



Quality Report 2017/18



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Statement on quality

Queen Victoria Hospital (QVH) is an exceptional hospital. We are the second smallest trust in England but our reputation stretches around the world. That is the result of the high quality services, innovation and partnership working at the core of our clinical work.

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

From electrochemotherapy for head and neck cancer patients to the treatment of professional drivers with sleep disordered breathing, and from minimally invasive glaucoma surgeries to cranial nerve surgery for people at risk of blindness due to numb corneas, QVH continues to pioneer services for patients which are not available elsewhere in the south east.

QVH is an outward looking organisation. We participate in national and international conferences to learn and to share expertise, and we work in strong partnerships closer to home across Sussex and into Kent and Surrey. Our staff are rightly proud of the amazing work that happens at QVH and are passionate about further improving our services for patients.

This quality report sets out in detail our commitment to continuous, evidence-based quality improvement, the progress we have made over the last year and our plans for the coming year. I am confident that in 2018/19 QVH will continue to provide high quality, safe and effective services, and that our approach to quality will remain that we deliver excellence in all that we do.



Steve Jenkin
Chief Executive
24 May 2018



Priorities for improvement and statements of assurance from the board

QVH's quality priorities for 2018/19

Our quality priorities for 2018/19 are built around our ambitions to deliver safe, reliable and compassionate care in a transparent and measurable way. They have been developed in collaboration with staff and the council of governors, and take into account progress on our 2017/18 priorities and patient feedback.

Each priority comes under one of the three core areas of quality:



Patient safety

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

Clinical effectiveness

Providing high quality care, with world-class outcomes, whilst being efficient and cost effective.

Patient experience

Meeting our patients' emotional as well as physical needs.

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

Priorities for improvement 2018/19

| Our quality priorities and why we chose them | What success will look like |
|---|--|
| Patient safety | |
| <p>Measurement of compliance with the WHO Surgical Safety checklist</p> <p>Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.</p> <p>During 2017/18 QVH had three Never Events. The Trust continues to report and investigate all Never Events which have occurred on site.</p> <p>June 2008: World Health Organisation (WHO) launched a global patient safety challenge and safety checklist. The National Patient Safety Agency adapted the WHO Surgical Safety Checklist in January 2009 and QVH was required to implement the checklist by February 2010. QVH relaunched the WHO checklist in 2018 including bringing into QVH practice learning from a London teaching hospital.</p> <p>A revised baseline qualitative audit was undertaken in March 2018 which identified a number of potential barriers to full compliance, including:</p> <ul style="list-style-type: none"> • lack of engagement with the process; • distractions (such as staff performing other tasks whilst WHO checklist being completed); • inconsistent leadership between theatres in terms of who was responsible for sign in, time out and sign out. <p>This baseline audit was supported by consultation events held within the theatres department to further identify the factors that have an impact on the successful implementation of this safety checklist and formulate actions to ensure the checklist can be embedded.</p> | <p>QVH will have no Never Events in 2018/19.</p> <p>To support this, QVH will target a quarterly improvement or sustained compliance in observational audits within theatres.</p> <p>The Trust will identify and train faculty members and roll out multidisciplinary safer surgery simulation training.</p> <p>The audits detailed above will be measured against reviewed and updated surgical safety policies including Five Steps to Surgical Safety and the perioperative marking policies.</p> |

Our quality priorities and why we chose them

What success will look like

Clinical effectiveness

Increased theatre productivity (continuation of 2017/18 priority over a two year period - previously the 2017/18 patient safety priority)

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.

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, the QVH target for elective lists starting within 15 minutes of the booked start time is:

Q1 2018/19 60%

Q2 2018/19 70%

Q3 2018/19 75%

Q4 2018/19 80%

The start of an operation is defined as the moment when the anaesthetic is administered or needle to skin time.

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.

Patient experience

Improved clinician communication and customer care expectations

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

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

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

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



Performance against 2017/18 quality priorities

Our quality priorities for 2017/18 were influenced by information from national and local reports and audit findings, along with the views of QVH governors, patient feedback and suggestions from staff across the organisation.

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

| Our quality priorities and why we chose them | Targeted outcome | Did we achieve it in 2017/18 |
|--|--|--|
| Patient safety | | |
| <p>Increased theatre productivity</p> <p>QVH is a surgical hospital and our operating theatres are critical for treating and caring for our elective and trauma cases.</p> <p>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>The QVH target for elective lists starting within 15 minutes of the booked start time was:</p> <ul style="list-style-type: none"> • Q1 70% • Q2 75% • Q3 80% • Q4 85% <p>The start of an operation is defined as the moment when the anaesthetic is administered, or 'needle to skin' time.</p> | <p>This quality priority was moved to a two year programme within 2017/18 because the data collection methods were changed within year. Consequently further work needed to be undertaken to ensure data accuracy which was supported by a programme of staff training.</p> <p>In Q3 54% of our elective lists started within 15 minutes of the booked start time.</p> <p>In Q4 56% of our elective lists started within 15 minutes of the booked start time.</p> |
| Clinical effectiveness | | |
| <p>Mouth Care Matters</p> <p>This is an initiative to improve the oral health of all of our inpatients. It was designed to 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>The programme involved four audits.</p> <p>Audit 1 assessed whether mouth care is being recorded in patient notes.</p> <p>Audit 2 measured patient feedback on the current level of mouth care on our wards, to see if anything could be improved.</p> <p>Audit 3 was a written questionnaire undertaken every six months to seek the views of nursing staff on mouth care, including suggestions for improvements.</p> <p>Audit 4 was carried out quarterly to assess whether the newly implemented mouth care recording pack was being used and whether any improvements could be made.</p> | <p>Auditing will show mouth care being recorded in patient notes and improvements being made to our current oral health practice to the benefit of patients.</p> <p>There will be an 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> | <p>This quality priority was achieved</p> <p>A quarterly increase in findings was shown in both audits 2 and 4 in all four quarters of 2017/18.</p> <p>Mouth care training sessions delivered to nursing assistants, nurses and other staff members involved in the provision of mouth care has raised awareness of mouth care and oral hygiene issues across QVH.</p> <p>An increased awareness enables staff members to deal with any patient mouth care issues more effectively and improve patient quality and experience.</p> <p>In addition, a range of new mouth care products have been introduced across the Trust to help treat different mouth conditions and to improve the oral hygiene of our patients, as it is recognised that oral hygiene can deteriorate during hospital stays.</p> |

| Our quality priorities and why we chose them | Targeted outcome | Did we achieve it in 2017/18 |
|--|---|---|
| Patient experience | | |
| <p>Improving patient experience in outpatients</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 clinics, improve clinic utilisation and reduce the amount of rebooking of appointments due to hospital and patient cancellations.</p> | <p>Funding from charitable funds was gained to improve the current waiting areas for children in all outpatient areas by providing a designated area for children and their families when visiting the departments.</p> <p>New chairs including bariatric and high back chairs (for patients awaiting transport) were ordered for waiting areas within the main outpatients department.</p> <p>The Trust's positive friends and family test scores for outpatients who are extremely likely/likely to recommend QVH as a place to receive care and treatment can be found under the reporting of core national quality indicators later in this report.</p> |

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.

There is a systematic approach to safety within QVH, with staff encouraged and supported to report safety issues via the Datix system. The previously introduced 'feedback' option on Datix whereby reporters can request details of the investigation findings is working well, at times resulting in challenges to the findings.

Investigation processes have been reviewed and new training for staff undertaking serious incident investigations commenced in March 2018.

Teams are working to share best practice around embedding learning from incident investigations.

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 and/or their relatives and carers. In 2017/18 we undertook a retrospective audit of the duty of candour process and identified areas which we could strengthen.

A number of initiatives have been implemented to ensure that we are effective in embedding the duty of candour into our systems and processes; including the introduction of a proforma to be completed by staff which guides them through what is required at each step of the process.

This, alongside training updates, ensures that the Trust maintains statutory compliance. All cases that have been graded as moderate or higher in 2017/18 have fully met the duty of candour statute.

Implementation of seven day hospital services

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

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

- Standard 2: time to consultant review – patients do not wait longer than 14 hours to initial consultant review
- Standard 5: diagnostics – ensure patients get access to diagnostic tests with a 24-hour turnaround time - for urgent requests, this drops to 12 hours and for critical patients, one hour
- Standard 6: consultant directed interventions – patients get access to specialist, consultant-directed interventions
- Standard 8: on-going review in high dependency areas – ensure that patients with high-dependency care needs receive twice-daily specialist consultant review, and those patients admitted to hospital in an emergency will experience daily consultant-directed ward rounds

QVH has an implementation plan in place to deliver the four priority clinical standards and continues to participate in the national bi-annual seven day services assessment which concentrates on clinical standard 2: time to consultant review. 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. QVH continues to align services with national priorities to ensure the delivery of seven day hospital services.

Locally defined clinical standards have also been developed which group our admissions into those that should be reviewed by a consultant within 1 hour, those within 14 hours and those who could wait until 24 hours (i.e. the next morning trauma round). These clinical standards are now an integral part of QVH's operational trauma policy.



Safeguarding

At QVH we strive to maintain a continuous focus on our safeguarding duty of care as part of everyday safe clinical practice, and through staff learning and development. We do this to protect our most vulnerable patients whether they are children, young people or adults.

Legal frameworks, relevant policies and procedures are used to support safe practice. Safeguarding is a broad umbrella term which covers many areas that might be of concern. At QVH we try to hold these in mind as we work with our patients to keep them safe.

Safeguarding children

The principle that welfare of the child is paramount was enshrined in the Child Act 1989. It has driven the development of systems used to safeguard and protect children since that time. It has been strengthened by additional legislation being added into various other Acts 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

Since its implementation, the Care Act 2014 has provided a legal framework by which NHS organisations working with other agencies can take steps to protect vulnerable adults when the need arises. QVH makes safeguarding personal by working closely with the adult for whom there are concerns identified.

Mental capacity act

The Mental Capacity Act 2005 became operational in 2007. Having mental capacity is the ability to make a particular decision or take a particular action at the time the decision needs to be made or the action taken. This means that vulnerable patients from the age of 16 years onwards are supported using mental capacity processes when required to make decisions regarding serious medical treatment.

QVH has recruited a dual trained, registered and mental health nurse to improve care for patients with mental health needs, who is supporting staff with practical advice and education.

Prevent

Health professionals meet and treat many children, young people and adults, some of whom might be vulnerable to radicalisation. Radicalisation is the processes by which people come to support violent extremism and in some cases join terrorist groups. In the NHS we try to identify those who are vulnerable to radicalisation and find the right support for them before anyone is persuaded to commit crimes.

Staff training and development

To enable staff to manage safeguarding, mental capacity and radicalisation issues safely and effectively the Trust has a rolling programme of internal, external and eLearning options. Internal training uptake is measured and reported to the board monthly.

| | Adult safeguarding training uptake | | |
|---------------------------------|------------------------------------|---------|---|
| | Level 1 | Level 2 | Level 3 |
| Adults | 96% | 89% | New for 2018. (30 staff at 31 March 2018) |
| Children | 93% | 89% | 84% |
| Mental Capacity Act | 96% | 89% | New for 2018. (30 staff at 31 March 2018) |
| Prevent refresh training | 93% | 89% | 73% (once only training) |



“QVH has recruited a dual trained, registered and mental health nurse to improve care for patients with mental health needs.”

QVH three year rolling safeguarding clinical audit programme

QVH has a safeguarding programme of audit which is used to support staff to review practice, reflect on care provided, identify opportunities to improve required skills and share learning.

| Patient safety | | |
|--|--|---|
| 2016 NICE PH50 : Domestic violence and abuse: multi-agency working | Baseline assessment March 2016 Organisation audit started August 2016 | Informed a review of policy and updates to training for staff. Identified resources to support families and staff when required. |
| 2016 NICE CG89: Child maltreatment: when to suspect maltreatment in under 18s | Organisation audit started August 2016 | Informed an update of staff training. Led to the production of leaflets for families to help them understand the way we work. |
| 2017 Referrals audit – adults and children | December 2017 | Undertaken annually to review the quality and content of the referrals we make to social care services across the region. |
| 2017 CG89 and PH 50 SurveyMonkey for medical staff | January 2018 | Used as a way to capture safeguarding understanding and knowledge of the medical and dental staff at QVH. |
| 2017 Adults Mental Capacity Act knowledge audit | December 2017 | Identified resources to support families and staff when mental capacity assessment and best interest decisions are required. Led to the production of leaflets for families to help them understand the way we work. |
| 2017 Adults Mental Capacity Act compliance audit | December 2017 | Informed review of Mental Capacity Act policy and updated training for staff. |
| 2018 Referrals audit – adult and children | Due September to December 2018 | To be completed during 2018. |
| 2018 Safeguarding prompts card audit | Due September 2018 | To be completed during 2018. |
| 2018 Child not brought to appointment protocol audit | Due March 2018 | To be completed during 2018. |



A mixture of activities are undertaken to help staff to support their vulnerable patients effectively and safely. QVH staff work hard to maintain relationships with children, young people, adults and their families when there are difficult questions or issues to explore.

We work in partnership with families and agencies to enable the right help and support to be put in place. QVH is a member of both the West Sussex Safeguarding Children Board and the West Sussex Safeguarding Adults Board.

Safeguarding achievements during 2017/18

Each year we have a number of new activities to enhance patient safety, and to keep patients and their families informed about decisions we might make or actions we might take.

| | |
|--|---|
| Electronic Discharge Notification | Includes a safeguarding section. |
| Use of Datix system | To record and provide overview of safeguarding referrals and concerns, plus to demonstrate compliance with the Mental Capacity Act. |
| Supporting staff who report they are experiencing domestic violence and abuse | Staff policy now in place and support offered to staff who report they are experiencing domestic violence and abuse. |
| Better information for patients and their families | Development of a number of patient leaflets to help them understand situations in which they might find themselves. |
| Child Protection Information service | National system, rolled out for use at QVH. |

Safety achievements

| 2017/18 achievements | Further work for 2018/19 |
|---|---|
| <p>Antibiotic levels in burn wounds – ABLE study</p> <p>Antibiotic resistance has made the news repeatedly and the chief medical officer has called it a global threat.</p> <p>The burns service is always interested in evaluating the care we provide to our patients. Sometimes we give antibiotics to patients but they do not work. At other times we may see wounds which appear to be infected but we wait for specific culture results to inform our choice of antibiotics, in the time taken for the results to come back from the lab the wound may have improved.</p> <p>The study takes samples of blood and wound fluid from patients to investigate their antibiotic levels. The burns service was successful in receiving a grant from the Hospital Saturday Fund which has enabled the study to be extended to other burns centres in the UK which will increase recruitment numbers and give us a clear understanding whether antibiotics are effective in treating small burn wounds with infection.</p> | <p>Work in 2018/19 will include further recruitment of patients at QVH and other sites with results due for publication September 2018.</p> |
| <p>Sentinel node biopsy for head and neck</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.</p> <p>During 2017, we achieved 100% of validation cases and commenced conventional sentinel node biopsy for head and neck cases.</p> | <p>The service hopes to introduce intraoperative fluorescence with nanocolloid binding to enhance the identification of appropriate lymph nodes.</p> <p>QVH is a mentor unit for other national units and hopes to expand this process to support other units.</p> <p>The head and neck cancer lead is on the external faculty board and is a member of the UK sentinel node biopsy training programme.</p> |

| 2017/18 achievements | Further work for 2018/19 |
|--|--|
| <p>Clinical trials of a smart bandage which detects infections</p> <p>In clinical practice it is often difficult to truly diagnose infection before clinical symptoms are clearly observed. This gives bacteria the chance to multiply and cause tissue damage.</p> <p>Early identification using smart technology could lead to earlier diagnosis. The Trust is taking part in a large scale multicentre trial of a smart dressing developed by the University of Bath.</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 during 2018/19 to ensure an adequate data sample for analysis, to prove whether the smart bandage has the intended benefits.</p> <p>Results should be made public in late 2018 and, if successful, the dressing may be manufactured in 2019 for the first patient trials.</p> |
| <p>Development of the world's first cranial nerve centre</p> <p>At QVH we are developing the world's first dedicated cranial nerve centre, treating all cranial nerve injuries and their complications including those with numb corneas, who are therefore at risk of blindness and those with paralysed tongues leading to speech and swallowing difficulties. This service is currently in its infancy but could revolutionise patient care in head and neck surgery worldwide.</p> | <p>In 2018/19 QVH will seek to expand this service to include those suffering from intractable facial pain. Pending discussions with commissioners and NHS England, future plans include treating those with voice-related disorders, for example after laryngeal/thyroid surgery, those with eyelid ptosis or lack of a blink response.</p> |
| <p>Sentinel node biopsy for melanoma</p> <p>QVH is the only centre in the south east of England to offer sentinel node biopsy for melanomas with a Breslow thickness greater than 1mm, as recommended by NICE guidance. The operation helps to find out whether the cancer has spread to the lymph nodes and is more effective than ultrasound scans at identifying small cancers.</p> | <p>This procedure requires collaboration with a nuclear medicine department and the service has already established links with two units in Kent.</p> <p>During 2018/19 the service aims to forge further working relationships with other nuclear medicine departments which will enable patients from other counties to access the service.</p> |
| <p>Immediate treatment for professional drivers</p> <p>The sleep disorder centre operates a consultant based service for all new patients.</p> <p>All patients are treated with reference to the NICE guidance on sleep disordered breathing, and advice is given on safety to drive and the DVLA regulations.</p> <p>QVH consultants have passed the European Sleep Research Society Certificate in Sleep Medicine within the last two years, and are experienced sleep physicians.</p> | <p>The service has responded to new guidance from the Sleep Apnoea Alliance to provide treatment for professional drivers with sleep disordered breathing within four weeks of referral. This will be challenging to maintain but we are working on processes to achieve this.</p> |



| 2017/18 achievements | Further work for 2018/19 |
|---|---|
| <p>Scar study</p> <p>Scarring affects millions of people each year. 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>The scar study hopes to lead to new understanding and innovations in treatment.</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 and the QVH scar collection is one of the largest in the world.</p> <p>Working with this valuable resource 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 are looking 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>Work in 2018/19 will include further developing our academic links.</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> |



“At QVH we are developing the world’s first dedicated cranial nerve centre, treating all cranial nerve injuries and their complications.”

| 2017/18 achievements | Further work for 2018/19 |
|---|---|
| <p>Expanded glaucoma service</p> <p>The glaucoma service has invested in three new glaucoma laser treatments this year and offers a full range of minimally invasive glaucoma surgeries. This means that we are able to treat many more patients with glaucoma, with safer and less invasive treatment options than before. This innovative work has attracted media interest including a BBC broadcast.</p> <p>The director of the glaucoma service published and presented four international peer review papers in 2017 describing advances and innovations in minimally invasive glaucoma surgery.</p> | <p>The service will continue to expand to accept all new referrals for glaucoma from the surrounding regions.</p> <p>The glaucoma service is actively involved in clinical studies to further improve patient care, relating mainly to new surgical innovations in glaucoma treatment.</p> |
| <p>Nexobrid</p> <p>Following clinical trials of Nexobrid, an enzyme from pineapples that can breakdown burn tissue we are now using Nexobrid as a routine part of care. Surgeons and nurses at QVH are regarded as key opinion leaders in using Nexobrid and have spoken at several educational events and provide expert opinions for other burn clinicians who are beginning to use Nexobrid as part of their care.</p> | <p>In 2018 we will continue to provide support to other clinicians in using this treatment. Several publications are in the process of being written</p> |
| <p>Diagnosing sleep disorders</p> <p>The QVH sleep disorder centre routinely diagnoses all aspects of sleep disordered breathing using outpatient screening with oximetry or 'apnoea link', and other sleep disorders using inpatient sleep studies (polysomnography), in which brain waves and facial muscle tone are monitored for sleep staging overnight, enabling diagnosing of complex conditions such as epilepsy, non-rapid eye movement (REM) and REM parasomnias and limb movement disorders.</p> | <p>Education and research are integral and the department has presented four original projects at the biennial international meeting of the British Sleep Society in 2017, one reaching the top five in the judging panel. Posters were also accepted for presentation at the Acute Medicine Conference in London.</p> <p>In 2018/19 the centre will be undertaking further research for a group of patients with subcortical arousal in sleep who benefit from brain stimulant drugs. Once treated our patients are monitored on a shared care basis with GPs, and for most their quality of life has vastly improved.</p> |
| <p>Corneal neurotisation</p> <p>QVH is now established as the leading centre in the UK for this revolutionary sight-saving procedure which restores sensation to the cornea by using nerve grafts. We have the largest worldwide series of corneal neurotisation procedures in adults and in total, second only to that of the Toronto Hospital for Sick Children.</p> <p>QVH is the main centre for reinnervating the cornea in the UK and Europe.</p> | <p>The team collaborates with Moorfields Eye Hospital to monitor corneal sensory patterns using confocal microscopy.</p> <p>This work was presented at national and international meetings in 2017 and received the Foulds Trophy at the Royal College of Ophthalmologists' annual congress and also the award for best presentation at the European Society of Ophthalmic Plastic Surgeons annual congress at the Karolinska Institute, Stockholm.</p> <p>QVH is planning to expand this service to treat children during 2018/19.</p> |
| <p>Stem cell therapy in cornea stem cell deficiency</p> <p>QVH is the only cornea centre in the UK which performs mouth to eye epithelial transplantation as a method of stem cell therapy in cornea stem cell deficiency. The procedure has been performed for the last five years with a success rate of over 65% which is an excellent outcome.</p> <p>Descemet's membrane endothelial keratoplasty is the third and most advanced generation of customised tissue specific corneal grafting. QVH is one of the very few centres which pioneered this procedure and our consultant also teaches this new procedure to colleagues both nationally and internationally.</p> | <p>The paediatric cornea service at QVH continues to expand and the Trust is becoming a large national referral centre for paediatric Stevens Johnson syndrome.</p> <p>Complex paediatric corneal cases are referred to our unit from all parts of the UK and some European countries.</p> |



| 2017/18 achievements | Further work for 2018/19 |
|---|---|
| <p>QVH comprehensive facial paralysis screening protocol</p> <p>Building on the Harvard screening model for facial paralysis, QVH has now added further innovations and improvements to its screening tests, making it the safest and most comprehensive screening tool in the world of facial paralysis care. This is essential as up to 30% of all cases of facial paralysis, are not due to Bell's palsy. Other causes include undetected cancers and minor strokes. Our system is the most likely to provide answers for patients and give them real solutions.</p> | <p>The team are building closer ties and networks with neurosurgery, neurology, neurophysiological, virology centres in the south of England, and building on the improved detection rates with our innovative screening tools.</p> |
| <p>Super-selective neurotisation</p> <p>World-first: Clinicians at QVH have recently developed a novel surgical procedure using the branches of 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 Labbé procedure and free functional muscle transfers.</p> | <p>At the 2017 International Symposium for the Facial Nerve in Los Angeles, QVH clinicians showcased to the wider medical fraternity, the benefits of super-selective neurotisation for the management of the weak smile; eliciting interest from surgeons from across the globe in coming to QVH to learn this revolutionary technique. This further adds to the position of QVH as a world-class institution.</p> <p>In 2018/19, selective neurotisation will be extended to those suffering from severe facial spasms (synkinesis). Combining this with selective neurolysis, QVH clinicians are developing major inroads into the 'combo' concept in synkinesis management; a life-changing procedure, for those afflicted with chronic facial paralysis.</p> |
| <p>Supermicrosurgical free tissue transfers</p> <p>Using a technique developed in Japan, QVH now offers multi-component (chimeric) nerve free flaps including skin, fat and/or muscle for the early reanimation of facial paralysis. This is ideal in reanimating the face as well as re-establishing the normal contour and surface anatomy of the face. Vascularised nerve grafts have been recognised as having the highest success rate of nerve regeneration world-wide and are ideal for very complex facial nerve injuries and in those with extensive scarring from surgery or radiation.</p> | <p>Building on the superficial circumflex iliac artery perforator chimeric flap model, QVH clinicians are now able to offer those with facial contour deformities, the gold standard in facial contouring, free vascularised fat transfers. The results are excellent long-term as a single surgery often suffices.</p> |
| <p>Selective neurolysis/'combo' procedure</p> <p>Europe-first: Using a novel technique recently developed in the USA, QVH offers selective neurolysis; the most advanced surgery available worldwide for synkinesis. This technique provides a permanent solution for patients with severe synkinesis, recalcitrant to botulinum toxin treatment. Our patient related outcome measures have been excellent.</p> | <p>World-first: QVH has now further developed the selective neurolysis technique and fused it with nerve-muscle neurotisation to provide a synergistic effect for smile reanimation. QVH believes that this approach will radically change the treatment of facial palsy.</p> |
| <p>Enhanced recovery for free-flap breast reconstruction</p> <p>The QVH enhanced recovery programme for breast 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>With continued adherence to the free-flap breast reconstructive ERAS (enhanced recovery after surgery), a mean operative stay of 3.9 days has been maintained over the last year.</p> <p>An audit is in progress to ensure the effectiveness of the pathway and to review its impact on patient care.</p> | <p>Following the success of the ERAS pathway for free-flap breast reconstruction, we are in the process of developing an ERAS pathway for breast reduction surgery.</p> |

Clinical Effectiveness

| 2017/18 achievements | Further work for 2018/19 |
|--|---|
| <p>Immediate/early facial nerve repair</p> <p>The close working relationship between plastic, maxillo-facial, corneo-plastic and ENT surgery teams now allows QVH to offer immediate/early repair of all damaged facial nerve branches from the forehead to the chin, following previous surgeries and trauma. This has successfully allowed the best results to be achieved in the shortest possible time (within six months), irrespective of the patient's age.</p> | <p>QVH is now setting immediate/early nerve repair of facial nerve injuries as the standard of care for all patients within the South East of England trauma network and for post-op facial nerve complications within the region. This sets a new UK and global gold standard of care in the management of facial paralysis. Future plans include providing a tertiary referral centre for those with facial paralysis following aesthetic procedures.</p> |
| <p>Clinical electroporation</p> <p>This NICE approved treatment combines a low dose chemotherapy drug and an electrical pulse applied directly to the cancer cells. This allows more of the cancer drug to enter the cells with a dramatic increase in the effectiveness of treatment.</p> <p>This treatment can enhance the quality of life of palliative patients with recurrent or persistent cancer nodules.</p> <p>Electrochemotherapy treatment has been available at QVH since summer 2017 for head and neck, skin and breast cancer patients.</p> <p>The service is subject to continual audit to ensure high and sustained quality outcomes and that it meets the needs of our patients.</p> | <p>It is expected that QVH will see an increased number of referrals in 2018/19 for skin and head and neck patients, extending the availability of this treatment.</p> |



“Electrochemotherapy treatment has been available at QVH since summer 2017 for head and neck, skin and breast cancer patients.”



| 2017/18 achievements | Further work for 2018/19 |
|--|--|
| <p>QVH acute facial paralysis clinic</p> <p>QVH has one of the most sophisticated facial therapy and rehabilitation services in the world with a full team of dedicated facial therapists. We provide an acute clinic for all patients recently affected by Bell's palsy or the malevolent effects of facial paralysis, where early care can be provided by therapists' one-to-one, over the phone or online.</p> | <p>QVH is developing links with its surrounding emergency departments to improve the management of patients with Bell's palsy after their initial diagnosis. This allows for the initiation of treatment earlier.</p> <p>We are in the process of incorporating virtual reality programmes and smartphone app-based technology into the rehabilitation of facial paralysis patients, a global-first. This will include those with facial paralysis due to strokes.</p> |
| <p>Streaming sleep physiological data from patient homes</p> <p>Over 15,000 patients are now treated with a positive airway pressure ventilator and bi-level non-invasive ventilator. New developments include using technology which streams physiological data to the department daily from the patient's home so that specialist staff can check the compliance and effectiveness of treatment.</p> | <p>Increasing use of technology will move outpatient appointments into virtual clinics. This will decrease the number of times the patient will need to travel to attend an outpatient's clinic appointment and enable equipment setting changes to be performed to the machine over the internet.</p> |
| <p>Scarless and/or minimal access surgery</p> <p>Facial paralysis surgery often leaves stigmatising scars for those undergoing treatment. QVH is at the forefront of addressing this, both in terms of psychology and surgery. We aim for all surgical scars to be hidden within the hairline, facial creases or within the lip. The vermilion mucosal advancement flap is an example of our commitment to this ideal as is the modified Labbé procedure for smile reanimation. This allows patients treated at QVH to have minimal scars compared to the current norm in facial palsy surgery.</p> | <p>From 2018 onwards, QVH will be performing endoscopic techniques in facial palsy surgery e.g. when harvesting nerve grafts and for corneal neurotisation procedures. This allows for reduced patient morbidity post-op and even more discrete scars.</p> |
| <p>Nurse led provision of local anaesthetic for nipple tattooing</p> <p>Following patient feedback, and to improve patient experience, our breast care nurses have undergone training enabling them to give local anaesthetic to patients at the time of nipple tattooing.</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>QVH will continue the nipple tattoo audit to help identify improvements to the service and care and experience of our patients.</p> |

Responsive

| 2017/18 achievements | Further work for 2018/19 |
|---|---|
| <p>Trauma clinic opening</p> <p>The new trauma clinic opened in September 2017. The service resolves the privacy and dignity issues for patients waiting to be seen in both the Minor Injuries Unit (MIU) and the trauma clinic which previously ran alongside each other.</p> <p>This move has provided a dedicated area with co-located medical staff and trauma co-ordinators which offers a seamless flow for patients. This has increased capacity and enhanced the patient experience. The unit also includes a fully supported procedure room to facilitate treatment on the day and reduce the number of cases going to main theatres. Joint hand and maxillofacial weekend clinics are also being held.</p> | <p>Work will be taken forward to extend the complexity of procedures undertaken in the clinic to ensure that more patients receive treatment on the same day, rather than needing to return. An increased range of procedures will also help to alleviate pressures in main theatres.</p> <p>Performance metrics will be formulated to measure and monitor the effectiveness and efficiency of the new service.</p> |
| <p>Burn time from referral to specialist review</p> <p>Burn wounds require specialist review to prescribe the most effective treatment for healing and to reduce the risk of infections and scarring. We aim to see patients with small burns that are unlikely to need admission to the burn service and can be managed with outpatient dressing within 48 hours of referral. We are auditing our ability to comply with this standard and investigate if we can improve our efficiency.</p> | <p>In 2018 we will continue to record time from referral to assessment and investigate methods of improving this such as additional appointments.</p> |
| <p>Burns time to surgery once needed</p> <p>Our aim is that when a burn is assessed as requiring surgical intervention, a patient should be offered the next available theatre slot.</p> <p>The burn service runs three theatre lists per week and has six beds, four in a single bay, which limit the number of male or female patients able to be housed in the burns service at any one time. The service audits theatre delays to understand the reasons, and then reviews the results at the burns governance meeting.</p> | <p>In 2018 we will continue to audit time to surgery and look at ways of reducing patient waiting times.</p> |
| <p>Head and neck cancer surgery - patient satisfaction</p> <p>In addition to the national cancer patient satisfaction survey we have undertaken a West Kent multidisciplinary team patient satisfaction survey in 2017. This showed high levels of satisfaction, and some areas for improvement. This survey encompassed the entire head and neck patient pathway including patient flows between the four trusts within the network.</p> | <p>In order to better reflect the patient experience through QVH specifically, we are developing a patient questionnaire targeted only at the surgical component of the pathway. We will use this feedback to further improve services, for example, the effect of free flap monitoring, pain, nausea and vomiting control.</p> |



| 2017/18 achievements | Further work for 2018/19 |
|--|---|
| <p>QVH community services</p> <p>Community services in QVH have grown over the last 12 months, with expansion of the community ENT service to a new site at Tangmere, West Sussex and the clinics in Crawley and Worthing, West Sussex offering appointments each week. GPs can refer patients to a consultant-led outpatient service that provides rapid and comprehensive assessment, diagnosis and treatment for non-urgent conditions. The service includes a range of on-site diagnostics with day case surgical interventions where appropriate, and support for GPs with advice if needed.</p> <p>The community urology service has been steadily growing over the last 12 months and we are now able to offer patients a choice of days to see a consultant. There are a number of local procedures that can be undertaken quickly and efficiently to ensure that the patient is seen and treated as soon as possible</p> | <p>In 2018/19 QVH is looking to expand some of our community services to other locations to help ensure patients are seen and treated in a local setting. This will investment in equipment to ensure these services are able to provide the range of diagnostics so patients are seen and treated as soon as possible.</p> |



| 2017/18 achievements | Further work for 2018/19 |
|---|--|
| <p>Freedom to Speak Up Guardian</p> <p>Following recommendations of the review by Sir Robert Francis into whistleblowing in the NHS, QVH has appointed a Freedom to Speak Up Guardian.</p> <p>The Freedom to Speak Up review made recommendations on the need for culture change and improved handling of staff concerns nationally.</p> <p>The Trust appointed a Freedom to Speak Up Guardian in April 2017 via staff election. The role of the guardian is to engage staff to raise concerns regarding patient safety and patient satisfaction. The guardian reports directly to the Trust board.</p> <p>The post has been well received with staff feeling confident to approach the guardian and raise concerns.</p> <p>The guardian actively engages with local and national networks to share best practice and support.</p> | <p>The guardian will continue to present to the Trust Board four times a year and meets with the chief executive on a monthly basis.</p> <p>Additional hours have been allocated to the role to enable the guardian to work one full day a week and undertake a proactive approach in promoting the role and engaging with staff across the Trust.</p> <p>Data on the number of concerns raised continues to be submitted to the national guardian's office.</p> |
| <p>Oculoplastic surgery and the QVH facial palsy service</p> <p>The oculoplastic team collaborates closely with the QVH facial palsy service as a multidisciplinary team.</p> <p>The oculoplastic team published five research publications on facial palsy in 2017. One of the corneoplastic unit consultants was invited as keynote speaker at the International Facial Nerve Symposium, the largest interdisciplinary symposium for facial nerve specialists.</p> <p>The oculoplastic team published 14 research papers in 2017, including a major review on the management of ichthyosis and also the use of hyaluronic fillers in oculoplastics.</p> | <p>The Trust's oculoplastic team and prosthetics department have commenced a national portfolio study on artificial eyes.</p> |
| <p>Raising national awareness of facial paralysis</p> <p>In March 2018, members of the facial paralysis team presented to MPs at the House of Commons to increase awareness of the plight of those suffering from Ramsay-Hunt syndrome and other causes of facial paralysis. This will hopefully address the lack of funding of the treatment of those with facial paralysis.</p> | <p>Future plans include seeking to ensure treatment of facial paralysis is available to patients in Wales and Northern Ireland, where there is currently no such service.</p> |
| <p>Perforator, microvascular and preplanning Course 2018</p> <p>In January 2018, the head and neck cancer team developed and ran a perforator, microvascular and preplanning course which was supported by colleagues from plastic surgery.</p> <p>This was a cadaveric course held in conjunction with the University of Brighton. The delegates included senior surgical trainees, fellows and consultants. The course was highly evaluated by delegates.</p> | <p>Due to the success and popularity of the course, the head and neck team plan to run this course annually and expand the delegates able to attend.</p> |



Statements of assurance from the Board of Directors

Review of services

During 2017/18, 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 available data on the quality of care in all of its NHS services. The income generated by the relevant health services reviewed in 2017/18 represents 90% of total of the total income generated from the provision of relevant health services by QVH for 2017/18.

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 grants from the National Institute for Health Research for both research for patient benefits and invention for innovation, as well as Medical Research Council grants, and believe this reflects the quality of our research.

We have established new collaborative work with the University of Oxford and the University of Nottingham Trent. Wide networks are critical to successful research investment and outputs, particularly 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 in national portfolio studies.

The total number of participants recruited to research ethics committee approved studies in 2017/18 was 539, with QVH taking part in 32 studies; of these 539 participants, 442 were National Portfolio recruits.

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

Participation in clinical audits and clinical outcome review programmes

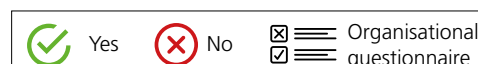
A clinical audit is a quality improvement cycle that involves measuring the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes.

During 2017/18, seven national clinical audits and five clinical outcome review programmes (previously known as confidential enquiries) covered health services that QVH provides.

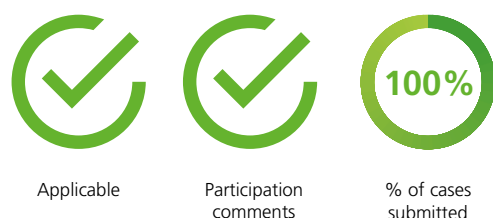
We participated in 100% of national clinical audits and 100% of clinical outcome review programmes that we were eligible to participate in. The tables below also include the percentage of registered cases required by the terms of that audit or review programme.

Participation in national clinical audits 2017/18

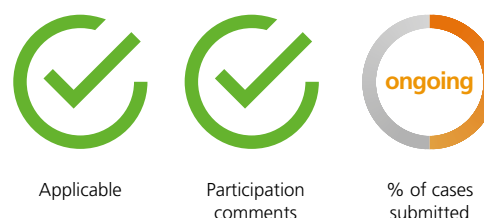
National Clinical Audit and Clinical Outcome Review Programmes



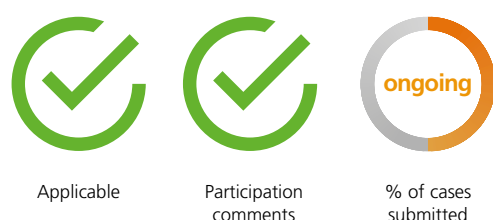
6th National Audit Project of the Royal College of Anaesthetists - Perioperative Anaphylaxis, UK



National Ophthalmology Audit - a continuous data collection model.



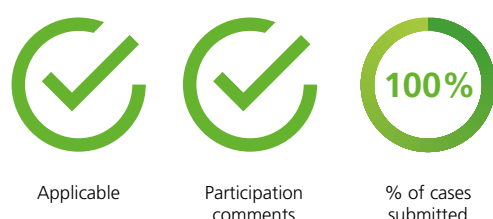
Breast and Cosmetic Implant Registry - a continuous data collection model.



Perioperative Quality Improvement Programme



Falls and Fragility Fractures Audit programme National Inpatient Falls



Seven Day Hospital Services Self-Assessment Survey



Mandatory Surveillance of bloodstream infections and clostridium difficile infection



Participation in clinical outcome review programmes 2017/18

National Clinical Audit and Clinical Outcome Review Programmes

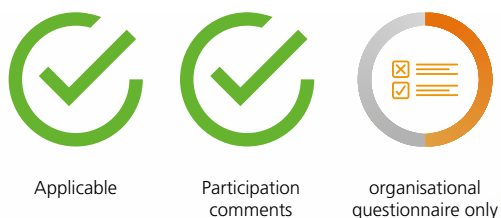
Learning Disability Mortality Review Programme



Medical and Surgical Clinical Outcome Review Programme - perioperative diabetes



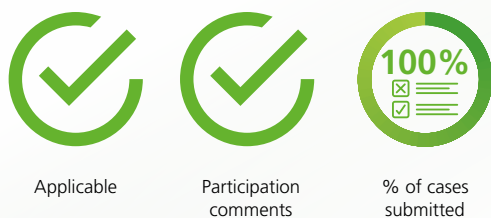
Child Health Clinical Outcome Review Programme Children with chronic neurodisability



National Mortality Case Record Review Programme (previously Retrospective Case Record Review, funded by NHSI)



Child Health Clinical Outcome Review Programme (NCEPOD*) Young People's Mental Health



* National Confidential Enquiry into Patient Outcome and Death



National clinical audit

Three national clinical audits were reviewed by QVH in 2017/18.

Medical and surgical clinical outcome review programme (NCEPOD): inspiring change - non-invasive ventilation

This NCEPOD report focuses on the quality of acute non-invasive ventilation in clinical care, for patients aged 16 years or older who are admitted to hospital. The report takes a critical look at areas where the care of patients might have been improved. Remediable factors have also been identified in the clinical and the organisational care of these patients. Whilst QVH did not take part in this national audit, the report has been clinically reviewed by our anaesthetic governance lead with a view to implementing changes within the department.

National audit of inpatient falls

The falls and fragility fracture audit programme is a national clinical audit run by the Royal College of Physicians, designed to audit the care that patients with fragility fractures and inpatient falls receive in hospital. QVH was found to have areas of excellence compared to the national picture, which included recording and assessing patient mobility, ensuring that patients have safe footwear, and reducing risk by ensuring that the area around the patient is hazard free and that a call bell is easily visible and within reach. We were also better at assessing patients' vision than the national average, but there is still room for improvement, especially in documenting patients' vision care requirements. Whilst undertaking the audit, immediate improvements were introduced including standing blood pressure and a maple leaf sign highlighting those patients at risk of falling. Work is underway to improve the documentation of delirium and incontinence/toilet requirements and patients with 'fear of falling assessment' (given to all patients who have had previous falls). This work is planned to be completed by the end of June 2018.

Diabetes inpatient audit

The National Diabetes Inpatient Audit is an annual snapshot audit of diabetes inpatient care in England and Wales and is open to participation from hospitals with medical and surgical units. QVH was unable to participate in this national audit due to our specialist nature. However, due to the increasing prevalence of diabetic patients across the country, it was felt important for QVH to undertake its own internal audit using the national tools to evaluate the care provided to patients. Results identified areas of improvement and specific diabetes training has now been added to induction training for nursing staff.

Local clinical audits

The reports of 65 completed local clinical audits and were reviewed by QVH in 2017/18. Examples of audit projects undertaken across QVH, their finding and actions taken as a result are set out below.

End of life care audit: dying in hospital

QVH recognises the responsibility of hospitals to deliver high-quality care for patients in their final days of life and appropriate support for their families, carers and those close to them. QVH was not included in the national audit because of its specialist nature; but we measured ourselves against appropriate national standards to ensure that we continue to meet and improve the quality of care and services for patients who have reached the end of their life. This clinical element was based on a set of case note review questions which were devised to reflect the five priorities of care for the dying patient and involved consultation with a multidisciplinary audit steering group. Results were in line with national guidance and identified that changes need to be made to the end of life care plan to make it more user-friendly to encourage usage. A staff confidence survey will also be undertaken to help identify training needs when looking after patients and completing their care plan.

A five-year retrospective analysis of the characteristics of patients with self-inflicted burns injuries

Self-inflicted burns (SIBs) are a significant cause of burns morbidity worldwide. A sub-group of SIB patients demonstrate recurrent SIB behaviour causing repeated morbidity and an increasing strain on hospital resources. The ability to predict which patients are likely to demonstrate repeat behaviour will allow for more targeted interventions in this group. This study aimed to identify the factors that differentiate patients who repeat SIB from those who commit SIB as an individual occurrence. A total of 75 patients were included in the study, and data was collected using the International Burns Injury Database and a follow up retrospective review of patient notes.

Recurrent SIB patients appear to have their own defining characteristics when compared to individual occurrence SIB patients. These patients are more likely to be caucasian and female, with the mean total body surface area burn for repeat SIB being 60% less than for individual occurrence patients. Smoking and BMI do not appear to differentiate between repeat and individual occurrence patients. The majority of patients appear to have sustained their injuries outside normal working hours. The potential to reliably predict which patients are likely to repeat SIB is now a very real possibility. This will allow for more targeted interventions, and there is potential to save patients from significant morbidity and hospitals from significant resource strain. The next step is to utilise national or multi-centre data to build a more robust prediction tool and begin to clearly define the effective methods of SIB recurrence prevention.

Front of neck access: emergency strategies and equipment

Changes to national guidance recommends surgical airway as the best option for front of neck access (FONA) in an emergency where a tube cannot be inserted into a patient for them to receive the necessary oxygen. A questionnaire was completed by all anaesthetists (consultants and trainees) to review training received in FONA, equipment they would want and what choice of emergency airway they would use in this scenario. In addition, the time taken for theatre staff to bring all equipment needed and a review of the difficult airway trolleys used at QVH was also undertaken. Results found that there was excess non-essential equipment on the difficult airway trolley in theatres which differed from those used elsewhere. There was a spilt in the anaesthetists of the choice of FONA and it was found that theatre staff took 15-125 seconds to find equipment needed for emergency surgical airway. In response to these findings, difficult airway trollies have been standardised and grab bags are now available in each theatre or anaesthetic room with all equipment needed for an emergency surgical airway.

Nerve damage following surgery to lower third molar related to new radiological sign juxta apical radiolucency (JAR)

Nerve damage following surgery of lower third molar is a rare but potentially life changing complication and all efforts are made to reduce its occurrence. This audit looked at the extent to which the preoperative assessment and treatment of patients with a specific radiological sign (JAR) complies with national and local recommendations and policies.

A total of 734 radiographic examinations of patients who have undergone surgery of their lower third molars have been reviewed in order to identify patients with the new radiographic sign. Of these patients, 51 sets of patient notes (presenting with juxta apical radiolucency) were analysed and patients were contacted by telephone to review the outcome of the operation in relation to nerve damage. 49 patients confirmed that they did not experience permanent postoperative nerve injury.

The juxta apical radiolucency (JAR) was identified and reported in only 7 cases (13%). According to written records, removing the crown of the tooth and leaving the roots intact which allows them to heal over with bone (coronectomy) and x-rays (cone beam computed tomography (CBCT)) were discussed and offered in 16 (31%) and 13 (25%) cases respectively. NICE guidelines and consent forms were correctly used in over 96% of the cases. The use of a leaflet was recorded in the notes in only one case.

There was a general agreement that increased awareness was needed on appropriately recognising and reporting JARs on plain radiography. A specific leaflet for coronectomy is currently under production and will be appropriately used

in conjunction with the generic leaflet for wisdom teeth removal. Results found that record keeping was generally of a high standard, but additional effort is needed to report on whether or not CBCT and/or coronectomy were discussed, and recording patient's wishes and documenting the use of leaflet.

Is the lower limb group effective for rehabilitation of patients with lower limb pathologies and does it provide good patient care

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 2016 and 2017 and uses the Measure Yourself Medical Outcome Profile (MYMOP) and Lower Extremity Functional Scale (LEFS) outcome measures to assess patient progress within the class, with a patient satisfaction survey also being completed at the end of the six weeks.

Results show a significant clinical change in both outcome measures with trauma and post-operative patients experiencing most benefit. Consistently 90% or more patients reported enjoying the class, feeling stronger and more confident having achieved the goals that had been set with clear explanation and support elicited by therapists.

Balance and bone group patient satisfaction and clinical outcomes 2017

The balance and bone group is run by a physiotherapist and occupational therapist once a week for eight weeks for those at risk of falls and incorporates exercise and educational talks. It aims to reduce the risk of falls and therefore prevent the likelihood of associated injury and hospital admission. This audit allowed us to gain valuable feedback from patients and act upon this to ensure methods of delivery are optimised. Feedback received through questionnaires and was overwhelmingly positive. 100% of responses suggested that the class was enjoyable, therapists were supportive and explained everything clearly, the class resulted in patients exercising at home, and increased confidence and strength. Only one patient reported that they did not feel a benefit of the 'what to do if you fall' and 'caring for your feet' talks.

The Tinetti outcome is used to assess effectiveness of the class and is designed to assess gait and balance in older adults. It is a performance-orientated mobility assessment. Besides giving information on manoeuvrability, it is also a very good indicator of the fall risk of the tested person. Scoring ranges indicate whether the individual is at low (≥ 24), moderate (19 – 23) or high (≤ 18) risk of falls. Patients moved from a pre-class moderate risk of falls to a post class low risk of falls on average. Along with this, measures of a 180° turn improved with fewer steps being taken on average. These results indicate that the class is an effective tool at reducing the risk of falls in this patient group.

National clinical audit

Three national clinical audits were reviewed by QVH in 2017/18.

Nailbed audit

There were no QVH guidelines on the optimum treatment for children with nailbed injuries and treatment is dependent on the surgeon's own preferences. This audit aimed to establish the treatment process for children with nailbed injuries and use evidence based practice to determine the best treatment plan to facilitate healing. A sample of 90 children was anonymously selected from the ward trauma diary from a three month period between July and October 2017. Findings suggested that the majority of children with nailbed injuries had surgical interventions rather than being treated conservatively. The nailbed was generally left off, with few occasions of it being put back on, however the rationale for this was rarely stated. Dressings had many variables, generally a non-adhesive layer, padding and a finger bandage, with various padding added dependant on the age of the child and surgeon preference.

Most children had a standard two week follow up appointment in the paediatric assessment unit when the wound was fully healed with no sign of infection. Occasionally children were invited for review after just one week and the finger would be healed, without infection. Some cases had follow up care with their GP surgery, however it is not known if these children were healed or had any infection. There is no current standard for treatment of nailbed injuries, however a national research study commencing in 2018 will endeavour to set a nationally agreed standard for the care of these injuries and once these standards are ratified, this audit will be repeated against those set standards.

Burns donor site dressing literature review audit

The burns service has been auditing in QVH the current trend in dressings for the donor site of patients who have undergone a split-thickness skin graft. Split-thickness skin grafting is a widely used reconstructive technique for the replacement of damaged or missing skin secondary to burns, trauma, surgical resection for cancer, and chronic wounds. Split-thickness autografts are harvested by excising the epidermis and part of the dermis, leaving a donor site wound that can vary in thickness. Donor site wounds generally heal by migrating cells into wounds (reepithelialisation) in 7-14 days. There is a plethora of dressings available for the treatment and management of donor sites, however it remains unclear which type of dressing is superior. The goal of this audit was to determine, after going through the international literature, which donor site dressings are associated with the best outcomes for pain, infection rate, healing time, quality of life, and cost. Early results show that our current treatment regimes reflect best practice in accordance with findings published in international literature.

Length of inpatient stay following orthognathic surgery

Length of stay is a performance indicator for surgeons. It has vital cost implications and is a key factor in enhancing a patient's journey. Research has found that patients considered a length of one night's stay as acceptable. The aim of this audit was to determine the length of post-operative stay following orthognathic surgery and identify the re-admission rate. The audit sample included all patients who underwent orthognathic surgery from October 2015 to September 2016 and standards were set following a published multicentre study looking at the type of surgery performed. Results were in line with published evidence and found that local infrastructure would prevent safely discharging patients on the same day. Factors include operation on the afternoon list, late return from theatre, the need for two post-operative doses of antibiotics and steroids, and discharge paperwork.

Cataract surgery – are we meeting patients' vision?

At QVH, we carry out an annual audit on vision outcomes following cataract surgery as defined by the Royal College of Ophthalmologists (RCO) Guidelines on Cataract Surgery 2010, benchmarking those achieving equal or better than 6/12 vision. This level is a good indicator if the patient meets the legal driving standard. We compared patient reported outcome on the ease of ability to drive during the day/night and ability to read small print/newsprint/large print unaided following cataract surgery at their routine 4-6 week post-operative check when their glasses were not updated, against unaided vision achieved following cataract surgery. We also looked at patient reported improvement in their quality of life following surgery and their overall experience at QVH.

Patients seen in the QVH optometrist cataract follow-up clinic in April and May 2017 who did not have any intra or post-operative complications or any pre-existing ocular pathology were included in the audit.

Our cataract post-operative results are excellent with 100% achieving corrected vision of 6/12 in comparison to RCO guidelines of 92%. In fact 88% achieved 6/12 or better unaided. Driving and watching TV are good measures of distance vision and most of our patients were able to drive without glasses after surgery. This is reflected well in patients' quality of life activity scoring where the average score was 4.9 (out of maximum score of 5) implying that they had no difficulty driving in daytime following surgery. More people watched TV than drove, again achieving an excellent average score of 4.8. Our standard practice for target refraction is emmetropia or slightly on the myopic side. It is expected that patients will have some difficulty reading unaided, which is reflected in the average score of 3.6.

Women's health

The purpose of this audit was to see how effective the women's health service is and whether any changes need to be implemented to improve the service. The audit monitored the number of referrals into the service and explored which conditions were being treated. A satisfaction survey also showed whether patients were happy with the treatment they received.

Results of this year's audit were very positive with all patients feeling that they had made positive changes to their condition even if they had not met all of their objectives. The 'measure yourself medical outcome profile' indicated that the women's health service has a clinically significant effect on the vast majority of those referred. The quality of life score showed great improvements; 91% of patients initially scored high on the quality of life score showing them to be unhappy or dissatisfied with their condition. All of these improved when reviewed at discharge, with 85% of patients being happy with the outcome of treatment and only 15% of patients stating that they were equally satisfied or dissatisfied.

The patient satisfaction survey gave patients the opportunity to comment on their treatment experience and make suggestions to improve the service. All comments were positive and showed how patients felt the service had benefitted them.

Identification and remediation of oro-motor functions in patients presenting with lower motor neurone facial palsy

The aims of this audit were to identify and describe the type of problems patients were experiencing with eating, drinking and other oro-motor functions as well as identifying whether the number and frequency of these problems could be significantly reduced over the course of a standard treatment programme. All participants experienced a range of oro-motor dysfunction pre-treatment. Major concerns reported by patients related to functions associated with lip rounding, lip sealing and impaired buccinator function as well as feeling less able or willing to participate in activities of daily living. All patients improved using the standard treatment programme in all aspects of oro-motor function including speech, and these improvements promoted social engagement. However, whilst improvements were highly significant some patients continued to experience problems once active treatment was complete. It may be that therapy needs to focus on a more graded approach to strengthening exercises in order to address these issues.

Using biopatch dressings in major burns patients to reduce catheter related blood stream infection

Burns patients are particularly at risk of catheter related blood stream infection (CRBSI) due to disruption of the normal immune response and breach of the skin barrier. This audit was undertaken to see if CRBSI could be reduced in this patient group by using biopatch dressings on central venous catheters. Biopatch dressings were applied to the central venous catheters of all burns patients admitted to the unit between April and September 2016. At the end of this period, the incidence of CRBSI in this sample was compared to the incidence in the sample during the six months prior to its introduction. Results found a possible reduction of CRBSI of 52% in burns patients with central venous catheters where the biopatch dressing was used.

Musculoskeletal physiotherapy – patient satisfaction

From the 2016 result of the musculoskeletal physiotherapy patient satisfaction the main aims were to provide online video instruction for ease of exercise completion as well as continuing to reduce waiting times. We have now begun to use video demonstrations for some of our shoulder exercise prescription. Waiting time management has been challenging and has mirrored the fluctuation in staffing levels.

Although waiting times are still a challenge, results of the 2017 satisfaction survey showed that 98% of patients rate the service as 'good' or 'excellent', 96% were happy with communication methods and delivery with 100% responding positively regarding communication from therapists. 98% of patients felt they were able to ask questions with 1% feeling they could not. 98% felt listened to and included in the decision-making around their care with the remaining responses left blank.

Overall it has been another positive year and feedback reflects that. Patients are generally very happy with the care they receive. The biggest challenge we are facing at present is reducing waiting times. Actions have already been taken by increasing the musculoskeletal physiotherapy establishment which will have a significant benefit on our capacity and subsequently reduce waiting times.

Commissioning for Quality and Innovation payment framework

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

A proportion of QVH income in 2017/18 was conditional on achieving number of national and local CQUIN goals. We secured 99% of our CQUIN targets generating £892,138 of income.

For our local dental schemes, we achieved 100% our local targets generating £241,243 of income.

The national quality initiatives were:

1. Introduction of health and wellbeing initiatives

QVH has taken numerous measures to improve staff health and wellbeing throughout 2017/18. As well as the musculoskeletal physiotherapy self-referral scheme, established in 2016 and free for all staff, QVH has introduced and promoted health and wellbeing schemes such as Care First/Zest, pilates and mindfulness for stress and wellbeing courses for staff. On a weekly basis, the QVH internal newsletter has a dedicated space for staff health and wellbeing promoting the free services and initiatives available to staff and healthy behaviour. Examples of these include counselling services, good hydration during the hot months and healthy sleeping habits.

2. Healthy food for NHS staff, visitors and patients

Improving our patients' experience of QVH food was a major goal in 2016/17 and continued through 2017/18. As part of this national CQUIN, we have taken forward a number of initiatives to ensure that a choice of healthy food is available to patients and staff. Healthy options are available in all catering outlets including vending machines for staff working out of hours. During 2017/18 QVH has been regularly monitoring the proportion of drinks and food which comply with the CQUIN guidelines. We have seen significant reductions of drinks and food high in calories, salt, sugar and fat. There are no longer price promotions or advertising for foods high in fat, sugar and salt. The vending machine displays have been improved to encourage water bottle sales, putting less healthy contents on lower shelves and displaying sugar and calories contents.

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

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

Vaccinating frontline healthcare workers also protects them and their families from infection.

The national CQUIN measured from October to December each year stipulates that trusts are required to vaccinate 70% of frontline staff as part of an annual immunisation programme. For the 2017/18 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 72.6% of staff engaged and a 58.9% vaccination rate.

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

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

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

In 2017/18 the adult patients' pathway was reviewed and now includes treatment guidelines for sepsis and a prescription chart. The pathway must be completed for all patients treated with sepsis. The Trust is in the process of procuring a nursing e-observation system which will enable clinical staff to record patient vital signs quickly and easily, and will automatically alert appropriate clinical staff if a patient's scores are outside the normal range, as is the case when patients develop sepsis.

5. Reduction in antibiotic consumption per 1,000 admissions

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

6. Empiric review of antibiotic prescriptions

All hospitalised patients who are prescribed antibiotics at QVH are safeguarded by consistent assessment reviews. This ensures that antibiotics are being used appropriately and provides our patients with the best possible care and treatment. In 2017/18 QVH launched an antimicrobial app to promote adherence to guidelines.

Offering advice and guidance

QVH is committed to providing advice and guidance services for non-urgent GP referrals, allowing GPs to access consultant advice prior to referring patients into QVH specialist burns care, general plastic surgery, head and neck surgery, maxillofacial surgery, corneoplastic surgery and community services. QVH is using functionality within the e-referral system to support GPs.

NHS e-Referrals

NHS England has developed the e-RS CQUIN for 2017/18 with the aim of increasing the availability of services and appointments on provider e-RS systems and promoting a paperless environment. By end of quarter 3, QVH had achieved its target of 90% of referrals to first outpatient services being able to be booked via e-RS for burns care, general plastic surgery, head and neck surgery, maxillofacial surgery, corneoplastic surgery and community services.

Supporting proactive and safe discharge

QVH has committed to improving the discharge process for patients across all wards within the Trust. We are working throughout a two year period (2017-2019) to ensure an improvement in the patient outcome, improvement in patient flow and reduction in delayed discharges. In 2017 QVH successfully implemented a successful complex discharge care plan Trust-wide.

Dental

There were three dental CQUINs in 2017/18:

1. Orthodontics buddy arrangement – where QVH receives a number of less complex cases for agreed training purposes.
2. Referral management and triage - throughout 2017/18 QVH has worked on embedding the Dental Electronic Referral System (DERS) and we now only accept referrals from General Dental Practitioners electronically, including the receipt of x-rays.
3. Dental managed clinical networks – our clinicians have actively participated in all meetings arranged to date. This is where the clinical care pathways of our patients are considered and the network will shape and improve services.



“We secured 99% of our CQUIN targets generating £892,138 of income. For our local dental schemes, we achieved 100% our local targets generating £241,243 of income.”

Registration with the Care Quality Commission

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

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

The CQC has not taken enforcement action against QVH during 2017/18 and QVH has not participated in any special reviews or investigations by the CQC during this reporting period.

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

"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).

| | 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.

The recommendations and findings from the CQC report were transferred into a continuous improvement action plan. The action plan contained improvements with a primary focus on the critical care findings. Progress against these actions was 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 areas identified by the inspection team which could be improved. Monitoring of the action plan was incorporated into the Trust's quality and safety reporting structure.

All actions have now been closed or form part of other ongoing workstreams.

Compliance in Practice inspections

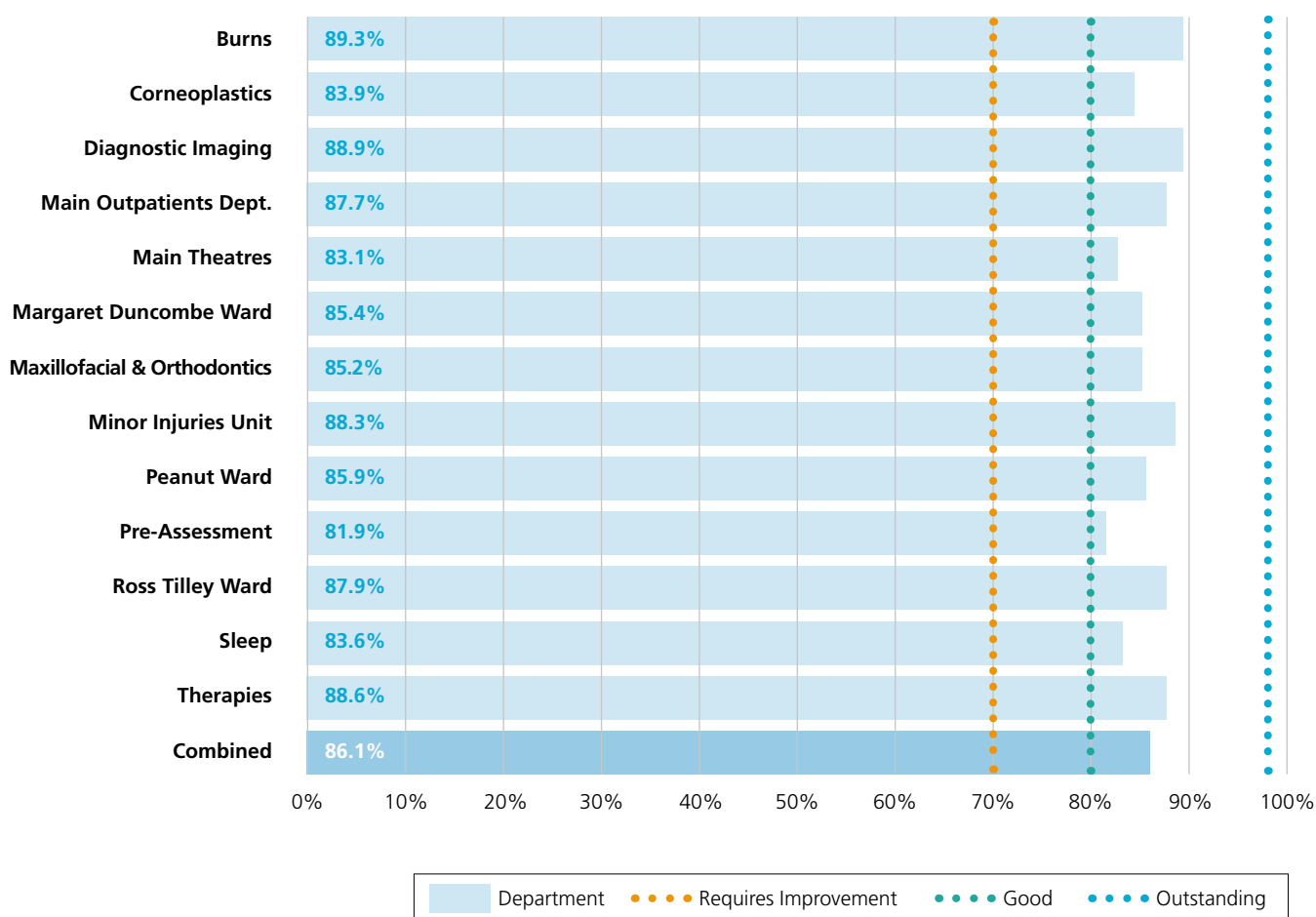
QVH continues to utilise the Compliance in Practice inspection process as a quality improvement initiative within the Trust.

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

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

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

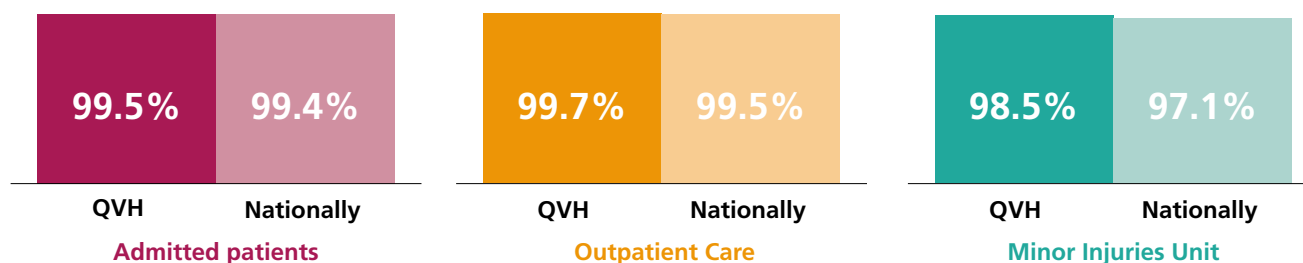
Compliance in practice inspection ratings



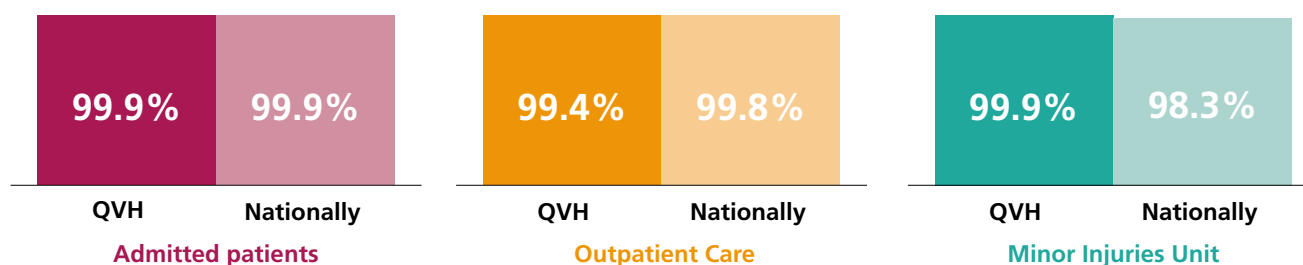
Hospital episode statistics

QVH submitted records during 2017/18 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 - December 2017 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 agenda for this area of work increases each year both in its scope and detail. Privacy and confidentiality are integral at every stage of the patient pathway and our business processes.

In 2017/18, the Trust began implementing data security standards that underpinned its cyber security strategy. We achieved the Cyber Essentials accreditation in February 2018 and Cyber Essentials Plus in March 2018.

A particular focus has been on readiness for the new data protection legislation that will be introduced in May 2018. This will be more stringent and prescriptive on how personal data must be managed.

Compliance against the law and central guidance is assessed by the online information governance toolkit. Information governance toolkit assessments must be completed and published by all bodies that process the personal confidential data of citizens who access health and adult social care services. QVH's information governance toolkit overall score for 2017/18 was 79% and graded satisfactory.

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.

Using the results of regular studies of data flows and processes informed by routine independent audits and benefiting from the increased transparency and visibility of data issues provided by an integrated data warehouse, problems have been identified and solutions put in place to improve the consistency and quality of data collected.

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

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

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

In 2018/19 QVH will be continuing to progress the data quality agenda:

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

Payment by results and clinical coding

In 2017/18 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 98/%
- secondary diagnoses 97%
- primary procedures 98%
- secondary procedures 99%.

The following services were reviewed within the sample:

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

Learning from deaths

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

During 2017/18 four QVH patients died. This is shown below as deaths which occurred in each quarter of this reporting period

| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|------------------|-----------|-----------|-----------|-----------|
| Number of deaths | 1 | 0 | 0 | 3 |

During 2017/18 four case record reviews and no investigations have been carried out in relation to four deaths which have occurred at QVH. All patients who died on site were reviewed using the Structured Judgement Case Note Review.

In no cases was a death subjected to both a case records review and an investigation.

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

All deaths which occur within 30 days off site are subject to a preliminary review with escalation and investigation as part of the risk management framework.

Reporting of national core quality indicators

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

For each statutory indicator, our performance is reported together with the national average. The performance of the best and worst performing trusts nationally is also reported. Each indicator includes a description of current practice at QVH, preceded by the wording 'we believe this data is as described for the following reasons' which we are required to include.

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

Mortality

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

- QVH is primarily a surgical hospital which manages complex surgical cases but has only 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 mortality

| 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|---------|---------|---------|---------|---------|
| 0.01% | 0.02% | 0.03% | 0.005% | 0.02% |

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

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

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

Emergency readmission within 28 days of discharge

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

- QVH has a process in place for collating data on patient readmissions to hospital
- Data is collated internally and patient episode details are submitted to the Health and Social Care Information Centre (HSCIC) monthly
- Readmissions are generally to treat some of the complications that may arise from 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.

| | Discharges | | | | Readmissions | | | | 28 days readmission rate | | | |
|----------|------------|--------|--------|--------|--------------|-------|-------|-------|--------------------------|-------|-------|-------|
| | 14/15 | 15/16 | 16/17 | 17/18 | 14/15 | 15/16 | 16/17 | 17/18 | 14/15 | 15/16 | 16/17 | 17/18 |
| Under 16 | 2,164 | 2,238 | 2,265 | 1,749 | 41 | 60 | 41 | 61 | 1.89% | 2.68% | 1.81% | 3.49% |
| 16 + | 16,174 | 17,049 | 18,234 | 13,796 | 297 | 324 | 369 | 362 | 1.84% | 1.90% | 2.02% | 2.62% |
| Total | 18,338 | 19,287 | 20,499 | 15,545 | 338 | 384 | 410 | 423 | 1.80% | 1.90% | 2.00% | 2.70% |

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 | 13/14 | 14/15 | 15/16 | 16/17 | 17/18 |
|--------|-------|-------|-------|-------|-------|
| 95% | 99% | 98.4% | 99.1% | 99.4% | 99.2% |

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 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

| | 2013/ 14 | 2014/ 15 | 2015/ 16 | 2016/ 17 | 2017/ 18 |
|---|-------------|-------------|-------------|-------------|-----------------------------------|
| Trust apportioned cases | 1 | 1 | 1 | 2 | Not published, expected June 2018 |
| Total bed-days | 18,362 | 14,778 | 14,406 | 14,278 | |
| Rate per 100,000 bed-days for specimens taken from patients aged 2 years and over (Trust apportioned cases) | 5.4 | 6.8 | 6.7* | 14 | |
| National average rate for acute specialist trusts | 14.7* | 15* | 14.9* | 13.2 | |
| Best performing trust | 0 | 0 | 0 | 0 | |
| Worse performing trust | 81.8* | 115* | 113.2* | 147.5 | |

Source: Health and Social Care Information Centre data May 2017

<https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data>

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

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

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

| | 2015/16 | | 2016/17 | | 2017/18 |
|--|--|--|--|--|--|
| | 01/04/15 - 30/09/15 | 01/10/15 - 31/03/16 | 01/04/16 - 30/09/16 | 01/10/16 - 31/03/17 | 01/04/17 - 30/09/17 |
| Total reported patient safety incidents | 381 | 492 | 412 | 295 | 294 |
| Incident reporting rate per 1,000 spells | 52 | 69 | 57 | 42 | 41 |
| Incidents causing severe harm or death | 0 | 1 | 2 | 1 | 0 |
| Percentage of incidents causing severe harm or death | 0% | 0.2% | 0.5% | 0.3 | 0 |
| Acute specialist trust benchmarks | 01/04/2015 - 30/09/2015 (per 1,000 bed days) | 01/10/2015 - 31/03/2016 (per 1,000 bed days) | 01/04/2016 - 30/09/2016 (per 1,000 bed days) | 01/10/2016 - 31/03/2017 (per 1,000 bed days) | 01/04/2017 - 30/09/2017 (per 1,000 bed days) |
| Lowest national incident reporting rate | 15.9 | 16.05 | 16.34 | 13.67 | 14.82 |
| Highest national incident reporting rate | 104.45 | 141.94 | 150.63 | 149.7 | 174.59 |
| Lowest national % incidents causing severe harm | 0% | 0% | 0% | 0% | 0% |
| Lowest national % incidents causing death | 0% | 0% | 0% | 0% | 0% |
| Highest national % incidents causing severe harm | 0.6% | 0.4% | 0.3% | 1.4% | 1.6% |
| Highest national % incidents causing death | 0.8% | 0.2% | 0.3% | 0.5% | 0.2% |
| Average national % of incidents causing severe harm | 0.1% | 0.1% | 0.1% | 0.1% | 0.2% |
| Average national % of incidents causing death | 0% | 0% | 0% | 0.1% | 0% |

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

QVH encourages all staff to report incidents as soon as they occur. During 2018/19 work will continue to support staff with timely investigations, reducing the length of time taken to complete and ensuring any identified learning can be shared promptly.

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

In 2017/18 the council of governors locally selected indicator was medicines prescribing errors; the performance for 2017/18 was 90.

WHO safe surgery checklist

The World Health Organisation (WHO) Surgical Safety 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

| | 13/14 | 14/15 | 15/16 | 16/17* | 17/18 |
|-------------|-------|-------|--------|--------|-------|
| Sign in | 98% | 100% | 99.58% | 97% | 98% |
| Time out | 96% | 100% | 98.05% | 98% | 99% |
| Sign out | 82% | 100% | 92.88% | 95% | 95% |
| Target 100% | | | | | |

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. A theatre action plan had been developed to improve the quality and effectiveness of the WHO checklist and help ensure Never Events do not occur.

The WHO Safer Surgery checklist forms the patient safety quality priority for 2018/19.

“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 – initial assessment for risk of VTE performed

Patients undergoing surgery can be at risk of venous thromboembolism (VTE) or blood clots. They are a major cause of death in the UK and can be prevented by early assessment and risk identification. The national target is 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 | Q4 16/17 | Q1 17/18 | Q2 17/18 |
|------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| QVH | 100 | 100 | 100 | 100 | 93.9 | 97.5 | 91.87 | 93.04 | 90.9 | 91.8 | 93.53 | 94.42 | 99.3 | 96.42 |
| National average | 96.10 | 96.20 | 96.00 | 96.00 | 96.00 | 95.90 | 95.50 | 95.53 | 95.73 | 95.51 | 95.64 | 95.53 | 95.20 | 95.25 |
| National average specialist trusts | 97.40 | 97.30 | 97.40 | 98.00 | 98.70 | 97.70 | 97.23 | 97.53 | 97.53 | 97.40 | 97.65 | 97.44 | 97.58 | 97.58 |
| Best performing specialist trust | 99.50 | 99.10 | 99.90 | 100 | 99.90 | 100 | 100 | 100 | 99.97 | 99.96 | 100 | 99.96 | 99.97 | 99.94 |
| Worst performing specialist trust | 94.60 | 93.30 | 94.30 | 95.00 | 93.90 | 95.10 | 91.87 | 93.04 | 90.96 | 82.68 | 90.67 | 94.42 | 95.56 | 95.24 |

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 all inpatient areas. It provides the Trust with a rate of harm-free patient care and includes the assessment of

patients for VTE risk on admission and re-assessment after 24 hours following admission or surgical intervention.

Work will continue into 2018/19 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 ulcers
- A root cause analysis (RCA) is undertaken for all pressure damage grade two and above
- All pressure damage RCAs are presented internally to share learning
- Recent learning from some incidents has led to change in practice in theatres
- QVH has created a new tissue viability nurse post which has been recruited to
- A baseline audit has been completed and an education package is being developed to tailor to different area's needs.

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

| Target | 13/14 | 14/15 | 15/16 | 16/17 | 17.8 |
|--------|--------------------|---------------------|---------------------|---------------------|--------------------|
| 0 | 0.5 (total = 8) | 0.6 (total = 11) | 0.9 (total = 17) | 0.5 (total = 10) | 0.4 (total = 9) |

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.

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.

"A baseline audit has been completed and an education package is being developed to tailor to different area's needs."

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 | 13/14 | 14/15 | 15/16 | 16/17 | 17/18 |
|--------|-------|-------|-------|-------|-------|
| 0 | 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 2017/18 through the use of single rooms and the appropriate planning of patient admissions.



"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."

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

Patient responses are collected from cards, text messages and integrated voice messaging

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

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

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.

NHS friends and family test scores (from patients)

| | Minor injuries unit | | | Acute inpatients | | | Outpatients | | |
|---|---------------------|---------|---------|------------------|---------|---------|-------------|---------|---------|
| | 2015/16 | 2016/17 | 2017/18 | 2015/16 | 2016/17 | 2017/18 | 2015/16 | 2016/17 | 2017/18 |
| Percentage extremely likely/likely to recommend | 94% | 95% | 96% | 99% | 98% | 98% | 94% | 94% | 94% |
| Percentage unlikely/extremely unlikely to recommend | 3% | 2% | 2% | 0% | 0% | 0% | 2% | 2% | 2% |
| Response rate | 25% | 27% | 24% | 51% | 46% | 43% | 18% | 17% | 16% |

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.

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

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



“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.”

Complaints

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

- QVH has a robust complaints management process in place
- The Trust has an internal target for responding to all complaints within 30 working days
- All complaints are investigated to ensure appropriate learning
- The process for dealing with each complaint is individualised to meet the 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 | 13/14 | 14/15 | 15/16 | 16/17 | 17/18 |
|--------|-------|-------|-------|-------|-------|
| 0 | 0.4 | 0.4 | 0.3 | 0.3 | 0.27 |

Complaints per 1,000 spells (Inpatients)

| Target | 13/14 | 14/15 | 15/16 | 16/17 | 17/18 |
|--------|-------|-------|-------|-------|-------|
| 0 | 4.7 | 4.1 | 2.8 | 2.6 | 2.5 |

Source: Continuous internal audit

We understand that every concern or complaint is an opportunity to learn and make improvements in the areas that patients, their relatives and carers say matter most to them. We understand that handling concerns and complaints effectively matters for people who use our services who deserve an explanation when things go wrong and want to know that a change has been made to prevent something similar happening to anyone else.

It is always our aim to address concerns and resolve problems quickly and effectively at the point of care to ensure the satisfaction of all involved. their complaint has made a difference is our priority. Effective concerns and complaint handling is an important part of ensuring that people receive high quality care.

We take all negative feedback very seriously and our chief executive sees all complaints when they arrive and reviews all responses personally before they are sent. Complaints handling and any trends or themes identified from them are shared and discussed regularly by the executive team and the board of directors, and are reviewed within each of the divisions across the organisation on a monthly basis.

During 2017/18, two complaints were referred to the Parliamentary Health Service Ombudsman, and are still under review.

Staff survey

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
- All staff are encouraged to complete the survey and the response rates are above average
- Results are compared to peers, highest and lowest performers and our own previous performance.

Studies have shown that staff who are empowered, engaged and well supported provide better patient care. At QVH we are very proud of the positive feedback that we receive from patients and despite a challenging level of vacancies in some areas, we continue to make sure our staff receive appropriate professional development, have opportunities to improve their health and wellbeing, and have satisfying roles where they know what they contribute to QVH being able to provide outstanding care.

In the 2017 staff survey our staff engagement score dropped slightly to 3.85, down from 3.87 in 2016. The average for specialist trusts in the QVH comparator group is 3.95, down from 3.98 in 2016. The overall engagement score for acute trusts in 2017 was 3.78.

Changes in the external NHS environment have continued to impact on QVH in the last 12 months and the Trust has experienced nursing retention challenges, particularly in theatres, leading to a higher usage of temporary staff.

Almost 55% of the total workforce responded to the survey, a similar number to 2016. Survey results have also shown staff continuing to recommend QVH as a place to receive treatment at 88%, this is a slight reduction from 91% in 2016. There continues to be a decline in general job satisfaction, 57% in 2017 compared to 62% in 2016, compared to 72% across the benchmark group.

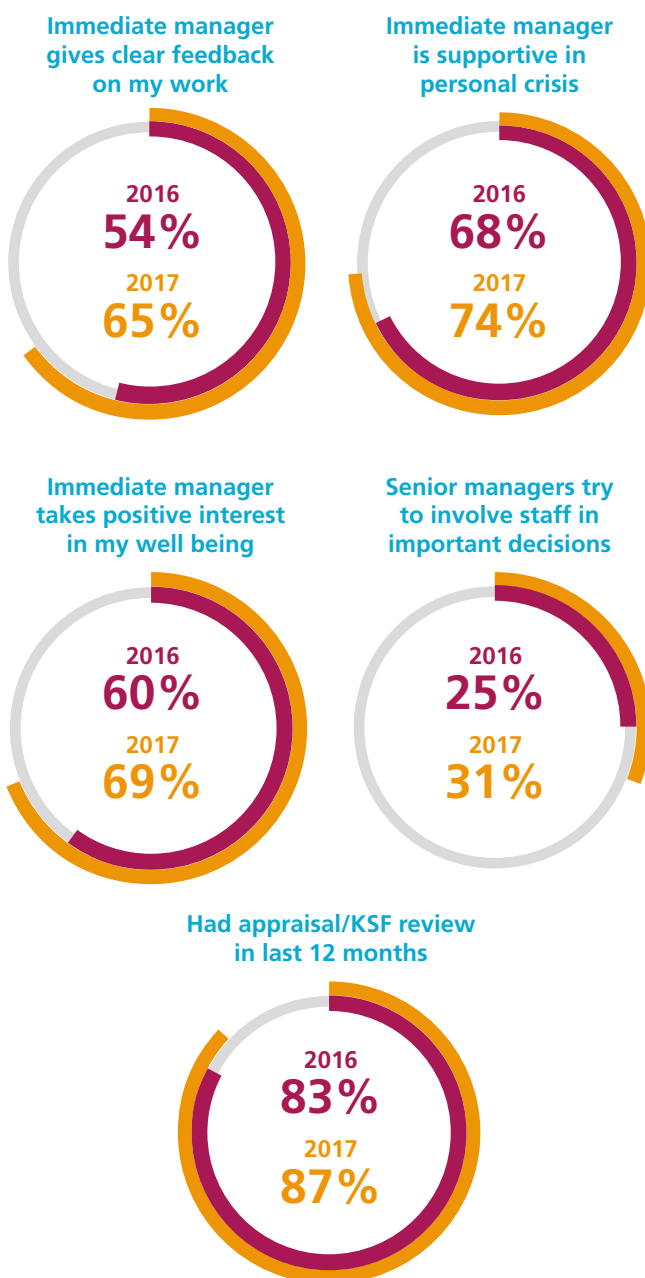
Staff recommending as a place to receive treatment

| | 13/14 | 14/15 | 15/16 | 16/17 | 17/18 |
|---|-------|-------|-------|-------|-------|
| Percentage extremely likely/likely to recommend | 94% | 91% | 93% | 91% | 88% |
| Average (median) for acute specialist trusts | 86% | 87% | 91% | 88% | 89% |
| Highest scoring specialist trust | 94% | 93% | 93% | 95% | 93% |
| Lowest scoring specialist trust | 67% | 73% | 80% | 76% | 79% |

*source www.nhsstaffsurveys.com

Of the 88 questions in the survey the Trust scored significantly better on 5 questions, worse on 1, and no significant difference in the remaining 82 questions.

The areas of improvement were:



Source: NHS staff survey

There was a decline in staff feeling that they were able to provide the care that they aspire to, down to 68% in 2017 from 74% in 2016. This is felt to be attributable to pressure from additional activity and areas of staff shortages as well as a number of non-clinical staff responding to this question.

Staff experiencing harassment, bullying or abuse

Staff experiencing harassment, bullying or abuse

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.

| | 2016 | 2017 | 2017 average for specialist trusts |
|--|------|------|------------------------------------|
| Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months (lower the better) | 24% | 22% | 23% |
| Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse (higher the better) | 47% | 50% | 47% |
| Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (lower the better) | 23% | 25% | 21% |

Source: NHS staff survey

QVH has a zero tolerance approach to all forms of bullying and harassment and this is reflected in the results amongst staff. We will focus further on the behaviour of patients and the public over the next year.

QVH has a clear policy and process for managing and dealing with concerns (whistleblowing) raised by staff which were reviewed further to the election of a Freedom to Speak Up Guardian in April 2017. Over the next 12 months, we will continue to deliver training for all staff and develop managers' skills in how to manage allegations of bullying and harassment. ACAS has delivered a series of workshops on this topic which has now been incorporated into our management and leadership programme to provide ongoing support for managers.

We have seen an improvement in the number of staff reporting that they have had an appraisal; 87% in 2017 versus 82% in 2016. We will be focussing over the next year on the quality of these appraisals and how effective they are in supporting the development of individuals.

Staff survey

Equal opportunities for career progression

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

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- 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.

| | 2016 | 2017 | 2017 average for specialist trusts |
|--|------|------|------------------------------------|
| Percentage of staff reporting equal opportunities for career progression and promotion (higher the better) | 86% | 87% | 88% |
| Percentage of staff experiencing discrimination at work in the last 12 months (lower the better) | 12% | 10% | 9% |

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. The board reportable compliance target is 95%, and 98% of staff who responded to the staff survey state they have accessed mandatory training in the last 12 months. Over the next 12 months we will continue to deliver statutory and mandatory training via a range of interventions. We are also part of the streamlining project in our sustainability and transformation partnership (STP) area to support easy passporting of this training across NHS organisations saving time and resources and improving the experience of the individual.

QVH also provides training to support personal development, management and leadership development. We will continue to promote apprenticeship opportunities to new and existing staff, and we expect to increase the numbers of apprenticeships across the Trust in 2018.

Wellbeing

In 2017/18 the Trust updated the appraisal toolkit to ensure that managers have a conversation with all staff in relation to their general health and wellbeing.

QVH has a health and safety committee which regularly receives reports from across the Trust highlighting any risks and how they are being addressed. In addition, the human resources department provides quarterly information on the support provided to staff through our occupational health and employee assistance providers. Data on this is also included in workforce reports to the board and board sub-committees. Our occupational health service is provided by a neighbouring trust, Surrey and Sussex Healthcare Trust. We have seen a number of enhancements to the services including an improved triage service, improved reporting and record keeping, enhancements to key policies, improvements in health surveillance and access to support seven days a week.

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

Workforce

The significant workforce challenges across the NHS impacted on the Trust during 2017/18. This has been demonstrated in the turnover of clinical staff, particularly nursing staff in theatres, critical care and paediatrics, and also reflected in the staff survey and staff friends and family feedback. The Trust is also aware that we have an ageing workforce with a relatively high proportion of staff who could retire in the near future.

NHS Employers and NHS Improvement have stated that workforce is the single biggest challenge and risk in the NHS nationally. In summer 2017 we were invited to participate in the NHS Improvement Retention Support Programme with the objective of improving staff retention in NHS trusts and bringing down the leaver rates.

The Trust Board agreed to an ambitious multi-faceted engagement and retention programme linked to a number of KPIs. Progress in delivering the various aspects of this programme has been well received in many areas by existing clinical staff, however attraction remains a challenge as all local trusts are targeting the same staff groups with similar incentives and in our geographical location we are disadvantaged by high cost of living and supplements offered by other trusts.

NHS Improvement national priority indicators

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

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

QVH's 2017/18 performance against these indicators was:

| | | National priority indicator | Performance | | Quarterly trend | | | |
|---------------|--------------------------------------|--|-------------|--------|-----------------|--------|--------|--|
| | | | Target | Annual | Q1 | Q2 | Q3 | Q4 |
| Safety | Infection control | C-Diff (Clostridium difficile) acquisitions | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
| Experience | Referral to treatment times | % incomplete pathways less than 18 weeks RTT | 92% | 77.18% | 90.03% | 84.43% | 80.49% | 77.18% |
| | Minor Injuries Unit access | Attendees completing treatments and leaving within 4 hours in minor injuries unit | 95% | 99.71% | 99.66% | 99.80% | 99.50% | 99.88% |
| Effectiveness | Cancer access – initial appointments | Urgent cancer referral seen within 2 weeks wait | 93% | 92.59% | 94.39% | 91.94% | 93.08% | 90.4% |
| | Cancer access – initial treatments | % of cancer patients treated within 62 days of urgent GP referral | 85% | 74.4% | 73.6% | 71.1% | 76.5% | 77.3% |
| | | % 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% | 77.8% | 33.33% | 50.00% | 100% | N/A (no patients treated in this period) |
| | | % treatment started within 31 days from decision to treat, first treatment | 96% | 94.2% | 97.1% | 95.7% | 95.7% | 86.6% |
| | | % treatment started within 31 days from decision to treat, subsequent treatment | 94% | 90.5% | 94.6% | 95.3% | 90.5% | 82.6% |
| | | | | | | | | |

Source: QVH information system.

NHS Improvement national priority indicators

The Trust has struggled with both the 18-week referral to treatment (18RTT) and cancer targets. The main reasons for the underperformance in 18RTT are an increase in demand (particularly in maxillofacial services) against a significant vacancy factor in theatre nursing and a low level of validation resource. The Trust is working with commissioners to manage and balance demand and capacity, has invested in additional validators, has developed a range of recruitment and retention incentives, has theatre and access and appointments productivity programmes and is working with NHS Improvement on both 18RTT and cancer improvements. Late referrals from other trusts and complex pathways due to the specialist nature of our work also impacts upon cancer waiting times. As a result of these challenges, the Trust has had 52 week breaches. The Trust is working collaboratively with NHS Improvement to improve performance on cancer 62 day target.

RTT 18 Open Pathways (%)

| Target | Q1 | Q2 | Q3 | Q4 | 2017/18 end of year position |
|--------|-------|-------|-------|-------|------------------------------|
| 92% | 90.03 | 84.43 | 80.49 | 77.18 | 77.18% |

Cancer 62 day:

| Target | Q1 | Q2 | Q3 | Q4 | 2017/18 end of year position |
|--------|------|------|------|------|------------------------------|
| 85% | 73.6 | 71.1 | 76.5 | 77.3 | 74.4% |

Source: Open Exeter

Operations cancelled by the hospital for non-clinical reasons

During 2017/18 over 15,000 surgical cases passed through our theatres and every effort is made 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 | 2017/18 |
|--|--|---------------------|---------|---------|-----------|-----------|
| Cancer - 62 day wait from referral to first definitive treatment | Data collected monthly and reported quarterly. Performance includes shared care with other providers | 85% | 87.0% | 82.34% | 82.45% | 74.43% |
| 18 weeks - incomplete pathways | Data collected from monthly snapshots | 92% | | 92.91% | 91.5% | 77.18% |
| Diagnostic waiting times | Waiting times for routine ultrasound access | Maximum 6 week wait | | | 2-3 weeks | 3-4 weeks |
| Minor injuries unit - patients leaving without being seen | Data collected from PAS in the minor injuries unit | 5% | 1.90% | 2.38% | 1.62% | 1.30% |
| Operations cancelled on the day of surgery for non-clinical reasons and not rebooked within 28 days | Data collected from PAS and theatre systems | 0 | 3 | 4 | 4 | 14 |
| Urgent operations cancelled for non-clinical reasons for a second or subsequent time | Data collected from PAS and theatre systems | 0 | 3 | 3 | 0 | 0 |

Clinical effectiveness indicators

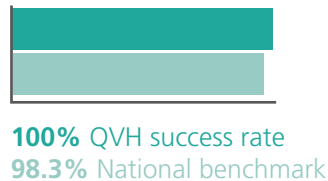
In 2017/18 QVH's clinical specialities continued to be amongst the most experienced and effective in the world.

Head and neck

Survival after 30 days

117

Major cases



Orthodontics

Improvement in tooth position

17,157

Orthodontic procedures*



Breasts

Treatment following cancer

277

Immediate breast reconstruction using free tissue transfer



Eyes

Achieved better than 6/12 vision following a cataract procedure

1,522



Burns

Average burn wound healing time

1,182

Adult

907

Paediatric



17 days adults
11 days paediatric
11 days established benchmark

Skin cancer

Melanomas completely removed

259

Melanomas removed



94.6% QVH complete excision rate
75% NICE national benchmark

Hands

Improvement in function after surgery

1,495

Procedures



18.46 points QVH average (for major elective)
18 points benchmark

*Data collection method updated from 2016/17

Services we provide

Anaesthetics

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

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

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

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

In 2017/18 anaesthetists performed 1,200 upper limb regional anaesthetic blocks for upper limb surgery. An audit carried out by the anaesthetic department in October 2017, which involved contacting patients 24-48 hours following their upper limb operation under a regional anaesthetic alone, found that 96% of the patients were satisfied with the anaesthetic technique.

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

QVH also participated in multi-centre studies coordinated by the National Institute of Academic Anaesthesia. These include the SNAP-1, SNAP-2 and the PQIP studies. We have recruited

in excess of 100 patients into these studies and have made amendments to the national PQIP protocol to include burns and plastic surgery patients.

Facial paralysis

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

Across the UK, healthcare for patients with facial paralysis varies, 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. Based on this need, QVH clinicians led by Charles Nduka, also founded the national charity Facial Palsy UK which supports people living with facial palsy and their families.

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

Moving forwards, QVH has now embarked on advanced facial palsy treatments including chimeric vascularised nerve grafts, surgery for severe synkinesis, corneal neurotisation and is at the forefront of advances in the management of cranial nerve disorders. The philosophy of the QVH team is 'getting it right first time'. This emphasises the benefits of having early and effective holistic treatment for facial paralysis.

QVH is now working with academic and technical partners to develop 'smart specs' for people suffering from facial paralysis. 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 was showcased on the BBC and trials are under way. This innovation could transform the ability of both clinicians and patients to monitor their progress, as well as significantly improve recovery as patients are more motivated to practice facial movements.

Reconstructive breast surgery

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

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

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

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

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

Our team of consultants and specialist breast reconstruction nurses provide a wide range of other reconstructive procedures and also undertake reconstructive surgery to correct breast asymmetry, breast reduction and, if funding can be obtained, congenital breast shape deformity. We run regular breast reconstruction multidisciplinary meetings and liaise closely with all referring units.

Breast reconstruction after mastectomy using free tissue transfer

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

Outcomes include length of stay, emergency returns to theatre, readmissions to hospital, patient feedback. Any reconstructive failures are reviewed in our monthly breast team meetings to determine what we can learn and improve the service we provide for our patients.

The numbers of immediate breast reconstruction (at time of mastectomy) surgery patients has increased from 21% in 2013/14, to 49% in 2017/18. In the last year 277 free flaps were performed with a 0.7% failure rate. We are predicting that the number of immediate reconstructions will again rise over the next year and have again increased our capacity for immediate breast reconstruction to ensure the patient trajectory is smooth and within the cancer target dates.

Breast reconstruction after mastectomy using free tissue transfer

| Target | Benchmark | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|--------|--|---------|---------|---------|---------|---------|
| 100% | 95-98% (published literature); 98% (BAPRAS 2009) | 98.94% | 100% | 99.6% | 100% | 99.3% |

BAPRAS: British Association of Plastic Reconstructive and aesthetic surgeons

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

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

Services we provide

Hand surgery

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

The department includes five hand consultants and a comprehensive hand therapy department which provides a regional hand surgery service to Kent, Surrey and Sussex. Outreach hand surgery clinics and therapy clinics are held at Medway, Dartford, 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.

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.

Going forward, the department is looking to expand the trauma service to include a weekly fracture clinic at QVH. Provision will include direct consultant involvement and supervision to increase their presence and oversight in day to day trauma care.

The QVH hand surgery team continues to collaborate in national research studies on Dupuytren's disease and metacarpal fracture management. In addition, weekly hand training sessions continue for the junior doctors.

| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 Jan - Mar |
|-----------------------------------|-------|-------|-------|-------|-------|----------------|
| Total elective hand procedures | 1,422 | 1,893 | 1,881 | 1,750 | 1,495 | 253 |
| Total trauma cases | 2,384 | 3,084 | 2,972 | 3,042 | 2,824 | 253 |
| Total new outpatient appointments | 4,380 | 5,897 | 5,780 | 5,444 | 5,594 | 813 |

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

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

Effective clinical outcomes

| | Target | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|---|--------------------------|---------|---------|---------|---------|---------|
| QuickDASH change conservative (hands) | A decrease of 18 or more | N/A | 19.29 | 15.16 | 20.4 | 21.07 |
| QuickDASH change surgery elective (hands) | | N/A | 22.48 | 19.18 | 18.33 | 18.46 |
| QuickDASH change surgery trauma (hands) | | N/A | 38.97 | 31.54 | 33.5 | 37.91 |

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 Sussex, 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 2017, the QVH burns service accepted:

- 1,182 adult (>16 years of age) new referrals which was a 6.5% increase in referrals
 - of which 96 needed inpatient care
- 907 paediatric (<16 years of age) new referrals which was a 21.35% increase in referrals
 - of which 20 required inpatient care.

QVH's paediatric ward provides inpatient and day case paediatric

services. Children who require critical care are referred to paediatric burns services within the London and South East England burn network that have the appropriate facilities.

In 2017 there were no adult or paediatric mortalities. All patients are discussed at weekly governance meetings in addition to daily ward rounds so that any learning points can be identified. If further review is required, the patient's case is discussed at a joint hospital governance meeting. All burns mortality cases are peer reviewed at the annual London and South East Burn Network audit meeting, with any outlier cases taken to the national burns mortality meeting. Key burns performance indicators are recorded and analysed through QVH's active participation in the international burns injury database (iBID) programme. This compares QVH's performance with that of all other English burns services in relation to set quality indicators.

Overall in 2017, QVH achieved better than the national average for the six valid dashboard indicators for both adult and paediatric burns care.

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

Burns healing in less than 21 days are less likely to be associated with poor long-term scars, although new treatments such as enzymatic debridement appear to increase healing times and avoid surgery. 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 | 2015 | 2016 | 2017 |
|--|---------|---------|---------------|
| Paediatric (under 16 years) wound healing within 21 days | 11 days | 11 days | 11 days (86%) |
| Adults over 65 years wound healing within 21 days | 17 days | 17 days | 13 days (73%) |
| Adults over 65 years wound healing within 31 days | 24 days | 28 days | 18 days (74%) |

Length of stay

| | 2015 | 2016 | 2017 |
|-----------------------------|---------|---------|-----------|
| Paediatric (under 16 years) | 2 days | 2 days | 2.40 days |
| Adults under 65 years | 7 days | 8 days | 5.8 days |
| Adults over 65 years | 14 days | 14 days | 8.7 days |

Length of stay / percentage burn

| | 2016 | 2017 |
|-----------------------------|------|------|
| Paediatric (under 16 years) | 1.25 | 1.48 |
| Adults under 65 years | 1.58 | 2.0 |
| Adults over 65 years | 1.66 | 6.5 |

Length of stay per percentage burn injury has increased significantly in our elderly population due to issues in discharging patients back to their local area or home. The burns service tries to work collaboratively with home services and local hospitals to facilitate transfer as soon as possible back to the patient's local area and initiates discharge planning for all patients admitted.

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 dermato-histopathology services for skin cancer.

Complete excision rates in basal cell carcinoma

| Target | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|--------|---------|---------|---------|---------|---------|
| 100% | 92.5% | 94.1% | 96.8% | 90.2% | 93.5% |

Basal cell carcinoma is the most common cancer in Europe, Australia and the USA. Management usually involves surgical excision, photodynamic therapy, curettage, immuno-modulators, or a combination. Surgical excision is highly effective with a recurrence rate of 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.

Services we provide

In 2017/18, 2687 basal cell carcinomas were removed by QVH and partners in the West Kent Dermatology Service.

Complete excision rates in malignant melanoma

| Target | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|-------------------|---------|---------|---------|---------|---------|
| QVH target 100% | | | | | |
| NICE guidance 75% | 96.5% | 96.1% | 98.4% | 94.4% | 94.6% |

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 2017/18, 259 melanomas were removed by QVH and partners in the West Kent Dermatology Service.

Corneoplastic and ophthalmology services

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

Specialist techniques provided in oculoplastic surgery including Mohs micrographic excision for eyelid tumour management, facial palsy rehabilitation, endoscopic dacryocystorhinostomy (DCR) for tear duct problems and modern orbital decompression techniques for thyroid eye disease.

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

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

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 | 2017/18 |
|--------|--------------|-----------------|---------|---------|---------|---------|
| 100% | 96% (UK EPR) | With correction | | | | |
| | | 100% | 100% | 100% | 100% | 100% |
| | | Unaided | | | | |
| | | 90% | 92% | 94% | 82% | 88% |

Cataract patients with significant astigmatism now receive a specialist toric intraocular lens to correct this. QVH now has two new cataract surgery suites with state of the art implantation technology to improve placement accuracy.

Head and neck services

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

Total number of major head and neck cancer procedures

| 2013 | 2014 | 2015 | 2016 | 2017 |
|------|------|------|------|------|
| 65 | 106 | 126 | 119 | 117 |

In 2017 QVH treated 117 major cases with 30 day survival of 100% (against a national mortality benchmark of 98.3%) and a flap success rate of 96%.

We endeavour to give the highest quality of patient care and continually strive to improve in line with evidence-based best practice. QVH has therefore 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.

In 2017, the QVH locality group decided to align laryngectomy and dysphagia training together with the tracheostomy course to create a head and neck module to better fit our patient groups and growing service needs.

An audit of the first year of data from the enhanced recovery programme for head and neck cancer was completed and presented to the QVH governance meeting and at the British Association of Oral and Maxillofacial Surgeons conference in July 2017. This audit identified outcomes, adherence to the tool and a survey of health professionals using the tool. Hard outcomes demonstrated benefits to warrant continuation of the programme. Whilst adherence to the new documentation completion was variable, the opinion of all tool users was universally positive. Subsequent to rolling out our tool, we have been approached and visited by Southampton General Hospital in order for us to share our experiences, good and bad, to help them establish their own service. We have also been approached by the University College London Hospitals head and neck service with a view to us providing assistance in setting up their enhanced recovery programme.

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. We completed our validation phase in nine months (national average one year) and have now rolled out the conventional sentinel node service. Other than the three long established providers in the UK (over five years), QVH is the first unit to commence conventional sentinel node biopsy for oral cancer. We are now part of the national mentor group and have helped set up the North West London head and neck unit. Our lead for setting up this service is also an external faculty member for UK training in sentinel node biopsy.

In order to deliver complete head and neck care, including palliative treatments to enhance quality of life, we have now developed electrochemotherapy patient pathways across West Kent and Sussex for treatment of palliative skin nodules. Before this, patients from Kent, Surrey and Sussex could only access this care in central London. A major provider of electrochemotherapy, South Tees Hospitals NHS Foundation Trust, is our mentor unit. We commenced the service in July 2017 and as awareness has grown referral rates are increasing. We have had a total of 14 referrals in seven months although due to the nature of advanced disease, not all patients have been suitable to have treatment. We are now working with plastic surgery colleagues to expand the practice beyond the head and neck.

In the summer of 2017, we held an event for head, neck and skin cancer patients to promote health and wellbeing. The event was well evaluated by attendees, particularly the sessions with clinicians talking about how to spot signs and symptoms of recurrent disease.

Most quality of life tools in head and neck cancer reflect the entire patient pathway including radiotherapy; none reflect solely on patient's surgical experience. So in order to improve services we have commenced a working group to design a specific patient questionnaire on experiences after head and neck surgery and we hope this will help us improve services further.



“The cranial nerve centre is currently in its infancy but could revolutionise patient care in head and neck surgery worldwide.”

Services we provide

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

*The Trust has investigated this patient's data, which is very positive overall about the surgery which was performed at QVH. It is possible 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.

Orthodontics

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

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

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

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

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

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

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

In 2017, 98.6% of our patients were assessed as 'greatly improved' or 'improved'. This is shown 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 | 2017 |
|-----------|------|------|------|------|-------|
| PAR score | 95% | 95% | 98% | 98% | 98.6% |

*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 is asked to complete a confidential questionnaire. In 2017, 285 patients completed the satisfaction questionnaire. The significant majority (86%) were completely satisfied with the result of their treatment and the remaining 12% were fairly satisfied, and 1% a little satisfied. No patient was disappointed.

Furthermore, 99% were happy that their teeth were as straight as they would have hoped; 70% reported improved self-confidence; 60% reported an improved ability to keep teeth clean; 62% reported improved ability to chew; and 21% reported improved speech.

A total of 98% 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 92% would recommend a similar course of treatment to a friend.

Mandibular advancement splint

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

Over the years, QVH's referrals have increased as patients continue to experience a positive outcome to their apnoeic symptoms. Patients are screened before their referral to the orthodontics department to assess their suitability, with reported success rates from previous audits of 82-85%.

This year saw the fourth cycle of the patient satisfaction audit.

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

Maxillofacial prosthetics service

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

We offer patients the full range of maxillofacial device treatments and are at the forefront of several evidenced based research projects. QVH is the lead site for the national portfolio artificial eye study. This study is collecting nationwide data on artificial eye patients via a questionnaire covering patient's cleaning regimes, the presence of any deposit/discharge for ocular prostheses, overall experience of ocular rehabilitation treatment and quality of life after eye loss. This data will enable investigation into adapting to monocular vision and add to the current evidence base available in the published literature. The goal is to produce a simple and readily available information leaflet available in clinics and online. This study hopes to improve patients' artificial eye tolerance and reduce deposit build up, reduce symptoms of discharge, ultimately improving the patient experience. The study co-ordinator has just won the Rising Star Award from the Kent Surrey and Sussex Clinical Research Network for showing dedication and motivation to this QVH-led study. A large number of sites (currently 36) across the country have now signed up. Such evidence based research will inform and prepare patients experiencing eye loss in the future and be useful in NHS clinics, GP surgeries and affiliated organisations.

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

The maxillofacial prosthetics department have been supported by QVH Charity to purchase a 3D scanner and printer for rapid prototyping and for the design/engineering service to be available in-house.

Services we provide

Sleep disorder centre

The sleep disorder centre is now 25 years old and well established. It employs five consultants from parent specialties of chest medicine, neurology and anaesthetics, supported by 15 technicians and 19 administrative staff. Over 3,000 new referrals per year are received from all over the south of England. It is one of the six largest centres in the UK, and admits up to 42 patients for inpatient studies per week, with 15 outpatient clinics per week, and day case admissions for therapy each weekday.

The facilities are self-contained and include six fully air-conditioned inpatient study bedrooms, four outpatient clinic rooms, a pleasant reception and waiting area, and a technician control room.

The centre receives referrals for all sleep disorders in adults, including:

- insomnia
- sleep disordered breathing
- disorders of central hypersomnolence
- parasomnias
- circadian rhythm disorders
- movement disorders.

The department is one of the only centres in the UK where all treatments for sleep disordered breathing are available, including continuous positive airway pressure (CPAP), non-invasive ventilation (NIV), adaptive servo ventilation (ASV), mandibular advancement splints provided the orthodontic department, and maxillofacial surgery for bimax osteotomy.

Pharmacological treatments are frequently undertaken and a shared care policy is being developed with primary care to provide specialist support in the community.

Referrals have increased over the last two years, from 2,200 to over 3,000 per annum. The greater complexity of the workload, especially in chest medicine, COPD and obesity hypoventilation syndrome, means that more specialised equipment is needed, and the department now has a blood gas analyser, glucose refractometer and ECG machine. Blood for haematology and chemical pathology is taken and sent directly from the centre without need to refer on to general outpatients.

This greater complexity also requires highly trained staff, and the senior technicians are all registered polysomnographic technicians or equivalent, whilst others are in training for the examination, or assume a support role.

In 2017 the team gave more than ten talks and presentations to national and international meetings, GPs, trainees and patients groups. The clinical lead is an elected member of the Committee of the British Sleep Society and is actively engaged in developing an accreditation process for sleep centres in the UK, in conjunction with the European Sleep Research Society.

The department is active in research, and presented four original

projects at the biennial international meeting of the British Sleep Society in 2017, one reaching the top five in the opinion of the judging panel.

The service is looking to undertake further research into the benefits of brain stimulants in patients with subcortical arousal in sleep.

Radiology department

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

The radiology department provides general radiography, fluoroscopy, non-obstetric ultrasound and cone beam computed tomography services (CBCT) on site. We also offer on-site services for diagnostic and therapeutic sialography and MSK ultrasound.

MRI is currently delivered on the QVH site three days a week in partnership with a third party provider and we are planning to extend the MRI services provided at QVH in 2018.

The current CBCT is being replaced in April 2018 by a new machine that is capable of scanning large and small field of view examinations. This means patients will be seen locally rather than needing to travel to London for small field of view examinations.

QVH patients referred for CT scans are offered appointments in neighbouring NHS trusts or private providers. From August 2018 QVH will be offering an on-site CT service managed by the QVH radiology team.

Our radiology services are provided for inpatient, outpatient and minor injuries unit patients at QVH and we provide direct access for our GP community.

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

In November 2015, we partnered with Sussex Community NHS Foundation Trust to provide a general radiography reporting service for Crowborough and Uckfield. Radiology management and clinical support, including staffing, for the diagnostic services in the High Weald, Lewes and Havens area is delivered by QVH.

Although there is no agreed national benchmark for report turnaround times within radiology, QVH expects to maintain an internal target that at least 80% of all CT, MRI, ultrasound and general radiography will be reported within 48 hours from image acquisition. We are routinely exceeding this target and reporting figures of 90-95%.

Monthly returns identify any waiting time breaches, with patients waiting more than six weeks where the clock has not been stopped for approved reasons. Over the last two years QVH has seen an increase in patients waiting over six weeks, mainly due to increased referrals across all modalities, which is stretching our capacity and the reliance on out-sourcing for all CT and paediatric MRI examinations. These patient waits continue to be monitored and the expectation is that with on-site CT available in late 2018 we will have better control of our ability to meet this target.

The radiology department is in the process of applying for the Imaging Services Accreditation Scheme (ISAS). ISAS supports radiology departments to manage the quality of their services and make continuous improvements. This accreditation process will help ensure our patients and referrers consistently receive high quality of service. Our ISAS submission and completion is due in late September 2018.

| | Measurement | 2016/17 | 2017/18 |
|--|---|--------------------|------------------|
| Report turnaround time | Percentage of CT, MRI, ultrasound and plain film reported within 48 hours | Routinely over 90% | Average over 90% |
| Diagnostic waiting times | Waiting times for routine ultrasound access | 2-3 weeks | 3-4 weeks |
| Diagnostic waiting time performance | Percentage of patients referred for CT, MRI or non-obstetric ultrasound seen within six weeks of referral | Over 90% | Over 90% |
| AQP non-obstetric ultrasound | 95% of all urgent referrals will be scanned within 5 working days | Over 95% | Over 95% |
| | 95% of all routine referrals will be scanned within 15 working days | 100% | Average 99-100% |
| DNA rates for radiology (patients who do not attend) | Percentage of patients that do not attend their appointment across radiology | 5% | 3% |
| WHO checklist audit for ultrasound and fluoroscopy | Percentage of patients that have completed checklist forms scanned into the radiology information system. | 95% | 96% |



“Our radiology services are provided for inpatient, outpatient and minor injury unit patients at QVH and we provide direct access for our GP community.”

Services we provide

Therapies

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

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

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

“We 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.”

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

- **Patient specific functional score (PSFS)** - an outcome measure which assists in identifying activities impaired by illness or injury. Our target, and an indication of clinical significance, is for a change of 3 points or more.
- **QuickDASH** - measures physical function and symptoms in people with musculoskeletal disorders of the upper limb. Until 2016/17 a change exceeding 7 points was the most accurate change score for discriminating between improved and stable patients. More recently this has moved to a change exceeding 18.
- **TOM** - The Therapy Outcome Measure (TOM) allows professionals from many disciplines working in health, social care and education to describe the relative abilities and difficulties of a patient/client in the four domains of impairment, activity, participation and wellbeing in order to monitor changes over time.
- **POSAS** – The Patient and Observer Scar Assessment Scale (POSAS) is a questionnaire that was developed to assess scar quality. It consists of two separate six-item scales (observer scale and patient scale), both of which are scored on a ten point rating scale. An improvement of 5% is deemed clinically significant.
- **FGS** – The Sunnybrook facial grading system grades patients based on their resting symmetry, symmetry of voluntary movement and synkinesis (involuntary muscular movements accompanying voluntary muscular movements). A composite score is given with a total possible score of 100.
- **New patient to follow-up ratio (NP:FU)** - depending on the service there is often a target ratio which is generally less than six follow up appointments to every initial appointment on average. Services such as musculoskeletal physiotherapy would be expected to meet a lower ratio of 1:5, whereas services treating long term, progressive conditions will demonstrate higher ratios. Low ratios are not at the expense of clinical outcomes, but instead demonstrate effective and efficient treatment.
- **Shared Decision Making** - the government has made a strong commitment to ensuring that the health service promotes the involvement of patients in decisions about their care and treatment. Our target is to ensure that over 80% of our patients referred with knee and/or hip osteoarthritis receive shared decision making information packs (patient decision aids).
- The Burns Standards state that **FAB (Functional Assessment of Burns) assessments** must be carried out within 24 hours of admission.

We also use service specific surveys to monitor patient satisfaction.

| | Target | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|--|--------|---------|---------|---------|---------|------------------|
| Effective (clinical outcomes) | | | | | | |
| PSFS change (MSK) | ≥ 3 | 3.99 | 4.17 | 4.2 | 4.24 | 4.00 |
| Quick DASH change- Conservative (Hands) | >18 | N/A | 19.29 | 15.16 | 20.4 | 21.07* |
| Quick DASH change – Surgery elective (Hands) | >18 | N/A | 22.48 | 19.18 | 18.33 | 18.46* |
| Quick DASH change - Surgery trauma (Hands) | >18 | N/A | 38.97 | 31.54 | 33.5 | 37.91* |
| POSAS (Burns) | >5% | N/A | N/A | N/A | 7.13% | 8.45% |
| FGS (Facial palsy) | ≥60% | N/A | N/A | N/A | 69% | Data unavailable |
| Effective (NP:FU) | | | | | | |
| NP:FU ratio (Physio) | ≤ 5 | 4.2 | 4.6 | 4.1 | 3.47 | 3.44 |
| NP:FU ratio (occupational therapy) | ≤ 5 | 3.9 | 4.9 | 4.5 | 3.71 | 2.72 |
| NP:FU ratio (speech and language therapy) | ≤ 5 | 4 | 4.6 | 3.2 | 3.09 | 2.94 |
| NP:FU ratio (dietetics) | ≤ 5 | 3 | 3.7 | 4.2 | 4.08 | 4.34 |
| Average new to follow up ratio | ≤ 5 | 3.8 | 4.45 | 4 | 3.58 | 3.09 |
| Discharge reports sent within 7 working days (MSK) | >90% | N/A | N/A | N/A | 95% | 96% |
| Shared decision making information issued to patients with knee and hip osteoarthritis | >80% | N/A | N/A | N/A | 90% | 88%** |
| Patient experience | | | | | | |
| Patient satisfaction - MSK (%) | >90% | 98% | 98% | 100% | 99% | 98% |
| Patient Satisfaction – Rehab (%) | >90% | N/A | N/A | N/A | 100% | 95% |
| Patient Satisfaction – Facial Palsy (%) | >90% | N/A | N/A | N/A | 95% | 100% |
| Patient Satisfaction – Hands (%) | >90% | N/A | N/A | N/A | N/A | 100% |
| Burns standard - FAB review within 72hrs (%) | >90% | N/A | N/A | 100% | 100% | 94.4% |

* based on data from April 17 to December 18

**based on data from April 17 to February 18

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.

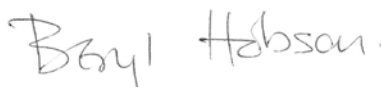
NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality 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 2017/18 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 2017 to 24 May 2018
 - » papers relating to quality reported to the board over the period April 2017 to 24 May 2018
 - » feedback from commissioners dated 17/05/2018
 - » feedback from governors dated 15/05/2018
 - » feedback from local Healthwatch organisations. Healthwatch West Sussex chose not to comment on the quality report but provide feedback to the Trust through a variety of channels
 - » West Sussex Health and Adult Social Care Overview and Scrutiny Committee chose not to comment on this quality report as they had not been involved in any significant work with QVH in 2017/18
 - » the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 07/09/2017
 - » the latest national patient survey 03/05/2018
 - » the latest national staff survey published March 2018
 - » the head of internal audit's annual opinion of the trust's control environment dated May 2018
 - » 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
24 May 2018



Chief Executive
24 May 2018

Statements from third parties

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

Crawley and Horsham and Mid-Sussex CCG welcome the opportunity to comment on and contribute to the draft quality account 2017/18 and clinical quality of services provided by Queen Victoria Hospital NHS Foundation Trust.

We support the Trust strategic outlook which seeks to address and improve the health of the local population and is aligned to deliver the NHS national priorities.

Over the past year, together with other stakeholders, Crawley and Horsham and Mid-Sussex CCG have worked closely with the executive team to support the delivery of quality and patient safety initiatives which aim to improve patients experience and clinical outcomes. The CCG would like to note the Trust continues to focus on patient safety embedding a culture of transparency in encouraging staff to report safety incidences.

The Quality accounts reflect the Trusts on-going commitment to quality improvement addressing key issues in a focused and innovative way. The account summarises the achievements against the Trust quality priorities.

Furthermore the Trust has identified three key areas of focus where improvements are a priority for 2018/19, of which the CCG is in agreement, and the CCG quality team welcomes the opportunity to work with the Trust and support these improvements, as outlined within the report especially building on patient safety in theatres.

The CCG would like to thank the Trust for the opportunity to contribute towards the Quality Account and looks forward to developing its relationships with the Trust in 2018/19.

17 May 2018

Statement from QVH Council of Governors

The QVH Council of Governors are pleased to comment on the quality account. In our view the quality account is consistent with the services and activities of the Trust over this last year. In terms of the priorities for 2017/18 the Council of Governors understood the necessity of increasing theatre productivity so that we improve the experience for patients including reducing waiting times as well as ensuring the Trust is making best use of NHS funds. We welcome the fact that the priority is now being reviewed over a two year programme and thus will remain a priority for 2018/19. We also welcome the increased awareness of mouth care issues and are very pleased that the focus on the patient experience within the Trust is seeing improvements to children's and other waiting areas.

For 2018/19 we understand the need to put patient safety first in terms of a priority which we want to measure and support the success criteria of having no Never Events in 2018/19. We note the Never Events which occurred in 2017/18 and also the steps that are being introduced both to ensure non-recurrence and more widely to ensure they are prevented through training, audits and other compliance checks. Having heard a number of stories from patients about their largely positive experiences at being dealt with by the Trust we are pleased to see further focus on ensuring the Trust seeks to improve further the communication between clinicians and patients.

The Council of Governors commends the remainder of the report which demonstrates the Trust's commitment to the highest standards of patient safety, patient experience and improving our services and activities. We also welcome the commitment being shown to our staff in terms of improving the environment in which they work as well as focusing on their training and development. The Council of Governors is not complacent in the face of the challenges faced by the Trust but is extremely grateful for all the hard and outstanding work undertaken by all staff members of the Trust over the last 12 months, in part reflected within the content of this quality statement.

15 May 2018

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 2017/18.

Healthwatch West Sussex

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

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

We have been engaged by the Council of Governors of Queen Victoria Hospital NHS Foundation Trust ('the Trust') to perform an independent assurance engagement in respect of the Trust's Quality Report for the year ended 31 March 2018 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2018 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 ('the 18 week RTT indicator') ; and
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers ('the 62 day cancer waits indicator') .

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 2017/18* ('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 2017/18*.

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 2017 to May 2018;
- papers relating to quality reported to the Board over the period April 2017 to May 2018;
- feedback from commissioners, dated 17 May 2018;
- feedback from governors, dated 15 May 2018;
- feedback from local Healthwatch organisations, requested 25 April 2018;
- feedback from West Sussex County Council Health and Adult Social Care Select Committee, requested 24 April 2018;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the latest national patient survey, dated 2017;
- the latest national staff survey, dated 2017;
- Care Quality Commission Inspection, report dated 26 April 2016;

- the 2017/18 Head of Internal Audit's annual opinion over the Trust's control environment, dated 23 May 2018; 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 the 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 2018, to enable the Council of Governors to demonstrate it has discharged its 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 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 non-mandated indicator, which was determined locally by Queen Victoria Hospital NHS Foundation Trust.

Basis for adverse conclusion on the 18 Week RTT indicator and the 62 day cancer waits indicator

As set out in the Statement on Quality from the Chief Executive of the Foundation Trust on page 75 of the Trust's 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, but our testing identified that the indicator is not complete. In addition, our sample testing of this indicator identified 10 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 15 errors in our sample testing of the data comprising the indicator. These errors related to discrepancies between data recorded in PAS and underlying patient records, including a lack of available patient referral evidence from other referring bodies.

As a result of these issues, we have concluded that the 18 week RTT indicator and the 62 day cancer waits indicators for the year ended 31 March 2018 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.

Conclusion

Based on the results of our procedures, except for the effects of the matters described in the 'Basis for adverse conclusion on the 18 week RTT indicator and the 62 day cancer waits indicator' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- 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

KPMG LLP

Chartered Accountants

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25 May 2018

