



**Queen Victoria Hospital**  
NHS Foundation Trust

Quality Report  
**2016/17**





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# Statement on quality

Queen Victoria Hospital (QVH) is a leading specialist centre providing life-changing reconstructive surgery, burns care and rehabilitation services for people across the South of England. Our expert clinical teams are also able to provide treatment for more common conditions for the people of East Grinstead and the surrounding area.

In 2016/17 there was considerable national celebration of the pioneering plastic surgery techniques developed at the hospital, some of which are still in use today, linked to the 75th anniversary of The Guinea Pig Club. Named after the experimental treatment given to airmen who sustained burns in World War Two, the camaraderie and shared experiences of The Guinea Pig Club's members helped them to support each other during their lengthy and painful rehabilitation. QVH is still at the forefront of the psychosocial aspects of burns healing as well as surgery.

Current research at Queen Victoria Hospital includes the clinical trials of a smart bandage which changes colour when it detects infections. We are also working towards improved healing for the millions of people affected each year by scarring, through the careful processing and storage of scar samples which will provide a resource to analyse how scars are formed.



“When we inspected QVH, we saw some excellent practice and outstanding care. We saw that staff were incredibly caring and compassionate with patients, and patients praised the care they received.”

Alan Thorne, CQC Head of Hospital Inspections (South East)

Working with academic and technical partners we are developing ‘smart specs’ for people suffering facial palsy. Miniaturised sensors in the frames of the glasses measure facial symmetry by tracking the movement of muscles, and the intensity of those movements, giving feedback through a smart phone or tablet. This could transform the ability of both clinicians and patients to monitor their progress, as well as significantly increasing recovery as patients are more motivated to practice facial movements. This is just one example of the innovation and collaboration for which we are known.

Maintaining high quality services requires continual day-to-day improvements alongside longer term strategic developments. In 2016/17 we made good progress against our quality priorities which included reducing the investigation time for incidents, auditing our compliance with NICE guidelines and resurfacing the covered walkways around the hospital.

Looking to the future, I am confident that we have the necessary plans and processes in place to further improve patient safety and clinical effectiveness, and that our excellent teams of staff will continue to provide outstanding care.

I certify to the best of my knowledge that the information in this document is correct.



**Steve Jenkin**  
Chief Executive

# Priorities for improvement and statements of assurance from the board

## QVH's quality priorities for 2017/18

Our quality priorities for 2017/18 are built around our ambitions to deliver safe, reliable and compassionate care in a transparent and measurable way. They have been developed in collaboration with staff and the council of governors, and take in account progress on our 2016/17 priorities and patient feedback.

Each priority relates to one of the three core areas of quality:



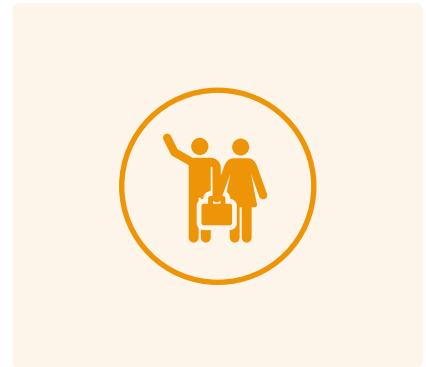
### Patient safety

Having the right systems and staff in place to minimise the risk of harm to our patients and, if things do go wrong, to be open and learn 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.



“QVH is a surgical hospital.... Using our theatres efficiently and effectively is key”

# Priorities for improvement

Our quality priorities and why we chose them	What success will look like
<b>Patient safety</b>	
<p><b>Increased theatre productivity</b></p> <p>QVH is a surgical hospital and our operating theatres are critical for treating and caring for our elective and trauma cases. Using our theatres efficiently and effectively is key to reducing waits for treatment, reducing cancellations and making best use of NHS money. It is also important for patient experience and staff morale.</p>	<p>While there will always be some operating lists where start time is delayed, for example if a clinician urgently needs to attend to a seriously unwell patient on the ward, QVH has set internal targets for theatre start times.</p> <p>The QVH target for elective lists starting within 15 minutes of the booked start time is:</p> <ul style="list-style-type: none"> <li>• Q1 70%</li> <li>• Q2 75%</li> <li>• Q3 80%</li> <li>• Q4 85%</li> </ul> <p>The start of an operation is defined as the moment when the anaesthetic is administered, or 'needle to skin' time.</p> <p>Data will be produced daily in relation to late start times and reasons, and we plan to show a quarterly decrease in late theatre starts on the theatre dashboard.</p>
<b>Clinical effectiveness</b>	
<p><b>Mouth Care Matters</b></p> <p>This is an initiative to help improve the oral health of all of our inpatients and will run at QVH for one year. It will raise awareness of the links between oral health and general health, and ensure that patients' mouth care is being looked after and recorded in the notes for all inpatients.</p> <p>A baseline audit was carried out in November 2016 to assess current oral health practice and protocols at QVH. These findings showed that mouth care was not sufficiently recorded in the patient's notes, and there was low staff awareness of the importance of oral health for patients.</p> <p>To support this initiative, a programme of mandatory mouth care training sessions have been scheduled throughout the year for nursing assistants, nurses and other staff involved in the provision of mouth care.</p>	<p>The programme involves four audits.</p> <p><b>Audit 1</b> will assess whether mouth care is being recorded in patient notes.</p> <p><b>Audit 2</b> will measure patient feedback on the current level of mouth care on our wards, to see if anything can be improved.</p> <p><b>Audit 3</b> is a written questionnaire undertaken every six months to seek the views of nursing staff on mouth care, including suggestions for improvements.</p> <p><b>Audit 4</b> will be carried out quarterly to assess whether the newly implemented mouth care recording pack is being used and whether any improvements can be made.</p> <p>QVH will target a quarterly improvement in the findings of audits 2 and 4 showing mouth care being recorded in patient notes and improvements being made to our current oral health practice to the benefit of patients.</p> <p>We are also seek a quarterly increase in staff confidence in providing mouth care to our patients and understanding of the importance of good oral health in relation to the patient's general health. This will be measured through the nursing feedback questionnaire and training course evaluations.</p>
<b>Patient experience</b>	
<p><b>Improving patient experience in outpatients</b></p> <p>Last year patients attended 173,500 outpatient appointments at QVH and it is important to us that this should be a positive experience. We are continuing to work on initiatives that will make the waiting time shorter and each waiting area is being reviewed to ensure that when waits are unavoidable, patients are made as comfortable as possible and kept informed.</p>	<p>By the end of 2017/18 there will be designated paediatric waiting areas within outpatients, improved vending facilities and an improved waiting environment.</p> <p>We also aim to reduce waiting times in clinic, improve clinic utilisation and reduce the amount of rebooking of appointments due to hospital and patient cancellations.</p>

# Performance against 2016/17 quality priorities

Our quality priorities for 2016/17 were influenced by information from national and local reports and audit findings, along with the views of governors, patient feedback and suggestions from staff across the organisation.

End of year progress against our three 2016/17 quality priorities was as follows:

Our quality priorities and why we chose them	What we said success would look like	Did we achieve it in 2016/17
<b>Patient safety</b>		
<p><b>Reduce the investigation time for incidents from an average of 60 days to 30 days, in line with national targets to improve safety and learning from incidents</b></p> <p>We wanted to improve the time taken to report all incidents to the National Reporting and Learning Service (NRLS) by decreasing the number of days it takes us to do this.</p>	<p>QVH has set local targets to exceed the national recommendation of investigating incidents within 30 days. Incidents categorised as 'no harm', 'near miss' and 'minor harm' will be reported consistently within 10 working days in 90% of cases. Those incidents causing 'moderate', 'major' and 'catastrophic harm' will be reported within 20 working days in 80% of cases.</p>	<p>This has been achieved.</p> <p>Work is ongoing to provide additional staff training so that we have more staff who are confident and capable incident handlers and investigators.</p>
<b>Clinical effectiveness</b>		
<p><b>Proactive audit of compliance with 20% of applicable NICE clinical guidelines and quality standards</b></p> <p>QVH is committed to ensuring that services take into account national guidance and embed the latest evidence-based practice into the care and treatment of our patients.</p> <p>We chose to review 20% of our key National Institute of Health and Care Excellence (NICE) guidelines to measure compliance with their recommendations and identify any areas that require focussed attention or improvement.</p>	<p>From 2001 until March 2016, NICE published 21 quality standards and 44 clinical guidelines relevant to our services. Clinical audit projects will be completed for a minimum of 20% of these quality standards and clinical guidelines.</p>	<p>A total of 13 NICE clinical guidelines and four quality standards were audited as part of this work stream.</p> <p>A number of other audits were also undertaken across QVH, which measured the standards set out by NICE.</p> <p>Audits of high priority guidelines and quality standards were undertaken. Examples include pressure ulcers; inpatient falls; diagnostic tests before surgery; prevention of hypothermia after surgery; patient experience; domestic violence and safeguarding; and preventing infections after surgery in the part of the body where the surgery took place.</p>
<b>Patient experience</b>		
<p><b>Improve signage and walkways</b></p> <p>While patients tell us that the standard of care they receive across our services is very high, and they praise staff for the kindness and compassion they receive, some patients comment that they have difficulty finding departments and navigating the site.</p> <p>We chose to make it a priority to improve wayfinding for patients and visitors.</p>	<p>By the end of quarter two, improvements to the covered walkway surfaces will have been completed. In addition to resurfacing, we will ensure that the walkways meet dementia standards.</p> <p>We will remove obsolete signs and re-post as appropriate. In addition, a wayfinding strategy will be included within the estates improvement plan and any future estates developments will include wayfinding options.</p>	<p>At the end of quarter four, we completed work on developing a wayfinding strategy to improve access and make navigation easier.</p> <p>We involved patients, visitors, volunteers, front-line and support staff including our dementia lead. The result is a clear long-term solution covering signage, appointment letters, web based information and other journey planning tools.</p> <p>Once rolled out this will help reduce stress and anxiety, enhance the overall patient experience and better meet the current and future needs of the site.</p> <p>In addition we have made improvements to covered walkways including new floor surfaces to meet dementia standards.</p>

# Safeguarding

## Safeguarding Children

'The welfare of the child is paramount' principle was enshrined in the Children Act 1989 and has driven the development of systems and arrangements used to safeguard and/or protect children since that time. 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.

## Safeguarding Adults

The arena for safeguarding adults has changed dramatically since the implementation of the care act 2014. As an organisation, QVH follows the Sussex Safeguarding Adults policy and procedures document, as this provides us with an overarching framework to coordinate all activity undertaken where a concern relates to an adult experiencing or at risk of abuse or neglect.

## Modern Slavery Act 2015

The Modern Slavery act received royal assent during March 2015, it encompasses human trafficking, forced labour and domestic servitude. There is an increased awareness around the modern slavery arena within QVH. There is a trust protocol so staff can familiarise themselves with identifying and supporting victims of modern slavery. There have been cases identified within the trust where staff have managed and referred victims for ongoing help and support.

"QVH prides itself on patient centred care and the safeguarding agenda is part of this."

QVH is committed to ensuring the protection, safety and wellbeing of vulnerable children and adult patients and their families who attend to QVH. Safeguarding our patients is part of our everyday practice at QVH.

Over the last year a range of activities have been undertaken to enable staff to provide effective safeguarding and to keep patients informed about why we do things and how they can obtain help and support.

Safeguarding children principles are well embedded in the organisation. This means that staff raise awareness of any concerns they may have about a child or young person. The concerns are carefully considered, discussed with the family and, if required, referred to other agencies and/or community health services so that the child and family are supported and protected.

QVH staff also work with children and their families to help them understand what is required or expected of them, and participate in social care discussions, which often require them to write reports about a given situation.

The safeguarding team are available to support staff to work safely, sensitively and effectively with all patients, and strive to find constructive ways to address any concerns that are raised. We also have designated safeguarding link staff in place across all services, who are on hand to provide advice and support for colleagues.

## Partnership working

The QVH safeguarding team work closely with West Sussex Safeguarding Children Board and West Sussex Safeguarding Adults Board to ensure that priorities are addressed and to enable effective joint agency working at all levels of service delivery.

Our safeguarding team undertook a review of QVH's safeguarding accountability and governance structures, and have introduced new patient care systems. These help to identify those patients who may have been forced into modern day slavery or are victims of female genital mutilation or becoming radicalised. Our paediatric safeguarding named nurse is the child sexual exploitation lead for the organisation and is pivotal in identifying potential victims.

QVH works with other providers to ensure that children who regularly attend our minor injuries unit or other emergency units can be supported by health care professionals and other agencies for any safeguarding issues previously raised. This includes managing the issues sensitively, safely and effectively.

If a patient attends QVH with a dog bite injury information is routinely passed to the police who will decide if there is any further support or discussion required with the person who was injured. In order to be transparent with our patients, the safeguarding team have produced QVH patient leaflets for sharing information about dog bite injuries.

We also monitor and respond to instances of children not being brought to appointments, so that we can work with parents and carers to ensure medical treatment and health care is completed in a timely way for all children who are patients at QVH.

Responding to and supporting those patients who experience domestic abuse and violence is key to protecting them and stopping the violence. QVH has a policy and procedures in place to enable staff to work effectively with those who might be injured and requiring specialist interventions. We also offer support to employees affected by domestic abuse as part of QVH's commitment to developing a workplace culture in which there is zero tolerance of abuse.

## Prevent

Prevent is the Government's strategy to stop people becoming involved in violent extremism or supporting terrorism, in all its forms. Prevent works within the non-criminal space, using early engagement to encourage individuals and communities to challenge violent extremist ideologies and behaviours. The Home Office 'Prevent Strategy' is linked to the safeguarding agenda. QVH sits in a 'priority area' and so has close working links with other local healthcare organisations, NHS England and the local clinical commissioning group.



### Training for staff

High quality training for all QVH staff helps us to respond to all safeguarding concerns swiftly and effectively. The level of training provided is dependent on individual job roles, and their level of interaction with patients, and children. QVH prides itself on its high training attendance and resources available to support staff knowledge.

We have also been working with partner trusts to enable acute sector staff to attend relevant level 3 training.

During 2016, QVH implemented the national Home Office approved training workshop to raise awareness of Prevent (WRAP 3) across the Trust, and 75% of relevant staff have attended.

Safeguarding governance arrangements at QVH have become more robust during the last year. QVH prides itself on patient centred care and the safeguarding agenda is part of this, including continuously striving to develop and support staff to achieve best outcomes for the patient and promoting a culture where we all feel able to raise concerns.

## Sign up to Safety campaign

Sign up to Safety is a national initiative led by NHS England to help NHS organisations and their staff achieve their patient safety aspirations and care for their patients in the safest way possible. Its mission is to strengthen patient safety in the NHS and make it the safest healthcare system in the world.

**In 2015, when we used the Manchester Patient Safety Framework to help assess our progress in developing a safety culture, staff felt that feedback from reported incidents could be improved. The QVH incident reporting system now gives reporters the option to receive feedback if they wish. If selected, a copy of the investigator's report is automatically sent to the reporter when the incident is closed.**

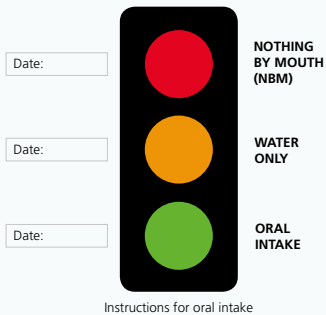
We have also put in place a number of improvements to our risk management processes. For example, dedicated QVH leads for health and safety, medical devices, COSHH and human factors have been identified along with manual handling link workers to assist with managing safety at a departmental level.

We also undertake detailed monitoring of incident reporting by staff and are working to reduce investigation timescales with a target of completing investigations within 30 days for all incidents. Incidents, risks, claims, complaints and audits are now triangulated, with information fed into monthly performance monitoring meetings.

We have enhanced the support and learning available for staff with the creation of a new Datix users forum, additional risk management training and information shared through the weekly staff newsletter. Issues for learning are discussed at a range of forums across QVH and at morbidity and mortality meetings, and learning from incidents is part of all business unit governance meetings.

Our Sign up to Safety pledges can be viewed on our website at [www.qvh.nhs.uk/for-patients/sign-up-to-safety-pledges/](http://www.qvh.nhs.uk/for-patients/sign-up-to-safety-pledges/)

# Patient safety achievements

2016/17 achievements	Further work for 2017/18
<p><b>Traffic light system for oral intake</b></p> <p>Reconstructive surgery for head and neck cancer can present distinct challenges due to its anatomical complexity and effects on function. ENT UK and NICE guidance specify the importance of communicating feeding regime changes in these patients to prevent post-operative morbidities such as aspiration and infection. Following an audit, we piloted a traffic light system displayed behind the patient's bed. This system helps to communicate the patient's oral intake status, nil by mouth, water or diet. A further audit confirmed the traffic light system has improved communication and patients keeping to their feeding regimes.</p>	<p>Following the successful pilot, the traffic light scheme is now fully implemented. The project will be audited further in 2017/18 to ensure the clear communication of feeding regimes continues.</p> 
<p><b>Intra-operative facial nerve monitoring</b></p> <p>The facial palsy unit now uses state of the art intra-operative facial nerve monitoring to delineate the course of the facial nerve and identify the nerve and its branches intra-operatively. This has been shown to substantially decrease the risk of iatrogenic facial nerve injuries.</p>	<p>From 2017 onwards, QVH facial palsy unit in collaboration with the specialist skin cancer multidisciplinary team also offers the specific management of skin cancers over the temple, which have a high incidence of damaging the frontal branch of the facial nerve leading to brow and forehead paralysis. This allows for the safe removal of the cancer whilst also preserving function.</p>
<p><b>Early diagnosis of occult cancers masquerading as facial paralysis</b></p> <p>In a small proportion of patients with Bell's palsy, the underlying cause is an occult cancer. Using the QVH facial palsy protocol system, these tumours can be diagnosed much earlier, where appropriate by taking a biopsy next to the facial nerve. Once the tumour is removed immediate nerve repairs or transfers are performed to rekindle facial movement. This close working relationship between the by the maxillofacial and facial palsy teams at QVH translates into the best possible care for patients.</p>	<p>Using one of the chewing muscle (masseter) nerves, it has been possible to minimise donor nerve morbidity when redirecting neural stimulation whilst at the same time, significantly increasing probability of success given the rich nerve density of the masseteric nerve (2900 axons/nerve). This innovation, introduced to QVH in 2016, has changed the surgical landscape in facial reanimation and in 2017/18 we plan to use further for patients with acute or early facial nerve damage following tumour resection.</p>
<p><b>Scar study</b></p> <p>The QVH scar study will help scientists and doctors work towards improved healing for the millions of people affected each year by scarring. Severely scarred areas require regular surgery to relieve tension across joints as the body grows and changes. To date there is no reliable effective treatment or cure.</p> <p>Researchers carefully process and store scar samples in order to provide a resource to analyse how the scar has formed. The scar tissue is donated by QVH patients undergoing surgical revision or reconstructive surgery and the work is funded by the Blond McIndoe Research Foundation.</p> <p>This work with scar tissue brings us a step closer to the ultimate goal of scar-free healing. By being able to work with human scar tissue we will better understand the process of scar formation. Scientists can use it to look at the role of key molecules and proteins in individual patients, and that will help us to understand the body's own regenerative processes and eventually target the right treatment for patients.</p>	<p>There are no scar tissue biobanks in the UK, and we hope this work in QVH will allow us to work towards the country's first, and help other research groups working on scarring, both nationally and internationally.</p> <p>Work in 2017/18 will include further developing our academic links.</p>



2016/17 achievements	Further work for 2017/18
<p><b>Vermilion mucosal advancement flap</b></p> <p>In a technique, first described at QVH, a 'scarless' form of lower lip excision can be used to re-direct the smile vector following Labbe procedure or even to improve oral competence in stroke patients. This process leaves no visible scar which is a significant issue for facial palsy patients.</p>	<p>From 2017 onwards, the QVH facial palsy unit is also exploring other methods of scarless wound healing in the management of facial palsy patients.</p>
<p><b>Clinical trials of a smart bandage which detects infections</b></p> <p>Current research linked to the life-changing reconstructive surgery, burns care and rehabilitation services provided at QVH includes clinical trials of a smart bandage which changes colour when it detects infections. The nature of burns wounds means signs and symptoms of infections are common but true infection is rare.</p> <p>Swabs and used dressings from hundreds of patients are being tested in the laboratory to see how sensitive the bandages are to the infections they are designed to detect.</p> <p>The colour-changing bandage will provide an early-warning that infection is developing, allowing swift treatment for patients. It will also prevent unnecessary tests in patients who do not have infection and avoid unnecessary use of antibiotics.</p>	<p>The use of the smart bandage may identify infection earlier and help to reduce complications.</p> <p>QVH will continue to recruit patients to this clinical trial within 2017/18 to ensure an adequate data sample for analysis, to prove whether the smart bandage has the intended benefits.</p>
<p><b>Antimicrobial stewardship assurance framework</b></p> <p>A QVH antimicrobial stewardship assurance framework has been developed to ensure that the Trust complies with the main national antimicrobial stewardship recommendations.</p> <p>A daily review (Monday - Friday) of all antimicrobial prescriptions is carried out across QVH by pharmacists, and a weekly antimicrobial stewardship round is undertaken by antimicrobial pharmacist in conjunction with the microbiologist.</p> <p>The World Health Organisation antibiotic awareness week in November 2016 was marked with an awareness campaign around usage and prescribing of antibiotics at QVH.</p>	<p>Progress implementing the improvement plan actions continues to be monitored on a regular basis.</p> <p>Work continues on the antimicrobial CQUIN data collection and this will continue into 2017/18.</p> <p>An app for antimicrobial guidelines is being rolled out across QVH, funded by the League of Friends. This will give prescribers access to QVH antimicrobial guidelines through their mobile devices, and so improve compliance.</p>
<p><b>Microsurgical laboratory opening</b></p> <p>In December 2016 QVH formally opened its microsurgical laboratory, funded via a generous donation to the QVH Charity. The microsurgical skills laboratory enables all plastic surgery and maxillofacial surgery trainees to develop and maintain their skills in a safe environment, and also provides an opportunity for microsurgical research. The laboratory follows the MI4 East of England microsurgical training programme. Training is provided by plastic and maxillofacial consultant surgeons, and through self-directed learning.</p>	<p>In the next year there are plans to move and develop the simulation theatre to give greater access to training using the manikin and to make more efficient use of the space.</p>

# Clinical effectiveness achievements

2016/17 achievements	Further work for 2017/18
<p><b>National recognition for breast reconstruction nurse specialists</b></p> <p>QVH's Macmillan breast reconstruction clinical nurse specialists have had their service recognised nationally and over the last year we have been approached by partner hospitals to help improve and develop their own services.</p> <p>The team have been invited to teach external breast cancer care telephone support services, and continue to be approached to attend events and study days which promote breast reconstruction outside of QVH.</p>	<p>The team will continue to promote their knowledge and expertise over the forthcoming year, to help support external organisations looking for advice and guidance.</p> <p>The service is passionate about improving the care of our breast patients across the region, exchanging ideas which will enhance the service and maintain the channels of communication between the plastic surgery centres.</p>
<p><b>Femtosecond laser for specialist eye surgery</b></p> <p>QVH has invested in the latest femtosecond laser technology to improve patient outcomes and experience. The femtosecond laser is used to perform corneal transplants and intracorneal ring placements with a greater degree of accuracy than manual techniques. The procedures are usually performed under local anaesthetic which provides benefits to patients with quicker rehabilitation and also reduces costs associated with inpatient care for commissioners.</p> <p>As the laser is located within an NHS facility, procedures are also able to be performed under general anaesthetic. This makes the procedure accessible to children and people with learning difficulties, in alignment with the Trust's equal opportunity responsibilities.</p>	<p>We have invested in further technology to enable us to perform high-tech state-of-the-art corneal transplantation by making precise cuts in the cornea using a laser rather than a blade. This development will have a number of benefits for our patients including: better clinical outcomes; shorter healing time; fewer complications, ability to perform highly complex cases, and increased patient satisfaction.</p> <p>QVH hopes to become the national centre for using this type of laser in managing corneal diseases in children.</p>
<p><b>Enhanced recovery after head and neck surgery</b></p> <p>The QVH enhanced recovery programme for head and neck surgical patients aims to reduce the physical trauma of surgery. It is a collection of strategies in a structured pathway that supports the multidisciplinary team (surgical, anaesthesia, allied health professionals and ward staff) to work together to optimise patient outcomes, including early discharge where appropriate.</p>	<p>An audit is in progress to ensure the effectiveness of the pathway and to review its impact on patient care.</p> <p>We are currently working to adapt the programme into a digital format, compatible with Evolve, the Trust's electronic document management system.</p> <p>The use of this pathway and the benefits for patients will continue to be publicised.</p>



“QVH is now established as the leading centre in the UK for corneal neurotisation, a revolutionary sight-saving procedure.”



2016/17 achievements	Further work for 2017/18
<p><b>Sentinel node biopsy for head and neck</b></p> <p>QVH commenced head and neck sentinel node biopsy in September 2016, following the recommendation made in NICE clinical guideline NG36: cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over published in February 2016.</p> <p>Two members of the QVH head and neck consultant body were involved in the formulation of these guidelines and are now members of the NICE quality assurance implementation group.</p> <p>To date, we have achieved validation of 70% of our sentinel node biopsy cases. QVH's lead head and neck clinician worked with NICE to publish Setting up a service for sentinel lymph node biopsy in patients with early oral squamous cell cancer to ensure learning can be shared nationally.</p>	<p>We will continue to work towards the 100% validation of cases. Once achieved this service will be rolled out to all head and neck cancer patients with early oral cancer as recommended in the NICE NG36 clinical guideline.</p>
<p><b>Super-selective neurotisation of mimetic smile muscles</b></p> <p>World-first: Clinicians at QVH have recently developed a novel surgical procedure using the masseteric nerve to target specific smile muscles and transfer neural energy in a synergistic manner. This is a less invasive and shorter procedure, specifically designed for the augmentation of the weak smile and is showing promise over contemporary procedures such as the Labbe procedure and free functional muscle transfers. We hope that this procedure will revolutionise facial reanimation world-wide.</p>	<p>In 2017/18 the direct neurotisation principle will be extended to patients who suffer from tongue paralysis. These procedures, based on the brachial plexus, have been shown to allow better speech. The QVH facial palsy and hand surgery teams working in partnership will be the first in the UK to provide this revolutionary technique, first described by Terzis in the US.</p>
<p><b>Corneal neurotisation</b></p> <p>UK-first: Using the direct neurotisation principle, the sensation of the cornea (eye) can be returned in those with previously absent eye sensation and loss of the blink response. Guided by the Toronto Hospital for Sick Children, QVH is now established as the leading centre in the UK for this revolutionary sight-saving procedure.</p>	<p>Our work in the past year has now established QVH as the sole centre for reinnervating the cornea in the UK and Europe. A clinical trial is now under way in collaboration with the Moorfields Eye Hospital to determine corneal sensory patterns using confocal microscopy alongside a comparison of different technique of the procedures.</p>
<p><b>Chimeric vascularised nerve grafts</b></p> <p>Using a technique developed in Japan, QVH now offers multi-component nerve free flaps including skin, fat and/or muscle for the early reanimation of facial paralysis. This is ideal in reanimating the face as well as re-establishing the normal contour and surface anatomy of the face. Vascularised nerve grafts have been recognised as having the highest success rate of nerve regeneration world-wide and are ideal for very complex facial nerve injuries and in those with extensive scarring from surgery or radiation.</p>	<p>From 2017 onwards, the QVH facial palsy and maxillofacial teams, working in partnership with the ENT and neurosurgery departments in Brighton, are offering patients immediate/early facial nerve reconstruction for the best possible outcomes in cancer patients with facial palsy.</p>

# Patient experience achievements

2016/17 achievements	Further work for 2017/18
<p><b>Nipple tattooing for breast care patients</b></p> <p>QVH continually considers the holistic assessment and treatment of all patients. This is particularly the case for our breast patients who have had life changing treatment.</p> <p>We offer a nurse led nipple tattooing service and there is an increasing demand for this. The service has grown from 130 appointments in 2008/09, to 290 in 2015/16.</p> <p>The frequency of clinics has been increased to ensure we can meet the needs of our patients and manage waiting times; from March 2017 we will be holding two clinics a week, every week.</p>	<p>QVH will undertake a nipple tattoo audit to help identify improvements to the service and care of our patients.</p>
<p><b>Facial palsy screening tests</b></p> <p>The facial palsy unit at QVH, now utilises the latest facial screening tool, based on those used in Harvard, for all patients presenting with atypical forms of Bell's palsy.</p> <p>Using contrast-enhanced MRI scans of the brain and skull base for example, the facial palsy unit at QVH has now accumulated the world's largest series of vascular loops abutment of the facial and vestibule-cochlear nerve. Using QVH facial palsy botox management regimes and internet-based training videos, the majority of these patients have found relief without having to resort to extensive brain surgery.</p>	<p>In 2017/18, the facial palsy team at QVH, in partnership with surrounding hospital emergency departments, is in the process of setting up a pilot scheme for the early referral of Bell's palsy cases to a QVH-based 'hot' clinic where patients with these conditions can be properly managed from day one onwards as opposed to the current situation where most Bell's palsy patients' are left without early to intermediate medical follow-up. Eventually, this scheme will be rolled out nationally via an internet-based referral and telemedicine management system.</p>
<p><b>Community services expanded</b></p> <p>QVH is an accredited AQP provider of community urology services and in 2016 won the contract for ear, nose and throat (ENT) provision. GPs can refer patients to a consultant-led outpatients service that provides rapid and comprehensive assessment, diagnosis and treatment for non-urgent conditions. Appointments are offers at a number of sites including East Grinstead, Haywards Heath, Crawley and Worthing.</p> <p>The service includes a range of on-site diagnostics with day case surgical interventions where appropriate. Advice is also available for GPs.</p>	<p>In 2017/18 QVH is expanding into another site in Tangmere near Chichester, West Sussex for community ENT. An investment in equipment at this site has also been made to ensure a range of diagnostics can be provided that will enable patients to be seen and treated as soon as possible.</p>
<p><b>Restore breast reconstruction show and tell events</b></p> <p>Restore is an information and support group set up by patients and their breast reconstruction nurse specialists at QVH.</p> <p>The team runs very informal show and tell events throughout the year, where women contemplating breast reconstruction can come along, to meet other women who have already been through their reconstruction journey and see the results of their surgery. This provides the ideal forum for our patients to discuss all aspects of breast reconstruction.</p> <p>Our breast reconstruction nurse specialists are also on hand to give advice about what to expect during a stay in hospital and answer any medical questions.</p> <p>All monies raised during these events are used to improve care of breast reconstruction patients in the South East.</p>	<p>The Restore events have been extended over the last year to hospitals in Kent and West Sussex.</p> <p>Other hospitals have shown interest in hosting similar events using our format. These links will be developed in the future.</p>



2016/17 achievements	Further work for 2017/18
<p><b>Improved patient experience of food</b></p> <p>We have listened to our patients who have asked for more varied menus.</p> <p>For our evening meals we serve two hot choices or a salad or sandwich. For lunch we offer two hot choices or a sandwich.</p> <p>Our 'chef of the day' makes daily visits to each ward to ensure the quality of food that is being served, and speak to patients who have any specific dietary requirements.</p> <p>Healthier eating options, soft/pureed food items which are easy to chew and swallow, gluten free and vegetarian options continue to be incorporated into the menus.</p> <p>We ensure that patients have ready access to drinks and snacks between meal times, which is important for those with small appetites.</p>	<p>We will continue to monitor satisfaction with food through patient surveys and benchmarking against our peers.</p> <p>The Trust's 2016 inpatient survey showed significant improvement in food choices.</p>

### Duty of Candour

The Duty of Candour is a legal duty on NHS trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. It aims to ensure that patients receive accurate, truthful information from health providers.

QVH promotes a culture that encourages candour, openness and honesty at all levels. It is an integral part of our culture of safety, which also supports organisational and personal learning. The board is committed to openness and transparency at all levels across QVH, including being open and honest with patients. We have undertaken a number of initiatives to ensure that we are effective in embedding the Duty of Candour into our systems and processes.

Staff recognising when the Duty of Candour applies, was identified as an area of weakness during recent Compliance in Practice inspections. However, when prompted, staff are able to demonstrate an understanding of the Duty of Candour principle, and how to apply it in everyday practice if something went wrong.

To support staff and embed this knowledge further the Compliance in Practice inspection questions have been revised, and also focus more on the multidisciplinary team treating our patients.



"Our 'chef of the day' makes daily visits to each ward to ensure the quality of food that is being served"

# Statements of assurance from the Board of Directors

## Review of services

During 2016/17, Queen Victoria Hospital NHS Foundation Trust provided 21 NHS services including burns care, general plastic surgery, head and neck surgery, maxillofacial surgery, corneoplastic surgery and community and rehabilitation services. QVH has reviewed all the data available to it on the quality of care in all of its NHS services. The income generated by the relevant health services reviewed in 2016/17 represents 90% of the total income generated from the provision of relevant health services by QVH for 2016/17.



“Pioneering techniques developed at QVH in the past are now used routinely in the care of patients all over the world. ”

## Research

Pioneering techniques developed at QVH in the past are now used routinely in the care of patients all over the world. This includes burns reconstructive surgery, cell culture and hypotensive anaesthesia. Our current research programme focusses on developing techniques in wound healing and reconstruction. We are proud to be holders of NIHR RfPB, NIHR i4i, MRC and Wellcome grants and believe this reflects the quality of our research.

We have strengthened our relationships with our key academic partners including the University of Brighton, Brighton and Sussex Medical School and the University of Sussex. We have also established new collaborative work with the University of Oxford and the University of Bath. Wide networks are critical to successful research investment and outputs, especially in the specialised fields of practice we undertake here at QVH. We are grateful for the ongoing support of our local clinical research network for core research infrastructure, and have significantly increased our participation on national portfolio studies.

The total number of participants recruited to research ethics committee approved studies in 2016/17 was 346, with QVH taking part in 32 studies. Our participation in research demonstrates our continued commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Participation helps our clinical staff to stay abreast of the latest treatment possibilities and enables us to deliver improved patient outcomes.



# Participation in clinical audits and clinical outcome review programmes

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

**During 2016/17, three national clinical audits and three clinical outcome review programmes (previously known as confidential enquiries) covered relevant health services that QVH provides.**

We participated in 100% of national clinical audits and 100% of clinical outcome review programmes that we were eligible to participate in. The tables below also include the percentage of registered cases required by the terms of that audit or review programme.

<b>Participation</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>% of cases submitted</b> <input checked="" type="checkbox"/> 100% Percentage <input type="checkbox"/> ND No data - figure unavailable as audit ongoing
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## Participation in national clinical audits 2016/17

<b>6th National Audit Project of the Royal College of Anaesthetists - Perioperative Anaphylaxis, UK</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 100%	<b>Breast and Cosmetic Implant Registry (BCIR)</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 100%	<b>Head and Neck Cancer Audit (HANA) (historical data set)</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 100%	<b>National Ophthalmology Audit</b> <input checked="" type="checkbox"/> <input type="checkbox"/> ND
<b>NHS (National Clinical Analysis and Specialised Applications Team) - 7 Day Services Survey</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 100%	<b>National Audit of Breast Cancer in Older People (NABCOP)</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 100%	<b>Female Genital Mutilation Enhanced Dataset</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 100%	<b>National Audit of Dementia</b> <input checked="" type="checkbox"/> <input type="checkbox"/> ND

## Participation in clinical outcome review programmes 2016/17

<b>Child death review database</b> <input checked="" type="checkbox"/> <input type="checkbox"/> ND	<b>Cancer in Children, Teens and Young Adults (NCEPOD*)</b> <input checked="" type="checkbox"/> <input type="checkbox"/> ND	<b>Chronic Neurodisability (NCEPOD*)</b> <input checked="" type="checkbox"/> <input type="checkbox"/> ND	<b>Young People's Mental Health (NCEPOD*)</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 100%
<b>Learning disability mortality review programme (LeDeR)</b> <input checked="" type="checkbox"/> <input type="checkbox"/> ND	<b>Physical and mental health care of mental health patients in acute hospitals (NCEPOD*)</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 100%	* National Confidential Enquiry into Patient Outcome and Death	

**Two national clinical audits were reviewed by QVH in 2016/17.**

### UK National Flap Registry and Breast Implant Registry

QVH contributes to the statutory registration of all reconstruction and cosmetic implants, a system which went live in October 2016. Data collected from the registry will be officially released from 2018, but QVH is currently reviewing the patient reported outcome measures (PROMS) already produced, to help improve our patient outcomes. One of QVH's lead breast care surgeons has been instrumental at a national level in the setup, design and implementation of a national free flap registry.

### Seven day services in the NHS

Seven day services ensure that patients admitted as an emergency, receive high quality consistent care, whatever day they enter hospital.

QVH has participated in the bi-annual seven day services assessment which helps to measure our services against the four priority clinical standards for implementation. These are that patients do not wait longer than 14 hours for an initial consultant review; get access to diagnostic tests with a 24 hour turnaround time, 12 hours

for urgent requests and one hour for critical patients; get access to specialist, consultant-directed interventions and those with high-dependency care needs receive twice-daily specialist consultant review; and patients admitted to hospital in an emergency will experience daily consultant-directed ward rounds.

We review the findings of each assessment to identify any action needed to ensure that QVH is able to meet these standards for our patients.

# Local clinical audit

The reports of 57 completed local clinical audits were reviewed by QVH in 2016/17. This section includes examples of audit projects undertaken across QVH, their findings and actions taken as a result.

## Umbilical colonisation audit

Surgical sterility is a basic requirement of safe surgical practice. During free flap reconstruction of the breast from the abdomen, the umbilicus represents a potential source of bacteria, which may pre-dispose the patient to post-operative infection. This audit is aimed to establish whether current surgical prepping practice at the QVH is sufficient to eradicate umbilical commensal bacteria.

Swabs were taken for all free abdominal flap breast reconstructions over a one month period, and compared to identify whether any bacteria was present. This audit found that the Trust's standard of surgical prepping was achieved in 95% of cases.

The Trust's surgical team members continue to rigorously adhere to the principles of aseptic technique and implement those principles for every surgical procedure to reduce the risk of the patient acquiring a surgical site infection.

## Trust compliance with NICE dementia guidelines

This audit looked at NICE Quality Standard 01 Dementia: support in health and social care (referred to as QS01) and NICE Clinical Guideline 42 Dementia: supporting people with dementia and their carers in health and social care.

The audit aimed to assess the care that is currently provided to patients with a diagnosis of dementia, and review the Trust's dementia strategy and how it should be taken forward. The sample included patients with a diagnosis of dementia who underwent treatment at QVH between September 2015 and August 2016.

A retrospective case note review was undertaken looking at the NICE guidance and the aims and objectives of QVH's dementia strategy. In addition, a review of Datix incidents and compliance in practice inspections from the same time period was also undertaken to ensure triangulation of information.

Results demonstrated good compliance with the NICE guidance and a commitment by the Trust to improve services for people with dementia. Areas of improvements are mainly related to documentation and staff training.

## Xiapex injection for Dupuytren's disease: audit of practice and cost

The aim of this study was to assess the clinical and cost effectiveness of Xiapex injections in comparison to surgical intervention for the treatment of Dupuytren's disease. This is a highly complex disease which typically starts in the palm along the ring finger and little finger, leading to the thickening and shortening of the normal collagen structures of the hand by forming pathological cords. Most of the time Dupuytren's disease results in hand disability.

As an alternative to surgery Dupuytren's is often treated with Xiapex injections, a natural product out of the bacterium *Clostridium histolyticum*. Xiapex uses precise enzymatic action that dissolves collagen when injected into a Dupuytren's cord.

We audited retrospectively five years of elective patients that presented with Dupuytren's disease and were treated with Xiapex injections. Our results compared to literature suggest that Xiapex treatment is effective and has fewer complications. The cost of a Xiapex injection is significantly lower than surgical intervention. From our sample only 4.2% of patients subsequently required surgical intervention.

## Burns intervention audit

The burns pharmacist is part of the multidisciplinary team and visits the ward every week day. The pharmacist will undertake a review of the medicines prescribed for both inpatient use and for discharge, organise the supply and provide advice within the burns ward. Whilst undertaking the clinical ward service, pharmacists make and recommend changes to ensure that the medication patients are prescribed is optimised. This audit was designed to look at the type and quantity of interventions made over the period of one month on the burns ward. In total there were 64 interventions, with an average of three interventions per day. Approximately half related to ensuring that patients were correctly prescribed their regular medicines on admission. A further audit is planned looking at the interventions in more details to help identify any common themes. This highlights the importance and effectiveness of our pharmacy team as well as confirming their value to the multidisciplinary team.

## Therapist led Botox clinics

Therapist led Botox clinics are an effective way of providing chemodenervation treatment to patients for synkinesis (involuntary muscular movements accompanying voluntary muscular movements). Patient reported SAQ (synkinesis assessment questionnaire) scores show that significant improvement occurs in synkinesis following chemodenervation injections which are highly beneficial in the management of synkinesis following facial palsy. Therapists injecting in clinics are achieving highly successful outcomes for this complex patient group. Analysis showed that SAQ scores after receiving Botox injections were significantly better than the scores before the injections.

## Lower Limb Rehabilitation Class

The lower limb class is run weekly for patients recovering from any lower limb injury or surgery, and patients are booked to attend for six consecutive weeks. This year's audit was carried out between July 2015 and 2016 and uses the MYMOP (measure yourself medical outcome profile) and LEFS (lower extremity functional scale) outcome measures to assess patient progress within the class, as well as a patient satisfaction survey completed at the end of the six weeks. This year's audit showed 26 patients from the ages of 21 to 80 years were seen in the class, with the most common complaint being a knee problem. Both outcome measures showed positive results, and the patient satisfaction survey results were overwhelmingly positive too.

## Outcomes of the enhanced recovery after surgery pathway in microsurgical breast reconstruction

The enhanced recovery after surgery (ERAS) pathway is a tool used to encourage multidisciplinary collaboration in the peri-operative management of surgical patients, including those undergoing microvascular breast surgery. Patients are actively encouraged to be aware of and participate in steps to improve the outcomes from their surgery to help reduce recovery time, surgical morbidities and length of stay in hospital. This audit included all patients undergoing microvascular breast surgery between 1 January 2015 and 31 August 2015.

The ERAS pathway was introduced to our unit on the 1 May 2015, and the outcomes of surgery were compared between patients admitted on the traditional recovery after surgery (TRAS) pathway and those admitted on the ERAS pathway. A total of 138 patients were included in the study: 72 patients were admitted on the TRAS pathway and 66 patients on the ERAS pathway. There was no significant difference in length of stay in the two groups. There was a non-significant reduction in return to theatre and readmission rate in the ERAS group compared to the TRAS group. Results found a significant reduction in the total number of complications (61% in the TRAS group compared to 29% in the ERAS group), as well as a difference in time to catheter removal, time to independent mobilisation, time to laxative prescription and time to removal of the patient-controlled analgesia, all in favour of the ERAS group. There was no difference in time to drain removal.

## An audit to determine that the histopathological diagnosis of dentigerous cysts is consistent with the clinico-radiological scenario

This audit was undertaken to determine how many ameloblastomas (or other lesions) have been misdiagnosed as dentigerous cysts in this Trust since 2012, by correlating the radiological and histopathological features. A dentigerous cyst is a specific type of odontogenic cyst and may be defined as a cyst surrounding the crown of an impacted, unerupted tooth.

Clinical information, available imaging and diagnoses were retrieved for histopathological diagnoses of dentigerous cysts between 1 April 2012 and 31 December 2015 from the departmental database.

The results found that there were 139 diagnoses made in 135 patients (four patients had been biopsied twice). The diagnosis of dentigerous cyst was inappropriately entered into the database in 21 patients, but the correct histopathological diagnosis had been issued. In five of the 21 patients the clinical diagnosis on the histopathology request form was a dentigerous cyst despite the cyst being associated with a carious or root-filled tooth, i.e. incorrect terminology had been used on the request form. Re-examination of the histology also revealed misdiagnoses in five patients (four odontogenic keratocysts, one unicystic ameloblastoma). None of the misdiagnosed lesions had recurred at the time of completion of the audit. A full report of the findings of the audit has been published in the International Journal of Surgical Pathology (2017, volume 25, pages 141-147).

## The East Grinstead Consent Collaborative nationwide audit of consent for head and neck, orthognathic and maxillofacial trauma surgery

The East Grinstead Consent Collaborative (EGCC) was a collaborative audit project, led by oral and maxillofacial trainees, that ran over a one year period. The project aimed to determine nationwide practices in the documentation of consent, from consent forms only, in all three subspecialties of oral and maxillofacial surgery. The project collected consent data for 6,202 patients from 42 units nationwide with 146 collaborators. Analysis of content of the consent forms has shown significant variability in timing of consent, the risks documented and grade of surgeons obtaining consent. Findings also demonstrated that the procedure-specific consent form improves documentation for consent but there was a lack of documentation in key areas. From these findings, our own practice at QVH has improved.

## Patient outcomes following therapy intervention for facial palsy

The effectiveness of our facial therapy was assessed for 100 facial palsy patients on their discharge. Effectiveness was assessed using valid and reliable outcome measures. Patients were treated by specialist facial therapists with massage, stretches, neuromuscular rehabilitation exercises and relaxation techniques having been taught using EMG biofeedback in the clinic. Patients were also able to access DVD recordings of stretching and massage techniques to ensure they were exercising correctly and a 14 minute audio guide for facial relaxation.

Facial grading scores averaged 69% post treatment which exceeded the departmental goal of 60%. Mean improvement on the facial disability index was 28% for physical function (from 52% to 80%) and 21% for psychosocial function (from 56% to 77%). Average improvement on the FACE scale was 27% (pre-treatment average 42% and post treatment average 69%).

The results showed significant improvement following therapy in all three outcome measures used. Patients included in the study had all had their facial palsy longer than six months, ensuring that recovery was down to the therapy intervention given rather than natural recovery.

“Outcome measures showed positive results, and the patient satisfaction survey results were overwhelmingly positive too.”

# Commissioning for Quality and Innovation

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

**A proportion of QVH income in 2016/17 was conditional on achieving number of national and local CQUIN goals. We secured 100% of our national CQUIN targets generating £553,360 of income.**

For our local schemes, we achieved 98% our local targets generating £825,771 of income.

The local scheme which we did not achieve related to a sub contract held with Sussex MSK Partnership. The year-end value of this scheme was £12,665. We chose not to pursue this local scheme because the potential quality improvement was not proportionate to the time and other resources needed to deliver the scheme.

## The national quality initiatives were:

### Introduction of health and wellbeing initiatives

QVH staff with musculoskeletal problems are prioritised by the QVH musculoskeletal physiotherapy service. This is beneficial for staff health and wellbeing as well as reducing sickness absence. Recently access for staff has been made quicker and easier with the introduction of a manager approved self-referral initiative. This removes the requirement for employees to have a GP or occupational health assessment prior to referral, effectively reducing the time taken to access the service. Average waiting time for staff accessing the service in 2016/17 was 7.8 working days.

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

Improving our patients' experience of QVH food was a major goal in 2015/16 and continued into 2016/17. As part of this national CQUIN, we have taken forward a number of initiatives to ensure that a choice of healthy food is available to patients. Healthy options are available in all catering outlets including vending machines for staff working out of hours. There are no price promotions or advertising for foods high in fat, sugar and salt within the catering outlets.

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

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

The national CQUIN measured from October to December each year with trusts required to vaccinate 75% of frontline staff as part of an annual immunisation programme. For the 2016/17 programme, a CCG locally agreed variance to the CQUIN was introduced which allowed QVH to include all staff members who had the vaccination elsewhere or declined. QVH achieved the CQUIN in full, with 84.6% of staff engaged and a 51.5% vaccination rate.

### **Timely identification and treatment of sepsis in acute inpatient settings**

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

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

We are currently working to achieve the Sepsis CQUIN scheme 2016/17 and 2017/18; and a quarterly retrospective case note audit is undertaken to review the care and treatment provided. Going forward, we will seek to integrate electronic recording of observations, with automated triggering to outreach and medical staff, into the existing IT infrastructure to enable a more timely and effective review of the patients' pathway. This is anticipated to be introduced in 2018.

### **Reduction in antibiotic consumption per 1,000 admissions**

It is an internationally recognised problem that antibiotics are over prescribed and used unnecessarily for conditions that are best treated differently. QVH has reviewed national guidance and taken a number of steps forward to reduce the unnecessary prescribing of antibiotics across the Trust. We monitor and scrutinise our antibiotic usage on a monthly basis, and report our data externally to Public Health England quarterly. To support this we are delivering training to doctors and nurses to raise awareness of good antibiotic prescribing.

### **Empiric review of antibiotic prescriptions**

When a patient who is staying in hospital is prescribed antibiotics, it is important that they are reviewed regularly to assess if the antibiotic is still necessary, or whether it can be stopped or if it needs to be changed to a different type. This ensures that antibiotics are being used appropriately and provides our patients with the best possible care and treatment. This patient review is monitored on a monthly basis, and reported both internally and externally to Public Health England on a quarterly basis. QVH has rolled out bright orange stickers within inpatient areas which Pharmacists attach to the patient's prescription card, as a reminder to prescribers that a review needs to be undertaken.



“...we have taken forward a number of initiatives to ensure that a choice of healthy food is available to patients.”

## Local quality initiatives were:

### Health and wellbeing mindfulness

To help improve the health and wellbeing of staff at QVH, we developed a mindfulness course and a programme of follow-up sessions throughout the year. Both the course and follow up sessions were evaluated throughout to ensure they made a positive benefit to attendees and the objectives of the programme were met. Psychometric measures taken both at the start and end of the programme found that participants reported a 43% reduction in stress and 60% reduction in anxiety. Analysis of qualitative replies indicated mindfulness was helpful in a number of areas, particularly in work-based situations, including managing stress and working relationships, with 67% of participants feeling that it had been very or extremely helpful.

### Improving dementia patients' experience

In 2013, QVH introduced the butterfly scheme for dementia patients which empowers people with dementia and their carers to choose the care they want. Patients with a diagnosis of dementia or memory impairment, assisted by their carer, can choose to use a butterfly symbol to request dementia-specific care.

The care of people with dementia remains a priority for QVH, and through assessment of risk our aim is to provide the best possible support and care for people with dementia, their families, and carers.

A local guideline on management of patients with dementia at first outpatient appointment has been developed which ensures that a 30 minute time slot can be booked to give extra time to help communication and fully understand the patient's needs. A new carers' policy has also been developed to ensure that loved ones and friends are supported when a patient accesses services at the Trust.

### Theatres safety culture

This local CQUIN focussed on improving the implementation of the Five Steps to Safer Surgery within the operating theatre environment, with a specific focus on the quality of the debrief process following surgery.

The QVH safety leads and champions are instrumental in driving forward safety improvements within our theatres. Training on human factors has been delivered to our current leads and champions who act role models, and are always on hand to provide advice and support for colleagues. A review of human factors are considered as part of all incident investigations, and findings are discussed at multidisciplinary team meetings attended by surgeons, anaesthetists, operating department practitioners and support staff.

A rolling programme of observational audits have been implemented to help identify areas of poor practice and monitor improvements made.

### NexoBrid

QVH gained approval from our local CCGs to conduct a yearlong trial of using NexoBrid as a quality improvement initiative in burns care. NexoBrid is a novel debriding agent that is able to breakdown burned tissue and leave healthy tissue intact without the need for surgery. In phase II and III trials NexoBrid was shown to reduce the need for patients with deep burns to require surgery, reduce blood loss in surgery and improve wound closure times.

By April 2017, more than 30 patients have received NexoBrid treatment with an average healing time of 31 days.

In a group of patients all of whom would previously have required surgery, the use of NexoBrid meant that 68% healed without surgery.

In order to complete the initiative staff had comprehensive training from the manufacturers. Nursing staff have been engaged in identifying suitable patients and collected data on efficacy. The final report is being produced for the CCG and is likely to be published in a peer reviewed journal.

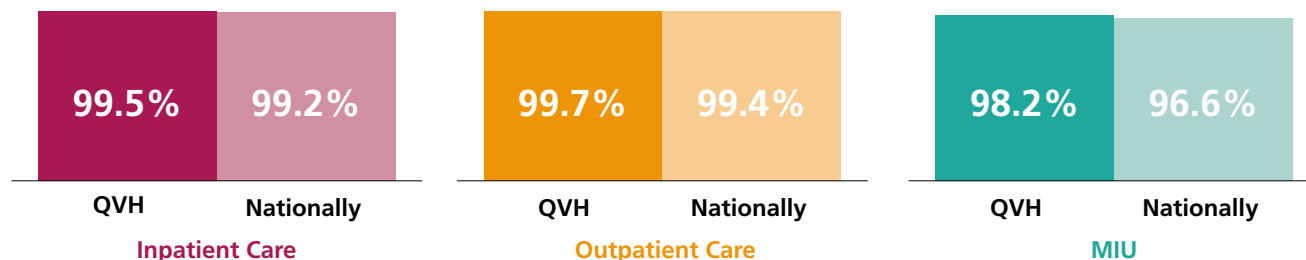


“the butterfly scheme for dementia patients empowers people with dementia and their carers to choose the care they want”

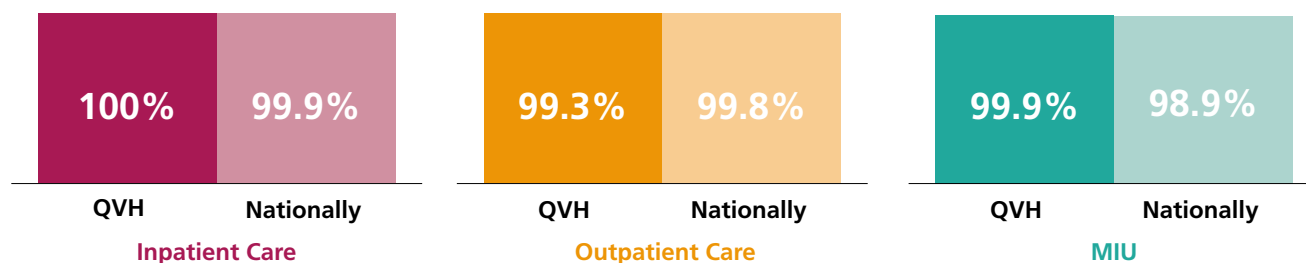
# Hospital Episode Statistics

QVH submitted records during 2016/17 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics.

## Percentage of records in the published data which include the patient's valid NHS number



## Percentage of records which include the patient's valid general medical practice code



Source: The figures are aggregates of the QVH entries taken directly from the SUS data quality dashboard provider view, based on the provisional April - November 2016 SUS data at the month 8 inclusion date.

# Information governance assessment

**Responsibility for the information governance agenda is delegated from the chief executive to the senior information risk owner (SIRO), who is the director of finance and the Caldicott Guardian who is the director of nursing and quality. The SIRO is responsible for ensuring that information risk management processes are in place and are operating effectively. The Caldicott Guardian is responsible for ensuring the confidentiality of patient information and appropriate information sharing.**

The information governance group is chaired by the SIRO and is responsible for overseeing the Trust's information governance arrangements and compliance against required standards and targets. The group, with representation from across QVH, reports to the executive management team for oversight and scrutiny and to the quality and governance committee for assurance purposes.

One of the key responsibilities of the information governance group is to oversee the annual information governance toolkit

assessment. The toolkit is an online system which allows NHS organisations to assess themselves against relevant policies and standards. The information governance agenda is constantly evolving. During 2016/17, priority was given to cyber security and in particular addressing any threats to our systems, processes and data. Intelligence has been used to create an action plan which includes ensuring all staff and volunteers are formally trained and tested on their understanding of the importance of handling data securely.

Information security risks continue to be managed and controlled via the risk management system, incorporated into the risk register and reviewed by the information governance group.

There were no serious incidents that were classified as a level 2 relating to information governance in 2016/17.

QVH's information governance toolkit overall score for 2016/17 was 75% and graded 'satisfactory'.

# Payment by results and clinical coding

**In 2016/17 an external coding consultancy carried out a clinical coding audit at QVH. Compliance rates for the clinical coding of diagnoses and treatment were:**

- Primary diagnoses 90%
- Secondary diagnoses 95.88%
- Primary procedures 96.81%
- Secondary procedures 98.68%.

The following services were reviewed within the sample: children's and adolescent services; dentistry and orthodontics; ear, nose and throat; head and neck cancer services; oral and maxillofacial surgery; hands; ophthalmology; plastic surgery; sleep disorders; breast surgery; skin cancer services; vascular surgery.

“Significant technical advances this year have included the procurement and development of a data warehouse to improve analytics and data accessibility”

## Improving data quality

Data quality refers to the tools and processes that result in the creation of the correct, complete and valid data required to support sound decision-making.

**In the last year the data quality improvement group have progressed actions to improve data quality driven by opportunities found in internal and external audits.**

Significant technical advances this year have included the procurement and development of a data warehouse to improve analytics and data accessibility, and the delivery of a regular data quality dashboard that highlights areas for improvement.

In 2017/18, QVH will be taking the following actions to improve data quality:

- Continue to work with external parties to improve the depth and insight offered in reports for business intelligence and enhance the value of the data warehouse services to improve timeliness and visibility of data for validation.
- Proactively engage with patient-facing services to improve the quality of collected data through training and understanding of the value of minimum data sets.
- Streamline and standardise forms used to collect data, to help reduce variation which can impact data quality.



# Registration with the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. It ensures that health and social care services provide people with safe, effective, compassionate, high quality care and encourages care services to improve.

## QVH is required to register with the CQC and its current status is 'registered without conditions or restrictions'.

QVH is required to register with the CQC and its current status is 'registered without conditions or restrictions'.

The CQC has not taken enforcement action against QVH during 2016/17 and QVH has not participated in any special reviews or investigations by the CQC during this reporting period.

"When we inspected QVH, we saw some excellent practice and outstanding care. We saw that staff were incredibly caring and compassionate with patients, and patients praised the care they received." Alan Thorne, CQC Head of Hospital Inspections (South East).

The CQC conducted a routine announced inspection of QVH on 10-14 November 2015 and a further unannounced spot check on 23 November 2015.

QVH received an overall rating of 'good' and was rated 'outstanding' for the caring domain. The full breakdown of ratings for all five domains assessed by the CQC was:

The recommendations and findings from the CQC report were transferred into our existing continuous improvement action plan. The action plan contains improvements with a primary focus on the critical care findings. Progress against these actions is monitored at the quality and governance committee.

The CQC highlighted three areas where QVH needed to take action: that all medication in theatres is stored appropriately, out of hours medical cover is sufficient to meet the needs of the patients, and all clinical staff have had training in the Mental Capacity Act.

A comprehensive improvement action plan was drawn up to address these areas, and other identified by the inspection team which could be improved. Monitoring of the action plan has been incorporated into the Trust's quality and safety reporting structure.

	Minor injuries unit	Specialist burns and plastic services	Critical care	Services for children and young people	Outpatients and diagnostic imaging	Overall
Safe	Good	Good	Requires improvement	Good	Good	Good
Effective	Good	Good	Requires improvement	Good	Good	Good
Caring	Good	Outstanding	N/A*	Outstanding	Good	Outstanding
Responsive	Good	Good	Good	Good	Good	Good
Well-led	Good	Good	Requires improvement	Good	Good	Good
Overall	Good	Good	Requires improvement	Good	Good	Good

\*The CQC inspectors were unable to collect sufficient evidence to rate the caring domain in critical care because only three patients were in the unit at the time of the inspection and two could not be interviewed for clinical reasons.

# Compliance in Practice inspections

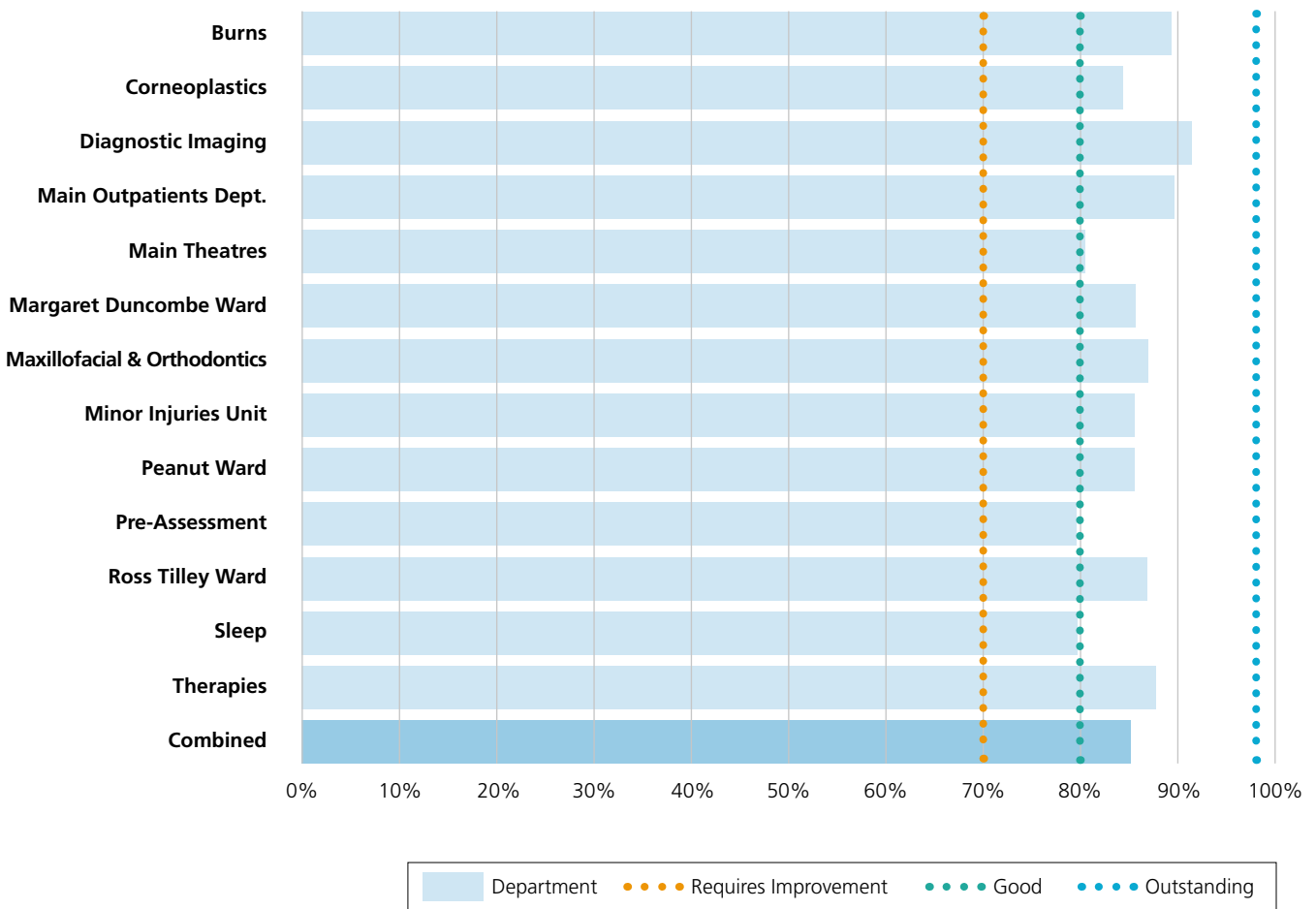


Compliance in Practice is an improvement initiative undertaken across the Trust.

Inspectors are recruited from the QVH staff base and include a variety of clinical and non-clinical stakeholders, as well as members of the board and council of governors.

The structure of the inspections reflects the enquiry lines pursued by the CQC and, as such, assists in enabling the Trust to maintain, and endeavour to improve, its current inspection rating.

## 2016/17 compliance in practice inspection ratings



# National core quality indicators

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

For each statutory indicator, our performance is reported together with the national average. The performance of the best and worst performing trusts nationally is also reported. Each indicator includes a description of current practice at QVH, preceded by the wording 'we believe this data is as described for the following reasons' which we are required to include. QVH has also included additional non-mandated quality indicators to provide further detail on the quality of care provided.

## Mortality

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

- QVH is primarily a surgical hospital which manages complex surgical cases but has only five to ten deaths per year
- QVH has a process in place to review all deaths on site, including those patients who are receiving planned care at the end of their life
- Care provided to patients at the end of their life is assessed to ensure it is consistent with national guidance
- The reason for all deaths is investigated for internal learning and so that relatives are informed of what happened to their loved ones
- Data is collated on all deaths occurring within 30 days of discharge to ensure care at QVH was appropriate
- Deaths are reported monthly to the appropriate service clinical leads for discussion and so that changes are made when needed
- All deaths are noted and, where necessary, presented and discussed at the bi-monthly joint hospital governance meeting.

### In-hospital surgical mortality

2013/14	2014/15	2015/16	2016/17
0.01%	0.02%	0.03%	0.005%

Source: QVH information system

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

The Trust has reviewed *Learning, candour and accountability: a review of the way NHS trusts review and investigate the deaths of patients in England* (CQC, December 2016) to ensure that any learning can be disseminated and added to existing internal processes. Evidence for this report was collected via a CQC information request, which QVH participated in, that explored how NHS acute, community healthcare and mental health trusts investigate deaths and learn from their investigations.

Over the coming three years, QVH will participate in the mortality case record review programme. This programme seeks to develop and implement a standardised way of reviewing the case records of adults who have died in NHS

acute hospitals to improve understanding and learning across the NHS about problems in care that may have contributed to a patient's death. We will align internal processes to reflect the findings and learning from this programme as required.

## 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 submitted to the Health and Social Care Information Centre (HSCIC) monthly
- Readmissions are generally to treat some of the complications that may arise from surgery such as wound infections
- We monitor readmissions as a means to ensure our complication rate is acceptable and that we are not discharging patients from hospital too early.

### Emergency readmissions with 28 days

	Discharges			Readmissions			28 days readmission rate		
	14/15	15/16	16/17	14/15	15/16	16/17	14/15	15/16	16/17
Under 16	2,164	2,238	2,073	48	63	45	2.22	2.82	2.17
16 +	16,174	17,049	16,613	319	347	327	1.97	2.04	1.97
Total	18,338	19,287	18,686	367	410	372	2.00	2.13	1.99

This data has been updated from the 2015/16 Quality Account to reflect a change in reporting methodology.

Source: QVH information system

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

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

# National core quality indicators

## Infection control – hand hygiene compliance

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

- QVH has a robust process in place for recording compliance with hand hygiene standards
- Hand hygiene is promoted through ongoing education and mandatory training
- Monthly audits are undertaken in all clinical areas to ensure that all staff across each discipline are complying with standards.

### Hand hygiene (washing or alcohol gel use)

Target	2013/14	2014/15	2015/16	2016/17
95%	99%	98.4%	99.1%	99.4%

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

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

“We are committed to keeping patients safe through continuous vigilance and maintenance of high standards.”

## 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 C. difficile cases

- QVH has a robust process in place for collating data on clostridium difficile cases
- Incidents are collated internally and submitted weekly to the clinical commissioning group
- Cases of clostridium difficile are confirmed and uploaded to Public Health England by the consultant microbiologist
- Results are compared to peers and highest and lowest performers, as well as the Trust’s previous performance.

### Clostridium difficile rates

	2012/13	2013/14	2014/15	2015/16	2016/17
Trust apportioned cases	0	1	1	1	Not published, expected July 2017
Total bed-days	18,790	18,362	15,143	14,825	
Rate per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases)	0	5.4	6.8	6.7	
National average rate for acute specialist trusts	10	10.1	14.2	14.3	
Best performing trust	0	0	0	0	
Worse performing trust	25.2	31.5	62.6	66	

Source: Health and Social Care Information Centre data

QVH continues to maintain its low infection rate through surveillance supported by robust policies and procedures linked to evidence-based practice and NICE guidance. Infection rates are routinely monitored through the Trust’s infection prevention and control group and quality and governance committee. QVH strives to meet the challenging target of zero cases per annum.

# Reporting of patient safety incidents

The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. Since the NRLS was set up in 2003, over four million incident reports have been submitted. It is used to identify hazards, risks and opportunities to continuously improve the safety of patient care.

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

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

## Patient safety incidents

	2014/15		2015/16		2016/17 part year
	01/04/14 - 30/09/14	01/10/14 - 31/03/15	01/04/15 - 30/09/15	01/10/15 - 31/03/16	01/04/16 - 30/09/16
Total reported patient safety incidents	476	470	381	492	412
Incident reporting rate per 1,000 spells	52	52	52	69	57
Incidents causing severe harm or death	1	0	0	01	2
Percentage of incidents causing severe harm or death	0.2%	0%	0%	0.2%	0.5%
<b>Acute specialist trust benchmarks</b>	<b>01/04/2014 - 30/09/2014 (per 1,000 bed days)</b>	<b>01/10/2014 - 31/03/2015 (per 1,000 bed days)</b>	<b>01/04/2015 - 30/09/2015 (per 1,000 bed days)</b>	<b>01/10/2015 - 31/03/2016 (per 1,000 bed days)</b>	<b>01/04/2016 - 30/09/2016 (per 1,000 bed days)</b>
Lowest incident reporting rate	17.63	16.33	15.9	16.05	16.34
Highest incident reporting rate	94.84	108.54	117	141.94	150.63
Specialist trust average total (median)	n=745	n=849	n=822	n=725	n=578
Lowest % incidents causing severe harm	0%	0%	0%	0%	0%
Lowest % incidents causing death	0%	0%	0%	0%	0%
Highest % incidents causing severe harm	3.8%	3.9%	0.6%	0.4%	1.0%
Highest % incidents causing death	1.1%	0.9%	0.8%	0.2%	0.3%
Average % of incidents causing severe harm	0.4%	0.3%	0.3%	0.1%	0.3%
Average % of incidents causing death	0.1%	0.1%	0.1%	0.05%	0.1%

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

QVH encourages all healthcare professionals to report incidents as soon as they occur as we believe that this reflects a positive safety culture. Work has been successful during 2016 to reduce incident investigation timeframes and will be ongoing during 2017/18.

This is helping to improve reporting of patient safety incidents to NRLS and NHS England and the identification of key learning aspects for timely dissemination. This is also one of the areas included in our Sign up to Safety pledges.

# WHO safe surgery checklist

The World Health Organisation (WHO) safe surgery checklist identifies three phases of an operation, each corresponding to a specific period in the normal flow of work: sign in (before the induction of anaesthesia); time out (before the incision of the skin); and time out (before the patient leaves the operating room). At each phase, a checklist coordinator must confirm that the surgery team has completed the listed tasks before it continues.

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

- WHO checklist compliance is measured monthly for qualitative completion and published in the patient safety metrics
- Compliance is measured quarterly for quantitative completion and reported to the quality and governance committee and Theatre Management Group
- Compliance is scrutinised by audit to identify missing actions or documentation with learning fed back to team meetings
- Results are disseminated throughout the trust for wider learning.

## Use of the WHO Safe Surgery checklist

	2013/14	2014/15	2015/16	2016/17*
Sign in	98%	100%	99.58%	97.39%
Time out	96%	100%	98.05%	97.99%
Sign out	82%	100%	92.88%	94.59%
<b>Target 100%</b>				

Source: Monthly internal audit  
 \*Audit not undertaken in March 2017

Patient safety is paramount at QVH. A whole-team safety briefing with surgical, anaesthetic and nursing staff occurs before the theatre lists begin. This improves communication, teamwork and patient safety in the operating theatre and is embedded in routine practice.

We continually review the results and actions for improvement which have included human factors training during 2016.

“Patient safety is paramount at QVH. A whole-team safety briefing with surgical, anaesthetic and nursing staff occurs before the theatre lists begin.”

# 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 for is 95% of patients being risk assessed for VTE on admission to QVH.

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

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

## VTE assessment rate

	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
QVH	100%	100%	100%	100%	93.9%	97.5%	91.87%	93.04%	90.96%	91.88%	93.53%
National average	96.1%	96.2%	96%	96%	96%	95.9%	95.5%	95.53%	95.73%	95.51%	95.64%
National average specialist trusts	97.4%	97.3%	97.4%	98%	98.7%	97.7%	97.23%	97.53%	97.53%	97.4%	97.65%
Best performing specialist trust	99.5%	99.1%	99.9%	100%	99.9%	100%	100%	100%	99.97%	99.96%	100%
Worst performing specialist trust	94.6%	93.3%	94.3%	95%	93.9%	95.1%	93.04%	93.04%	90.96%	82.68%	90.67%

Source: QVH information system

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

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

of patients for VTE risk on admission and after 24 hours following admission. It also takes into account whether any prescribed prophylaxis medications were administered.

Work will continue into 2017/18 to ensure that QVH maintains its 95% target for VTE assessments within 24 hours of admission. Performance against this target is measured on a monthly basis using the Trust-wide performance dashboards.

# Pressure ulcers

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

- QVH has a robust process for collating the incidence of pressure sores
- A route cause analysis is undertaken for all pressure damage grade two and above
- The 'Purpose T' tool has been introduced to replace the existing tool to enhance staff awareness and education around pressure damage and teaching sessions have been set up for all areas
- QVH uses pressure aiding equipment including hybrid mattresses, seat and head pads and pressure relieving gel pads for long surgical cases.

### Development of pressure ulcer grade 2 or above per 1,000 spells

Target	2013/14	2014/15	2015/16	2016/17
0	0.5 (total = 8)	0.6 (total = 11)	0.9 (total = 17)	0.5 (total = 10)

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

A pressure ulcer 'deep dive' audit has been undertaken into the care provided at QVH, and each episode of pressure damage has a full root cause analysis undertaken. Further multidisciplinary training and education on the Trust's Purpose T pressure ulcer damage tool will continue, alongside ongoing monitoring of the tool.

Pressure ulcer development in hospital is also measured through data collection for the national 'safety thermometer' and results are monitored internally through the clinical governance group and quality and governance committee.

# Same sex accommodation

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

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

### Failure to deliver single sex accommodation (occasions)

Target	2013/14	2014/15	2015/16	2016/17
0	0	0	0	0

QVH is committed to providing every patient with same sex accommodation to ensure that we safeguard their privacy and dignity when they are often at their most vulnerable. We have maintained segregated accommodation during 2016/17 through the use of single rooms and the appropriate planning of patient admissions.





# NHS friends and family test – patients

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

- QVH has a process for collating NHS friends and family test data across all areas of the Trust
- Data on inpatient and outpatient services is collated internally and submitted to the Department of Health on a monthly basis and published by NHS England
- Patient responses are collected from cards, text messages and integrated voice messaging
- Response rates and patient responses for 'extremely likely/likely to recommend' and 'unlikely/extremely unlikely to recommend' are compared with our specialist trust peers
- Results are presented to the board, quality and governance committee and patient experience group on a regular basis.
- The results are published on the QVH website and shared with staff on a monthly basis.

## NHS friends and family test scores (from patients)

	Minor injuries unit		Acute inpatients		Outpatients	
	2015/16	2016/17	2015/16	2016/17	2015/16	2016/17
Percentage extremely likely/likely to recommend	94%	95%	99%	99%	94%	94%
Percentage unlikely/extremely unlikely to recommend	3%	2%	0%	0%	2%	2%
Response rate	25%	27%	51%	48%	18%	17%

Source: QVH information system

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

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

We are very proud of our exceptional NHS friends and family test results and will continue to monitor and learn from patient feedback to ensure we sustain the best experience for our patients.

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

- QVH has a robust complaints management process in place
- The Trust has an internal target for responding to all complaints within 30 working days
- All complaints are investigated to ensure appropriate learning
- The process for dealing with each complaint is individualised to meet the complainants needs
- Complainants who remain dissatisfied are actively supported to go to the Parliamentary and Health Service Ombudsman for assurance that their complaint has been responded to appropriately.

### Complaints per 1,000 spells (all attendances)

Target	2013/14	2014/15	2015/16	2016/17
0	0.4	0.4	0.3	0.3

### Complaints per 1,000 spells (Inpatients)

Target	2013/14	2014/15	2015/16	2016/17
0	4.7	4.1	2.8	2.6

Source: Continuous internal audit

At QVH we aim at all times to provide local resolution to complaints and take all complaints seriously. We listen carefully, we are open, honest and transparent in our responses, and welcome the opportunity to do all we can to put things right. Our complaint system gives the opportunity for complainants to meet with managers and clinicians to discuss their concerns. We ensure that staff are made aware if concerns are raised about them and we encourage staff to look at ways they can change their practice or behaviours where appropriate.

Many complaints are resolved locally by front line staff who are empowered to resolve the client's concerns/issues to their satisfaction in a timely manner. The Trust actively encourages front line staff to deal with concerns as they arise so that they can be remedied promptly, taking into account the individual circumstances. This timely intervention can prevent an escalation of the complaint.

During 2016/17, two complaints were referred to the Parliamentary Health Service Ombudsman, and are still under review.

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

- The data is reviewed by the workforce team and the outcomes are reported to the board
- Data is submitted to the national NHS staff survey on an annual basis for collation and analysis
- Results are compared to peers, highest and lowest performers and our own previous performance
- All staff are encouraged to complete the survey and the response rates are above average.

### NHS friends and family test scores (from staff)

	2013/14	2014/15	2015/16	2016/17
Percentage extremely likely/likely to recommend	94%	91%	93%	91%
Average (median) for acute specialist trusts	86%	87%	91%	88%
Highest scoring specialist trust	94%	93%	93%	95%
Lowest scoring specialist trust	67%	73%	80%	76%

Source: [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com)

Over the next 12 months we will continue to promote the NHS staff survey and encourage staff to participate. Any issues or concerns identified will be reported to the board and a suitable action plan developed and implemented. We will use the feedback from the survey to support staff to improve the services we deliver and will share our findings so that we can learn from our mistakes. Additional questions have been added to the friends and family test based on key findings from the staff survey.

# Staff experiencing harassment, bullying or abuse

# Equal opportunities for career progression

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

- QVH reviews the data to identify any trends or spikes in the results
- Differences are reviewed and, where possible, action taken to address issues identified
- All staff are encouraged to complete the survey and the response rates are above average

## Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

QVH	
2015	22%
2016	25%
Average (median) for acute specialist trusts	
2015	23%
2016	25%
Best score for acute specialist Trusts	
2015	16%
2016	17%

Source: www.nhsstaffsurveys.com

QVH has a clear policy and process for managing and dealing with concerns (whistleblowing) raised by staff. Over the next 12 months, we will deliver training for all staff on the new policies and will provide managers with further development on how to manage allegations of bullying and harassment. We have commissioned ACAS workshops on this topic and have developed a new management and leadership programme to provide ongoing support for managers.

“Over the next 12 months we will be focusing on delivering training aimed at supporting personal development, including providing staff with the skills to fully realise their professional potential.”

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

- QVH reviews the data to identify the trends or spikes in the results
- Differences are reviewed and, where possible, action taken to address issues identified
- All staff are encouraged to complete the survey and the response rates are above average

## Percentage of staff reporting equal opportunities for career progression and promotion

	Yes		No		Don't know	
	2015	2016	2015	2016	2015	2016
QVH	61.8%	55.9%	7.5%	9.2%	30.7%	34.8%
Average (median) for all trusts	59.2%	59.3%	11.0%	10.0%	29.8%	30.6%

Source: NHS staff survey

QVH currently delivers a high level of statutory and mandatory training, and compliance levels are reviewed by business units each month. Over the next 12 months we will be focusing on delivering training aimed at supporting personal development, including providing staff with the skills to fully realise their professional potential and take up progression and promotion opportunities. In addition, we will be encouraging recruiting managers to advertise secondment opportunities that give staff the chance to demonstrate that they have the skills required to undertake more senior job roles. QVH will continue to promote apprenticeship opportunities to new and existing staff. It is expected that we will increase the numbers of apprenticeships across the Trust in 2017 as part of our staff progression action plan.

# NHS Improvement national priority indicators

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

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

## QVH's 2016/17 performance against these indicators was:

		National priority indicator	Performance			Quarterly trend		
			Target	Annual	RAG	Q1	Q2	Q3
Safety	Infection control	Clostridium difficile acquisitions	Fewer than 12 cases	2		1	0	1
Experience	Referral to treatment times	% incomplete pathways less than 18 weeks RTT	92%	91.6%		92.1%	91.1%	91.8%
	Minor Injuries Unit access	Attendees completing treatments and leaving within 4 hours in minor injuries unit	95%	99.1%		99.1%	99.2%	99.6%
Effectiveness	Cancer access – initial appointments	Urgent cancer referral seen within 2 weeks wait	93%	94.2%		90.7%	96.4%	95.9%
	Cancer access – initial treatments	% of cancer patients treated within 62 days of urgent GP referral	85%	81.7%		81.1%	81.2%	82.6%
		% patients treated within 62 days from screening referral (Screening service not offered at QVH, all patients are on a shared pathway with other providers)	90%	54.5%		50%	100%	50%
		% treatment started within 31 days from decision to treat, first treatment	96%	93.3%		91.2%	95.1%	93.4%
		% treatment started within 31 days from decision to treat, subsequent treatment	94%	96.4%		98%	90.1%	95.5%

Source: QVH information system.

Results for quarter 4 are not included as these were not verified within the year 2016/17.

# NHS Improvement national priority indicators

## Cancer patients treated within 62 days

This year, a trajectory target was agreed with partners in the Sussex and East Surrey Strategic Transformation Plan area for the cancer waiting time target of the first definitive treatment occurring within 62 days of an urgent GP referral for suspected cancer. For the first three quarters of 2016/17, the Trust failed to meet the trajectory target by a small margin. The quarter figures were as follows:

	Q1	Q2	Q3
<b>Trajectory target</b>	81.5%	81.6%	85.3%
<b>Achievement</b>	81.1%	81.2%	82.6%

Data for Q4 is not available at time of publication.

The main issues in not achieving the target were a very small denominator (where one patient can have a several percentage point impact) and late referrals from other trusts. We continue to work closely with referring trusts. This includes regular liaison with off-site management teams to improve processes for joint pathways; discussions with individual trusts when an immediate breach has occurred due to the unavailability of a visiting consultant or any other reason; raising concerns with other trusts and asking them to review systems; and closer liaison with health records managers so that the cancer administration team has full access to all oncology referrals.

## 18 weeks referral to treatment times

These measures relate to patients who are waiting to be treated. They may have been seen, but are awaiting a first definitive treatment. National and local NHS standards require patients to be admitted for surgery or scheduled (elective) services within 18 weeks of referral by their GP. The quarter figures are as follows:

	Q1	Q2	Q3
<b>Trajectory target</b>	92%	92%	92%
<b>Achievement</b>	92.1%	91.1%	91.8%

Data for Q4 is not available at time of publication.

The Trust has narrowly missed the target for the last two quarters. This is due to late referrals, an increasing number new patients, a focus treating those who have been waiting the longest, plus growth in referrals in specific areas such as Mohs surgery for skin cancer. Plans developed improve these come into place during the first quarter of 2017/18.

In response to the limited assurance opinion from last year's quality report, the Trust prioritised the appointment of a patient access and performance manager to lead a review and redesign of 18-week referral to treatment and 62-day cancer waits. However, this post has proved difficult to recruit to and so has been and at the time of publication remains covered by an interim.

Work is ongoing to review and redesign the cancer patient tracking list, refresh systems and processes to track and validate patients, and train staff.

The separate issue of data quality at our spoke sites presents a different challenge to QVH. Work is underway to improve the quality of all externally supplied data.



“We continue to work closely with referring trusts. This includes regular liaison with off-site management teams to improve processes for joint pathways.”

# National priority indicators

## Operations cancelled by the hospital for non-clinical reasons

QVH treats over 12,000 surgical cases each year and makes every effort to minimise cancelled operations, as shown in the figures below. However, cancellations are unavoidable on occasion, for example when there are more urgent cases that require a theatre. To minimise cancellations, all patients at risk of cancellation are now escalated to the daily business manager. This ensures that all options are considered and cancellations only occur when all other routes have been explored.

	How data is collected	Target	2014/15	2015/16	2016/17
<b>Cancer - 62 day wait from referral to first definitive treatment</b>	Data collected monthly and reported quarterly; performance includes shared care with other providers	85%	87.0%	82.3%	81.7%
<b>18 weeks - incomplete pathways</b>	Data collected from monthly snapshots	92%			91.6%
<b>Minor Injuries Unit - patients leaving without being seen</b>	Data collected from PAS in the minor injuries unit	5%	1.9%	2.4%	1.7%
<b>Operations cancelled on the day of surgery for non-clinical reasons and not rebooked within 28 days</b>	Data collected from PAS and theatre systems	0	3	4	3
<b>Urgent operations cancelled for non-clinical reasons for a second or subsequent time</b>	Data collected from PAS and theatre systems	0	3	3	0



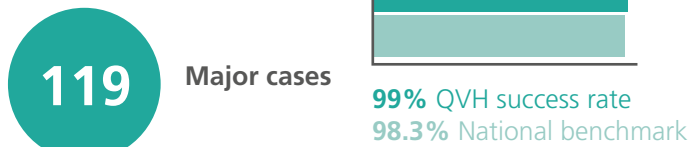
“To minimise cancellations, all patients at risk of cancellation are now escalated to the daily business manager.”

# Clinical effectiveness indicators

In 2016/17 QVH's clinical specialities continued to be amongst the most experienced and effective in the world.

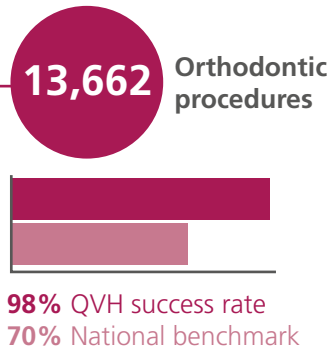
## Head and neck

Survival after 30 days



## Orthodontics

Improvement in tooth position



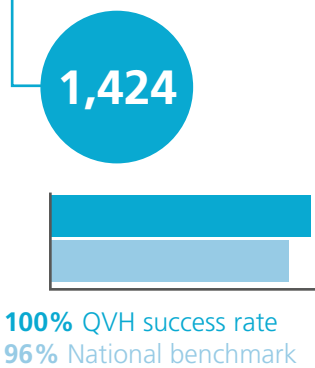
## Breasts

Treatment following cancer



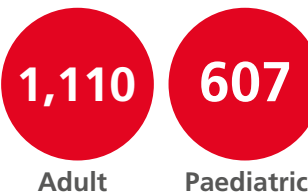
## Eyes

Achieved better than 6/12 vision



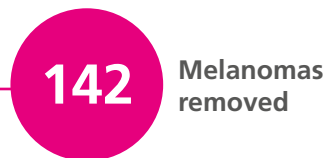
## Burns

Average burn wound healing time



## Skin cancer

Melanomas completely removed



## Hands

Improvement in function after surgery



# Anaesthetics

The anaesthetic department at QVH includes 19 consultant anaesthetists, two associate specialists and nine senior anaesthetic trainees with responsibilities to patients before, during, and after surgery. Most of an anaesthetist's time is spent in operating theatres. Anaesthetic doctors work closely with other clinical staff to care for surgical patients throughout the hospital.

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

In 2016/17 QVH performed 1200 upper limb regional anaesthetic blocks for upper limb surgery. In 76% of all upper limb surgery cases, an upper limb regional anaesthetic block was the sole anaesthetic used.

In March 2017, QVH took part in the national Royal College of Anaesthetists-led SNAP2 (EpiCCS) research project. The aim of the project is to look into the epidemiology of critical care, focusing on critical care bed provision and availability, admission criteria for surgical patients and patient outcomes. We recruited over 40 patients in the week-long study period, with 100% of patients fully followed up. Approximately 60 clinicians also filled in questionnaires regarding decision-making around critical care admission and patient risk. As part of a national project, this data should help demonstrate the impact of critical care on patient outcomes and help improve clinical decision-making around post-operative levels of care.

QVH's anaesthetic department are actively engaged in the 6th National Audit Project of the Royal College of Anaesthetists - Perioperative Anaphylaxis in the UK. Findings will be reviewed to ensure any learning points can be used to benefit patient care.

# Facial palsy

QVH has the UK's first and largest expert facial palsy service, treating patients with facial palsy and paralysis from across the country. QVH clinicians have also founded the charity Facial Palsy UK which supports people living with facial palsy and their families.

Across the UK the services provided for patients with facial palsy vary, with many patients receiving little or no treatment. Services tend to be fragmented and frequently do not offer a combination of therapy and surgical treatment options in one location. As facial palsy causes physical, functional, social and psychological disability a comprehensive multidisciplinary approach is required to address these complex issues.

The service at QVH was set up in 2007 with the main objective of establishing the first comprehensive UK multidisciplinary facial palsy team. Patients can be seen on the same day, in a single location, by a consultant plastic surgeon, extended scope practitioner physiotherapist/ speech and language therapist, consultant ophthalmologist and consultant psychotherapist. This ensures that each of our patients receive high quality holistic care from our multidisciplinary team.

The therapy team, in conjunction with other specialist clinicians, founded Facial Therapy Specialists UK, a special interest group dedicated to professional education, driving improvements in standards of care and supporting research. The QVH service has raised the awareness of clinicians and the public that treatment of facial palsy is essential and beneficial. Treatment is not just cosmetic but rather the emphasis is on restoring the important functions of eye protection, eating, drinking, speech and emotional expression.

QVH is working with academic and technical partners to develop 'smart specs' for people suffering from facial palsy. Miniaturised sensors in the frames of the glasses measure facial symmetry by tracking the movement of muscles, and the intensity of those movements, giving feedback through a smart phone or tablet. This innovation could transform the ability of both clinicians and patients to monitor their progress, as well as significantly increasing recovery as patients are more motivated to practice facial movements.



# Breast surgery

QVH is the major regional centre for complex, microvascular breast reconstruction either at the same time as a mastectomy for breast cancer (immediate) or after all treatment has been completed (delayed). We are increasingly being asked to carry out reconstructions after removing both breasts on the same day in ladies who have a genetic predisposition for breast cancer (e.g. BRCA gene). This is likely to further increase due to high profile media attention and improved genetic screening techniques. Our integrated team of consultants and specialist breast reconstruction nurses provide a wide range of reconstructive options and flexibility and also undertake reconstructive surgery to correct breast asymmetry, breast reduction and, if funding can be obtained, congenital breast shape deformity. We run regular breast reconstruction multidisciplinary meetings with one referring hospital and plan to extend this to others. In addition, we also discuss all mortality and morbidity cases in our breast team meetings once a month to determine if we can learn and improve our breast team service.

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

Clinical techniques for breast reconstruction have changed significantly over the last few years and QVH is at the forefront of this. At QVH we expect to continue to see increases in this complex procedure.

The gold standard for breast reconstruction after a mastectomy is a ‘free flap’ reconstruction using microvascular techniques to take tissue, usually from the abdomen, and use it to form a new breast. This technique has high patient satisfaction and longevity. It is important we not only monitor our success in terms of clinical outcome but also how the woman feels throughout her reconstructive journey. This is called a patient reported outcome (PROM). If the abdomen is insufficient then tissue can be utilised from the inner thigh or the bottom as a free flap for breast reconstruction.

The numbers of immediate breast reconstruction (at time of mastectomy) surgery patients has increased from 21% in 2013 – 2014, to 48% in 2015/2016. In the last year 255 free flaps were performed with a 0% failure rate. We are predicting that the number of immediate reconstructions will rise over the next year and are looking at ways to ensure the patient trajectory is smooth and within the cancer target dates.

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

Target	Benchmark	2013/14	2014/15	2015/16	2016/17
100%	95-98% (published literature); 98% (BAPRAS 2009)	98.94%	100%	99.6%	100%

BAPRAS: British Association of Plastic Reconstructive and aesthetic surgeons

the enhanced recovery after surgery (ERAS) pathway and use audit findings to improve and refine this tool to benefit patients. The team hopes to publish its findings in a leading journal on plastic surgery and reconstruction.

In addition, the service is piloting two initiatives going into 2016/17: vascular mapping of vessels for free flaps using magnetic resonance angiography (MRA) and a photo-based post-operative technique which assesses breast volume before and after breast and nipple reconstruction. The service is also starting to carry out breast reconstructions with multiple flaps and combining fat grafting with free flap surgery.

The hand surgery department accounts for approximately one

“Clinical techniques for breast reconstruction have changed significantly over the last few years and QVH is at the forefront of this.”

# Hand surgery

quarter of all elective plastic surgical operations at QVH. It also comprises a majority (approximately 80%) of the trauma workload at the hospital.

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

Over the last six months the hospital has commenced a new upper limb outpatient service, in collaboration with the Sussex Musculoskeletal Partnership, aimed at ensuring that patients are managed within the community where possible and that secondary care is only utilised when appropriate in that individual patients care plan.

The geographical intake for acute trauma comes from most

of South East England and South East London and covers all aspects of hand and upper extremity trauma. It is catered for by a 24-hour trauma service with access to two dedicated trauma theatres for inpatient and day-case procedures.

	2013	2014	2015	2016*	2017 Jan - Mar
Total elective hand procedures	1,422	1,893	1,881	1,750	281
Total trauma cases	2,384	3,084	2,972	3,042	448
Total new outpatient appointments	4,380	5,897	5,780	5,444	840

\*Data has been updated from 2015/16 quality report to reflect full years figures



“An increase of 18 or more indicates a significant clinical improvement in the ability to use the hand. At QVH we achieve above this...”

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

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

### QuickDASH elective scores before and after treatment

	Initial	Discharge	Difference
Conservative	34.11	11.97	22.14
Major Elective	41.77	12.94	28.83
Lesser Elective	28.16	10.57	17.59
Trapeziectomy	45.12	22.93	22.19
Dupuytren's	19.74	4.5	15.24
Bone	41.4	6.28	35.12
Tendon	42.27	13.77	28.5
Major Trauma	43.95	5.9	38.05
Lesser Trauma	38.15	6	32.15

\*data collected January - December 2016

	2014			2015			2016		
	Initial	After	Difference	Before	After	Difference	Initial	After	Difference
Trapeziectomy	44.25	12.32	31.93	50.18	19.57	30.61	45.12	22.93	22.19
Dupuytren's	20.71	4.78	15.93	20.6	5.5	15.1	19.74	4.5	15.24
Major Elective	44.64	16.94	27.7	35.49	15.37	20.12	41.77	12.94	28.83

Nationally the hand surgery department is involved in research projects including Dupuytren's contracture tissue research and new fixation techniques in fracture management.

On a regional level the department runs a bi-annual burns and trauma training course for medical, nursing and

paramedic staff working in these areas as well as providing hand surgery teaching to the pan-Thames plastic surgery training programme.

Within QVH, the department runs a weekly teaching programme for its trainees.

# Burns service

The QVH burns service is renowned for providing world-class, multidisciplinary, specialist burns care for adults and children. It provides conservative (non-surgical), surgical and rehabilitative burns care to patients living in a wide geographical covering Kent, Surrey and parts of South London for all types and sizes of burn. This includes up to high dependency care for children and critical care for adults. Peer support networks and activities are also available for patients.

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

In 2016, the QVH burns service accepted:

- 1,110 adult (over 16 years of age) new referrals which was a 1% reduction in referrals,
  - » of which 115 needed inpatient care
  - » with 27 requiring intensive care in QVH's critical care unit.
- 607 paediatric (under 16 years of age) new referrals
  - » of which 30 required inpatient care.

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

In 2016, three adult burns patients who had sustained major burn injuries died. This equates to an adult burns inpatient mortality rate of 0.1%. There were no paediatric deaths. All patient deaths are discussed at weekly governance meetings so that any learning points can be identified. If further review is required, the patient's case is discussed at a joint hospital governance meeting. All burns mortality cases are also peer reviewed at the annual LSEBN audit meeting with any outlier cases taken to the national burns mortality meeting. None of the three deaths at QVH in 2016 were considered to be outliers. Sadly, all the patients had sustained injuries which, given their age and/or co-existing medical conditions, it was not possible to survive.

Key burns performance indicators are recorded and analysed through QVH's active participation in the international burns injury database (iBID) programme. This compares QVH's performance with that of all other English burns services in relation to set quality indicators. Overall in 2016, QVH achieved better than the national average for the six valid dashboard indicators for both adult and paediatric burns care.

Several years ago, QVH initiated an innovative program of continuously monitoring healing times. There is, as yet, no recognised program to collect and compare healing times at a national level. Patients who appear likely to exceed QVH targets for healing have their cases reviewed by a consultant and discussed by the multidisciplinary team with a view to proceeding to surgery to close the wound if the patient agrees.

Burns healing in less than 21 days are less likely to be associated with poor long-term scars, although new treatments such as enzymatic debridement appear to increase healing times but avoid surgery. Evidence is now emerging that patients over the age of 65 have similar outcomes even if their healing time is extended to 31 days. However, a shorter burn healing time may reflect better quality of care through dressings, surgery and prevention of infection. Average healing time is expressed in term of median average.

## Average time for burn wounds to heal

Target	2014	2015	2016
Paediatric (under 16 years) wound healing within 21 days	10 days	11 days	11 days
Adults over 65 years wound healing within 21 days	15 days	17 days	17 days
Adults over 65 years wound healing within 31 days	24 days	24 days	28 days

## Length of stay

	2014	2015	2016
Paediatric (under 16 years)	2 days	2 days	2 days
Adults under 65 years	6 days	7 days	8 days
Adults over 65 years	5 days	14 days	14 days

## Length of stay / percentage burn

Paediatric (under 16 years)	1.25
Adults under 65 years	1.58
Adults over 65 years	1.66

# Skin cancer care and surgery

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

## Complete excision rates in basal cell carcinoma

Target	2013/14	2014/15	2015/16	2016/17
100%	92.5%	94.1%	96.8%	90.2%

Basal cell carcinoma is the most common cancer in Europe, Australia and the USA. Management usually involves surgical excision, photodynamic therapy, curettage, immunomodulators, or a combination. Surgical excision is highly effective with a recurrence rate of just 2%. Complete surgical excision is important to reduce recurrence rates. However,

this may not be possible because of the size or position of the tumour or because the incomplete excision will only be evident with histological examination of the excised tissue.

In 2016/17, 1,537 basal cell carcinomas were removed at QVH.

## Complete excision rates in malignant melanoma

Target	2013/14	2014/15	2015/16	2016/17
100%				
75% NICE guidance	96.5%	96.1%	98.4%	94.4%

Melanomas are excised with margins of healthy tissue around them, depending on the type, size and spread of tumour. These margins are set by national and local guidelines and each case is discussed by the multidisciplinary team. Total excision may not be possible because of the health of the patient or the size, position or spread of the tumour, and the team may recommend incomplete excision. In 2016/17, 142 melanomas were removed at QVH.



“Surgical excision is highly effective with a recurrence rate of just 2%. Complete surgical excision is important to reduce recurrence rates”

# Corneoplastic and oculoplastic surgery

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

The team also offer specialist techniques in oculoplastic surgery including Mohs micrographic excision for eyelid tumour management, facial palsy rehabilitation, endoscopic DCR (for tear duct problems) and modern orbital decompression techniques for thyroid eye disease.

## Percentage of patients achieving vision better than 6/12 after cataract surgery without other eye disease

Target	Benchmark	2013/14	2014/15	2015/16	2016/17
100%	96% (UK EPR)	With correction			
		100%	100%	100%	100%
		Unaided			
		90%	92%	94%	82%

Cataract patients with significant astigmatism now receive a specialist toric intraocular lens to correct this; Queen Victoria Hospital now has two new cataract surgery suites with cutting edge implantation technology to improve placement accuracy.

## Outcome of femtosecond laser assisted intracorneal ring segment implantation in QVH

A total of 103 patients with keratoconus were included in this study, having undergone femtosecond laser assisted intracorneal ring segment implantation. Each patient was reviewed during outpatient clinic appointments for a minimum period of 12 months to check the stability of their vision.

Keratoconus is a non-inflammatory eye condition in which the normally round dome-shaped clear window of the eye (cornea) progressively thins causing a cone-like bulge to develop. This distorted shape impairs vision and by implanting a ring segment into the affected eye, we are able to improve the shape of the cornea to make it more rounded and regular, which helps to improve the patient's vision.

### Following implantation:

The uncorrected vision acuity (without vision aids such as glasses or contact lens) in 83 out of 103 patients (80.58%) improved by enabling them to accurately read two lines or more\* on the alphabetic test chart.

For best corrected visual acuity (with vision aids such as glasses or contact lens) in 78 out of 103 patients (75.72%) improved by enabling them to accurately read two lines or more (as recommended by NICE guidance) on the alphabetic test chart.

Results found that cornea shape and cornea astigmatism had also improved.

This surgical procedure also led to no complications during surgery and few, but manageable complications, including: infection (two patients), ring erosion (one patient), in-growth of new blood vessels (one patient), and increased amount of glare from the ring (one patient). No complications were found to result in a permanent loss of visual acuity.

The results found were comparable to those in published literature.



“...a high-profile and technologically advanced specialist centre for complex corneal problems and oculoplastics.”

# Head and neck

QVH is the specialist centre for major cancer and reconstructive surgery of the head and neck. Our head and neck services are recognised, both regionally and nationally, for the specialist expertise offered by our large consultant body which continues to grow, now with six oromaxillofacial surgeons and three ear, nose and throat surgeons. QVH is recognised by the Royal College of Surgeons as a centre for training interface fellows in advanced head and neck oncology surgery.

## Total number of major head and neck cancer procedures

2013	2014	2015	2016
65	106	126	119

In summary 2016:

- Number of major cases - 119
- 30 day survival - 99%
- Flap success rate - 96%

The total number of major head and neck patients treated in 2016 was 119, with a 30 day survival rate of 99%. This compares with a national benchmark of 98.3% for 2014.

We endeavour to give the highest quality of patient care and continually strive to improve in line with evidence-based best practice. QVH has devised a rolling programme of multi-disciplinary training for doctors, nurses and allied health professionals treating our complex head and neck patients. It meets the recommendations of the National Confidential Enquiry into Patient Outcome and Death's 2014 report *On the Right Trach?* a review of the care received by patients who underwent a tracheostomy. This training programme supports healthcare professionals to deliver enhanced recovery after head and neck surgery.

The QVH enhanced recovery approach for patients undergoing major head and neck cancer surgery was developed by a multidisciplinary team and began in January 2016. It ensures we involve our patients in the care given by the multidisciplinary team and aims to optimise outcomes and reduce lengths of stay. The service is currently auditing one year's worth of data. We are also in the process of converting the enhanced recovery programme into an electronic format in preparation of the full rollout of the Evolve system (digital notes).

QVH commenced head and neck sentinel node biopsy in September 2016, for early oral cancer requiring surgical management, supported by NICE clinical guideline NG36 published in February 2016. By April 2017, we have achieved 70% validation of our sentinel node biopsy cases.

In order to deliver complete head and neck care, including palliative treatments to enhance quality of life, we are well advanced in developing our patient pathways and staff training to enable us to commence electrochemotherapy (ECT) treatment to skin nodules of the head and neck. Currently, patients from Kent, Surrey and Sussex can only access this care in central London and we aim to bring it closer to the patient's home. We are aiming to roll this service out in May 2017. A major provider of ECT, South Tees Hospitals NHS Foundation Trust, has kindly agreed to be our mentor unit.

We also use audit to enhance best practice regarding our major head and neck surgery consent documentation. The consent process is complex and involved to ensure that major risks and benefits are both discussed in detail and also fully documented for the benefit of patients and the clinicians caring for them. QVH drove a major national audit which found that significant numbers of other head and neck units could benefit from the introduction of a similar consent process and form. This nationwide development is supported by the British Association of Maxillofacial Surgeons. This consent project has now been extended to include trauma and orthognathics. Results are due early 2017/18 with the publication of all three sub-sites (head and neck, trauma and orthognathics).

"Our head and neck services are recognised, both regionally and nationally."

# Maxillofacial service - orthognathic treatment

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

## Patient satisfaction with orthognathic treatment

	2013/14	2014/15	2015/16	2016/17
How do you rate the orthognathic service and care?	83% excellent 17% good	88% excellent 12% good	95% excellent 5% good	92% excellent 8% good
How do you rate the quality of surgical care?	N/A	91% excellent 8% good 1% average	94% excellent 6% good	90% excellent 10% good
How satisfied are you with facial appearance?	71% very satisfied 28% satisfied 1% neither satisfied nor dissatisfied	68% very satisfied 29% satisfied 3% neither satisfied nor dissatisfied	84% very satisfied 16% satisfied	71% very satisfied 29% satisfied
How satisfied are you with dental appearance?	72% very satisfied 27% satisfied 1% neither satisfied nor dissatisfied	80% very satisfied 20% satisfied	84% very satisfied 16% satisfied	76% very satisfied 22% satisfied Very dissatisfied 2% *

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

Our satisfaction results for orthognathic surgery are consistently high. For the minority of patients for whom the outcome is not as they would have expected, we review their pathway and endeavour to both address their concerns and ensure that, through systematic review, we continue to improve our service for all.



“Our maxillofacial consultant surgeons have a number of interests in the sub-specialisms of their services including orthognathic surgery, trauma, head and neck cancer, salivary glands and surgical dermatology.”



# Orthodontics

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

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

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

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

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

The team use a variety of validated clinical and patient outcome assessments. These include the clinically independent PAR (peer assessment rating), which compares pre- and post-treatment tooth positions, and a patient satisfaction survey to produce a balanced portfolio of treatment assessments that are useful to clinicians and patients and measured against a wider peer group.

The PAR provides an objective measure of the improvement gained by orthodontic treatment. The higher the pre-treatment PAR score, the poorer the bite or occlusion, a fall in the PAR score reflects improvement in the patient's condition. Improvement can be classified into: 'greatly improved', 'improved' and 'worse/no different'. On both scales, QVH scores well (below).

In 2016, 98% of our patients were assessed as 'greatly improved' or 'improved'. This is reflected in the table below:

## Percentage of patients achieving an outcome in the improved or greatly improved category

**National Gold Standard: 70% in this category**

	2013	2014	2015	2016
PAR score	95%	95%	98%	98%

\*Data is produced one year in arrears

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

In addition to PAR ratings, patients are asked about their satisfaction with treatment. Every patient who completes orthodontic treatment fills out a confidential questionnaire on our outcomes kiosk.

In 2016, 306 patients completed the satisfaction questionnaire. The significant majority (87%) were completely satisfied with the result of their treatment and the remaining 12% were fairly satisfied, and less than 1% a little satisfied. No patient was disappointed.

Furthermore, 99% were happy that their teeth were as straight as they would have hoped.

In addition, 94% of patients were happy with the appearance of their teeth after treatment; 72% reported improved self-confidence; 72% reported an improved ability to keep teeth clean; 56% reported improved ability to chew; and 27% reported improved speech.

A total of 96% of patients felt that they were given sufficient information regarding their proposed treatment; 99% of patients said that they were glad they undertook their course of treatment; and 96% would recommend a similar course of treatment to a friend.

### Mandibular advancement splint

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

Over the years, QVH's referrals have increased as patients continue to experience a positive outcome to their apnoeic symptoms. Patients are screened before their referral to the orthodontics department to assess their suitability, with reported success rates from previous audits of 85%.

This year saw the third cycle of the patient satisfaction audit. The audit also aims to identify those patients who are most likely to benefit from a mandibular advancement splint by investigating the clinical parameters that indicate the highest probability of a positive response.

Our 'on the day digital kiosk' allows patients to capture their treatment feedback as they leave the unit and this has received positive comment.

Overall, the orthodontic sleep service found an 82% resolution in apnoeic symptoms, which is in line with the published literature, as well as patients continuing to have improved wellbeing.

# Maxillofacial Prosthetics Service

QVH is Europe's largest maxillofacial prosthetic rehabilitation centre, offering all aspects of care, including facial and body prosthetics, cranial implants, indwelling ocular prosthetics, rehabilitation after head and neck cancer or plastic surgery, surgical guides for jaw alignment surgery. This team were mentioned as outstanding in the last CQC report.

This service at QVH is one of only three accredited maxillofacial prosthetics training institutions, and as such has government funded training posts, under the modernising scientific careers: scientist training programme.

As one of the largest prosthetic rehabilitation centres we offer patients the full range of maxillofacial device treatments and are at the forefront of several evidenced based research projects. One such study just gained favourable ethical and health research authority approval: nationwide artificial eye study, which aims to collect and collate nationwide data on artificial eye patients via a questionnaire. Data was collected on patient cleaning regime, insertion/removal timescales and

presence of any deposit/discharge for ocular prostheses, overall experience of prosthetic treatment and quality of life after eye loss. This data will enable investigation into the timescales of adapting to monocular vision and add to the current evidence base available in the published literature. The goal is to produce a simple and readily available information leaflet available in clinics and online. This study hopes to improve patient's artificial eye tolerance and reduce deposit build up, reduce symptoms of discharge, ultimately improving the patient experience. Such evidence based research will inform and prepare patients experiencing eye loss in the future and be useful in NHS clinics, GP surgeries and affiliated organisations.

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



“QVH is Europe's largest maxillofacial prosthetic rehabilitation centre, mentioned as outstanding in the last CQC report.”

# Sleep disorder centre

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

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

Patients can be triaged to either inpatient respiratory polysomnography or outpatient oximetry to diagnose sleep disordered breathing on the strength of their STOPBang questionnaire with scores audited carefully in the early part of 2016. It was shown that the Epworth Sleepiness Score does not contribute to overall patient management and STOPBang

score is now used exclusively to determine the type of pathway that the patient will enter. The pickup rate for obstructive sleep apnoea and sleep disordered breathing using this system is high and enables patients to be treated in a timely manner.

Patients are now seen in the morning immediately after overnight respiratory polysomnography so diagnosis and treatment can be planned before they leave the centre. Protocols and pathways have been developed to triage patients, including capillary blood gas analysis. Working in conjunction with the blood gases and a body mass index, patients are now triaged either CPAP or to non-invasive ventilation. This has been very successful and has enabled us to be specific in the type of treatment the patients receive with a high degree of success when outcome is measured.

From April 2017 a satellite clinic will be held in Bognor Regis, and it is hoped that a further clinic will be set up in North Kent.

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

# Diagnostic imaging

The diagnostic imaging department provides general radiography, fluoroscopy, ultrasound and cone beam computed tomography services on site. We also offer an on-site diagnostic and therapeutic sialography service. MRI is delivered on the QVH site, two to four days per week in partnership with a third party provider.

QVH patients referred for CT scans are offered appointments in neighbouring NHS trusts or private providers.

Our diagnostic services provide inpatient, outpatient and minor injuries unit access at QVH and direct access for our local GP community.

The imaging department is an AQP provider for ultrasound services for the Crawley and Mid Sussex and Horsham CCGs.

In November 2015, we partnered with Sussex Community NHS Foundation Trust to provide a general radiography reporting service, radiology management and clinical support for the diagnostic services in the High Weald, Lewes and Havens area.

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

Formal internal performance measurement against report

turnaround times began in 2014. Although there is no agreed national benchmark for this, at QVH we expect to maintain a target of at least 80% of all CT, MRI, ultrasound and plain film to be reported within 48 hours.

Monthly returns identify waiting time breaches (waits greater than six weeks where the clock has not been stopped for any reason). The increase we have seen this year is the result of increased referrals, which is stretching our capacity. This continues to be monitored and plans are being put in place to address this.

	Measurement	2014/15	2015/16	2016/17
Report turnaround time	Percentage of CT, MRI, ultrasound and plain film reported within 48 hours	52%	85%	Routinely over 90%
Diagnostic waiting times	Waiting times for routine ultrasound access			2-3 weeks
Diagnostic waiting time performance	Percentage of patients referred for CT, MRI or non-obstetric ultrasound seen within six weeks of referral	99.56%	99.60%	Over 90%

# Therapies

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

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

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

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

- Patient specific functional score, an outcome measure which assists in identifying activities impaired by illness or injury. Our target, and an indication of clinical significance, is for a change of three points or more.
- QuickDASH which measures physical function and symptoms in people with musculoskeletal disorders of the upper limb. Until 2016/17 a change exceeding seven points was the most accurate change score for discriminating between improved and stable patients. More recently this has changed to a change exceeding 18.

- The Therapy Outcome Measure (TOM) allows professionals from many disciplines working in health, social care and education to describe the relative abilities and difficulties of a patient/client in the four domains of impairment, activity, participation and wellbeing in order to monitor changes over time.
- The Patient and Observer Scar Assessment Scale (POSAS), a questionnaire that was developed to assess scar quality. It consists of two separate six-item scales (observer scale and patient scale), both of which are scored on a ten-point rating scale. An improvement of 5% is deemed clinically significant.
- The Sunnybrook facial grading system (FGS) which grades patients based on their resting symmetry, symmetry of voluntary movement and synkinesis (involuntary muscular movements accompanying voluntary muscular movements). A composite score is given with a total possible score of 100.
- New patient to follow-up ratio (NP:FU). Depending on the service there is often a target ratio which is generally an average of less than six follow up appointments to every initial appointment. Services such as musculoskeletal physiotherapy would be expected to meet a lower ratio of 1:5, whereas services treating long term, progressive conditions will demonstrate higher ratios. Low ratios are not at the expense of clinical outcomes, but instead demonstrate effective and efficient treatment.
- Shared decision making, a strong national commitment to ensuring that the health service promotes the involvement of patients in decisions about their care and treatment. Our target is to ensure that over 80% of our patients referred with knee and/or hip osteoarthritis receive shared decision making information packs (patient decision aids).
- The burns standards which state that functional assessment of burns must be carried out within 24 hours of admission.

We also use a range of measures, including the NHS friends and family test and service specific surveys to monitor patient satisfaction.

	Target	2013	2014	2015/16	2016/17
<b>Effective (clinical outcomes)</b>					
PSFS change (MSK)	≥ 3	3.99	4.17	4.2	4.24
Quick DASH change- Conservative (Hands)	>18	N/A	19.29	15.16	20.4
Quick DASH change – Surgery elective (Hands)	>18	N/A	22.48	19.18	18.33
Quick DASH change - Surgery trauma (Hands)	>18	N/A	38.97	31.54	33.5
POSAS (Burns)	>5%	N/A	N/A	N/A	7.13%
FGS (Facial palsy)	≥60%	N/A	N/A	N/A	69%
<b>Effective (NP:FU)</b>					
NP:FU ratio (Physio)	≤ 5	4.2	4.6	4.1	3.47
NP:FU ratio (OT)	≤ 5	3.9	4.9	4.5	3.71
NP:FU ratio (SALT)	≤ 5	4	4.6	3.2	3.09
NP:FU ratio (Dietetics)	≤ 5	3	3.7	4.2	4.08
Average NP:FU ratio	≤ 5	3.8	4.45	4	3.58
Discharge reports sent within 7 working days (MSK)	>90%	N/A	N/A	N/A	95%
Shared Decision Making information issued to patients with Knee and Hip OA	>80%	N/A	N/A	N/A	90%
<b>Patient experience</b>					
Patient satisfaction - MSK (%)	>90%	98%	98%	100%	99%
Patient Satisfaction – Rehab (%)	>90%	N/A	N/A	N/A	100%
Patient Satisfaction – Facial Palsy (%)	>90%	N/A	N/A	N/A	95%
Burns standard - FAB review within 72hrs (%)	>90%	N/A	N/A	100%	100%

# Statement of directors' responsibilities for the quality report

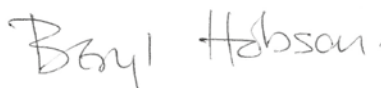
The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate 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 2016/17 and supporting guidance;
- 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 2016 to 23 May 2017
  - » papers relating to quality reported to the board over the period April 2016 to 23 May 2017
  - » feedback from commissioners dated 15/05/2017
  - » feedback from governors dated 12/05/2017
  - » feedback from local Healthwatch organisations. Healthwatch West Sussex chose not to comment on this quality account but provide feedback to the Trust through a variety of channels.
  - » West Sussex Health and Adult Social Care Overview and Scrutiny Committee chose not to comment on this quality account as they had not been involved in any significant work with QVH in 2016/17.
  - » the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 20/04/2017;
  - » the latest national patient survey 04/05/2017;
  - » the latest national staff survey 07/03/2017;
  - » the head of internal audit's annual opinion of the Trust's control environment dated 25/04/2017
  - » CQC inspection report dated 26/04/2016
- 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 and
- 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,



Chair  
23 May 2017



Chief Executive  
23 May 2017

## Statement from NHS Crawley and NHS Horsham and Mid Sussex Clinical Commissioning Groups

Horsham and Mid-Sussex CCG welcome the opportunity to comment on the draft quality account 2016/17 and quality of services provided by Queen Victoria Hospital NHS Foundation Trust.

Over the past year, together with other strategic partners, Horsham and Mid-Sussex CCG have worked with the executive team to support the delivery of quality and patient safety improvement. We would like to note the Trust's continual focus on embedding a culture of transparency in encouraging staff to report safety incidences. The Trust has identified three key areas of focus where improvements are a priority for 2017/18, of which the CCG is in agreement, and the quality team welcomes the opportunity to work with the Trust and support the improvements, as outlined within the report especially building on patient safety in the theatres, and are pleased that a priority for 2017/18 is on increased theatre productivity.

The CCG thanks the Trust for the opportunity to comment on the document and looks forward to maintaining and strengthening the relationships with the Trust in the future.

## Statement from Healthwatch West Sussex

Healthwatch West Sussex chose not to comment on this quality account. Healthwatch West Sussex remains committed to providing feedback to the Trust through a variety of channels to improve the quality, experience and safety of its patients.

## Statement from QVH Council of Governors

Governors welcome the Statement on quality highlighting the areas where the Queen Victoria Hospital NHS Foundation Trust continues to develop innovative and collaborative improvements and solutions in the fields of reconstructive surgery, burns care and rehabilitation. Such activities are wholly in keeping with the great traditions of the hospital and its renowned pioneering plastic surgery development. Smart bandages, research into improved healing with our scar storage work, the opening of our microsurgical skills laboratory and the work on 'smart specs' for facial palsy sufferers are really exciting and important developments for healthcare in the UK.

Governors are interested in the additional focus on the psychosocial aspects of burns healing and surgery and

recognise the importance of providing appropriate support to patients who have mental health or other non-physical conditions.

We are pleased to see the Trust is focused on dementia aspects in respect of its innovations and quality account priorities. Improved signage, work on floor surfaces and allowing enough time with appointments to support dementia sufferers are really important initiatives for patients and visitors. Governors expect that all future account priorities will have consideration given as to whether there are dementia or other psychosocial aspects that should be taken into account when thinking about impact on patients and visitors.

The governors at the QVH engage with the Trust and its staff and patients in a number of different ways, this level of engagement was praised in last year's CQC report and this allows us the opportunity to monitor the quality account priorities closely. We support increased theatre productivity to improve patient experience and safety, it is also an essential area of review from a financial perspective. We also support improvements to waiting areas and clinic waiting times again improving patient experience, some of which will be very visible to visitors. We will also review the important initiative of 'Mouth Care Matters' although performance will be more difficult to measure.

In terms of last year's indicators the governors welcome the results demonstrating reduced investigation times and the proactive auditing of our procedures to see how they comply with NICE clinical guidelines and quality standards, we look forward to continuing to monitor the improvements to signage and walkways.

Additionally we appreciate the actions being taken to improve patient care and safety, in particular the ongoing work, training and support regarding the very important area of safeguarding. The report details many initiatives and improvements taking place throughout the Trust, which include continued improvements to our catering, to ensure both patients and visitors will have a safer and better experience during their time with the Trust. Of course our staff play a most vital role in providing outstanding care to patients with the consequence that feedback from patients is amongst the best in the country. The Council of governors is extremely grateful for and proud of all the work undertaken by our staff including in respect of their support for our quality accounts.

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

West Sussex HASC Overview and Scrutiny Committee chose not to comment on this quality account as they had not been involved in any significant work with QVH in 2016/17.

# Independent auditor's report to the council of governors

We have been engaged by the Council of Governors of Queen Victoria Hospital NHS Foundation Trust to perform an independent assurance engagement in respect of the Trust's Quality Report for the year ended 31 March 2017 (the 'Quality Report') and certain performance indicators contained therein.

## Scope and subject matter

The indicators for the year ended 31 March 2017 subject to limited assurance consist of the following two national priority indicators (the indicators):

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

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

## Respective responsibilities of the directors and auditors

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

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

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Detailed requirements for quality reports for foundation trusts 2016/17 ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Requirements for external assurance for quality reports for foundation trusts 2016/17.

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

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

- Board minutes and papers for the period April 2016 to May 2017;
- papers relating to quality reported to the Board over the period April 2016 to May 2017;
- feedback from commissioners, dated 12 May 2017;
- feedback from Governors, dated 12 May 2017;
- feedback from local Healthwatch organisations, dated 2 May 2017;
- feedback from West Sussex County Council Health and Adult Social Care Select Committee dated 28 February 2017;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the 2016 national patient survey, dated June 2017;
- the 2016 national staff survey, dated March 2017;
- Care Quality Commission Inspection, report dated 26 April 2016;
- the 2016/17 Head of Internal Audit's annual opinion over the Trust's control environment, dated 18 May 2017; and
- any other information included in our review.

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

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

This report, including the conclusion, has been prepared solely for the Council of Governors of Queen Victoria Hospital NHS Foundation Trust as a body, to assist the Council of Governors in reporting the Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2017, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Queen Victoria Hospital NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.



## Assurance work performed

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

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

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

## Limitations

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

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

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

## Basis for qualified conclusion

As set out in the Statement on Quality from the Chief Executive of the Trust on page 1 of the Quality Report, the Trust currently has concerns over the accuracy of data relating to the 18 week RTT and 62 day cancer waits indicators.

With regards to the 18 week RTT indicator, we identified that there is a weakness in the design of the controls, as the data from the satellite site at Medway Hospital is not included as a matter of policy due to unavailability and incompatibility of data provided for activity at this site. Procedures specified for reporting purposes were followed by the clinical team, however, our testing identified that the indicator is not complete. In addition, our sample testing of this indicator identified 9 errors, where there were discrepancies between clock start and stop times recorded on the Patient Administration System ("PAS") and patient referral letters, and where incomplete pathways reported in PAS did not agree to underlying patient records.

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

## Qualified conclusion

Based on the results of our procedures, except for the effects of the matters described in the 'Basis for qualified conclusion' section above, nothing have come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.



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26 May 2017

