit an improvement plan outlining their strategy to achieve compliance by June 30, 2026. This plan must be time-bound, credible, and adequately resourced, and will be subject to ongoing central monitoring to ensure timely execution.

The NCSC continues to offer the Cyber Essentials scheme, which serves two primary functions:

- Establishing Basic Cyber Controls: Outlines essential security measures that all organisations should implement to mitigate risks through the "10 Steps to Cyber Security" framework
- Providing an Assurance Framework: Enables organisations to assess and demonstrate their resilience against cyber threats.

Mandatory cyber security requirements are integral to the DSPT CAF. We have established ongoing processes and procedures to maintain compliance with these standards. The DSPT CAF is scheduled for internal audit during Q1 of 2025/26 to ensure our continued adherence and effectiveness.

In 2023/24 all mandatory requirements were achieved (meaning QVH gained a 'standards met' grade for its DSPT submission). Results for 2024/25 will be available on 1 July 2025.

3.17 Activity during the year

NHS England use the following national access and outcomes measures to assess performance at NHS Foundation Trusts. Our 2024/25 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 of 95% in each month of 2024-25.

	Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4
4 hour standard	Constitutional standard 95% 2024-25 national target 78%	98.8%	99.1%	99.6%	99%

Figures shown are month end for each quarter

Cancer waiting times

	Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4*
First definitive treatment within 62 days	Constitutional standard 85% 2024-25 national target 70%	86.3%	79.2%	75.2%	77.3%
Faster diagnosis standard	Constitutional standard/national target 75%	80.5%	79.1%	87.2%	85.2%
	The metrics below continue to be reported but were not specific targets within the 2024/25 planning guidance				

31 day decision to treat	Constitutional standard 96%	87.8%	90.7%	89.2%	84.9%
Total number of patients waiting over 62 days		57	63	72	61

*Figures shown are month end for each quarter * Quarter 4 Cancer performance is M11 given reporting is a month in arrears.*

Where appropriate, harm reviews (a review of the state of the health of a patient, undertaken by a clinician, in order to ascertain if harm has occurred due to the increase in waiting caused by not meeting mandated and contracted standards) of patients who have exceeded the waiting time on the Cancer pathway are reviewed by a clinician as part of the Cancer breach reporting process.

Elective waiting times

A key objective for all NHS trusts during 2024/25 was to reduce the number of patients waiting over 65 weeks for treatment. During the year, we provided mutual aid to the wider Sussex system for patients who had already waited in excess of 65 weeks, allowing them to be treated more quickly than they would otherwise have been seen by other providers. Our focus on treating the longest waiting patients and supporting the Sussex system has impacted the number of our patients waiting over 52 weeks and the referral to treatment (RTT) 18 week performance as fewer patients have been treated within 18 weeks.

We had 26 patients waiting over 65 weeks for treatment at the end of the year 2024/25 in two challenged specialties. We are exploring solutions and additional recruitment to achieve a more sustainable solution within these two specialties for 2025/26.

QVH continues to work closely with the Integrated Care Systems to assess performance trends and identify opportunities for improvement.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Total patients waiting longer than 65 weeks	69	14	73	26
Deliver or exceed activity target of 107%	115%	118%	125%	121%
Increase the proportion of all outpatient attendances attracting a procedure tariff to 46% across 2024/25	44.5%	43.2%	42.4%	44.4%
The metrics below continue to be reported but were not specific targets within the 2024/25 planning guidance				
Referral to treatment within	61.9%	57.6%	56.1%	56.5%

18 weeks (92% standard)				
Total patients waiting longer than 52 weeks	434	365	501	362
Total waiting list size	18,925	18,907	19,592	18,187

Figures shown are month end for each quarter

Diagnostic waiting times

	Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Diagnostic 6 week wait performance	Constitutional standard 99% 2024-25 national target 95%	96.7%	96%	89.1%	86.2%

Figures shown are month end for each quarter

3.18 Quality priorities 2025/26

In choosing quality priorities for 25/26 we as an organisation reflected on the NHS priorities, findings from national inquiries, and local need. The quality priorities have been deliberately grouped and voiced in the 'I' and 'We' to describe the end-result we wish to achieve; how priorities will practically be delivered, and how that delivery will feel to patients.

We routinely monitor people's care and treatment to continuously improve it. We focus on delivery of positive and consistent outcomes which meet both clinical expectations and the expectations of people themselves.

- Audit planning within directorates will support compliance with national registries and enable service improvement aligned with the Trust's clinical and operational strategy
- Each service will evidence quality outcome metrics which are systematically collected from patient cohorts in a manner which enables interrogation of data using digital platforms to inform learning
- A new Clinical Learning Forum focussed on enabling multidisciplinary clinical teams to learn together from patient stories and outcomes will be established and developed.

I have care and support that is co-ordinated, and everyone works well together and with me. I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

- Processes to enable the production of patient information will be adapted to ensure varying patient personal need is considered in accordance with the Accessible Information Standard
- Administrative practice in responding to queries, incidents and complaints will reflect behaviours that are compassionate and responsive to the patient's experiences and concerns

- Staff will be consistently trained and develop practical understanding in how to apply the Mental Capacity Act so that patients who may lack capacity are supported in decision making in keeping with their wishes and preferences.

Measures for improvement have been defined and will be reported through our quality management governance channels.

3.19 Our Board

Our Board of Directors consists of five voting executive directors and six non-executive directors (including our Trust Chair) and meets bi-monthly or more frequently if required. Our bi-monthly Board meetings are held in public and the minutes and papers are available on our website.

We also have one non-voting executive director and two non-voting associate non-executive directors. Those who served on our Board during the period are listed below.

Name	**Position**
Jon Bell	Interim Chief Finance Officer (voting) from 09/12/2025
Tania Cubison	Chief Medical Officer (voting) until 30/09/2024
Vivek Chaudhri	Associate Non-Executive Director (non-voting) from 30/01/2025
Jane Dickson	Interim Chief Nursing Officer (voting) from 15/07/2024 until 12/01/2025 Interim Deputy Chief Executive (non-voting) from 04/03/2025
Paul Dillon-Robinson	Non-Executive Director (voting)
Helen Edmunds	Chief People Officer (non-voting)
Jo Emmanuel	Non-Executive Director (voting) from 29/01/2025
Tamara Everington	Chief Medical Officer (voting) from 01/10/2024
Russell Hobby	Non-Executive Director (voting)
Abigail Jago	Chief Strategy Officer (non-voting) Acting Chief Executive Officer (voting) from 03/02/2025
James Lowell*	Chief Executive Officer *voting)
Karen Norman	Non-Executive Director (voting)
Peter O'Donnell	Non-Executive Director (voting)
Shaun O'Leary	Non-Executive Director (voting)
Clare Pirie	Director of Communications & Corporate Affairs (non-voting) until 07/04/2024
Nicky Reeves	Chief Nursing Officer (voting) until 14/07/2024
Aleema Shivji	Associate Non-Executive Director (non-voting) from 30/01/2025
Jackie Smith	Trust Chair (voting)
Edmund Tabay	Chief Nursing Officer (voting) from 13/01/2025
Kirsten Timmins	Chief Operating Officer (voting)
Maria Wheeler	Chief Finance Officer (voting) until 21/12/2024

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

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

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

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

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

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

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

Jackie Smith, Chair, Queen Victoria Hospital NHS Foundation Trust

5. Annexes

5.1 Commissioners statement from NHS Sussex

Thank you for giving NHS Sussex ICB the opportunity to comment on the QVH Quality Account for 2024/25. We appreciate the collaborative working and open communication with Trust clinicians over 2024/25, notably at the quarterly Quality Review Meetings and other meetings which commissioners are invited to attend.

We would like to acknowledge Queen Victoria Hospital for the ongoing positive work to drive forward quality improvement through their new QVH way continuous improvement programme, and their QVH Strategy which was co-produced with patients, volunteers, staff, and wider system partners across Kent, Sussex and Surrey.

Queen Victoria Hospital has achieved several successes in 2024/2025 notably:

- Adopting the NHS Improving Patient Care Together (IMPACT) approach
- Friends and Family Test for those recommending QVH was 95.5%
- QVH Care Quality Commission Adult Inpatient Survey 2023 scored the highest in relation to 'Your Care and Treatment' across the country
- Accreditation with the British Quality Foundation Lean Six Sigma (training) belt programme
- NHS Data Quality Maturity Index (DQMI) has improved for Queen Victoria Hospital from 75.7% to 97.6%

NHS Sussex acknowledges the wider system support that QVH has given to other NHS providers regarding supporting the reduction of elective waits.

NHS Sussex notes the Queen Victoria Hospital quality priorities for 2025/26, which include:

- Identifying and addressing Health inequalities through Better Together Queen Victoria Hospital approach which will interlink with the organisation's Patient Engagement strategy.
- Review of National Learning Disability Standards, Accessible Information Standards,

  Dementia Training Standards
- Improvement of digital platforms to improve data collection enabling interrogation of data
- Staff will be consistently trained and develop practical understanding in how to apply the Mental Capacity Act
- Audit planning within directorates will support compliance with national registries and enable service improvement aligned with the Trust's clinical and operational strategy

NHS Sussex supports these priorities and looks forward to continuing to work with Queen Victoria hospital over the next year and monitoring the progress of these over the forthcoming year.

NHS Sussex Commissioners look forward to the continued collaborative working with Queen Victoria Hospital and partners.

5.3 How to provide feedback

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

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

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

Our website

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

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

Patient Advice and Liaison Service (PALS)

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

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

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