





Queen Victoria Hospital NHS Foundation Trust

Quality Report 2019/20

Note: the majority of photos contained in this document were taken before COVID-19.



***"Our work reflects our values
of humanity, pride and
continuous improvement."***



QVH QUALITY REPORT

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QUALITY REPORT 2019/20

Statement on quality

This has been a year of two very different parts. The virus that changed so much for us all will inevitably be at the front of our minds, but this Quality Account also serves to remind us of the excellent work underway at QVH before that. Our ability to deliver vital care through the pandemic was founded on the expert skills and positive attitudes that were already embedded in the values of QVH staff, along with an absolute determination to do the right thing for every patient.

We have a huge amount to be proud of in 2019/20. I will just highlight a few successes here; you can read many more in the report that follows.

QVH is the South East's specialist surgical centre for skin cancer, head and neck cancer, and provides microvascular reconstruction services for breast cancer patients following, or in association with, mastectomy. We therefore take part in the National Cancer Patient Experience Survey and in 2019 this survey again showed that patients rate highly the cancer care we provide. The average patient rating for their care at QVH was 8.9 out of 10, which is a testament to the professionalism, commitment and compassion of our staff. We always strive to do better and surveys like this always help us to find ways to improve what we do.

One of those improvements is that our head and neck cancer team now have a member of staff to coordinate imaging studies, referrals and surgery. The head and neck cancer navigator helps to make sure we provide prompt, timely and efficient care to these patients. A possible head and neck cancer can be devastating to a patient and their family members. We are aiming to offer patients with a suspected cancer a first appointment within seven days of referral and have put systems in place to support prompt benign result letters as well as help cancer patients throughout the continuum of care. Through the first months of 2020/21 we have seen a significant increase in the numbers of head and neck cancer patients receiving surgery at QVH, so this role has been even more important.

In 2019, QVH therapies department worked with a small number of patients needing specialist therapies for hands, burns and facial palsy to see if we could successfully deliver therapy sessions online. The focus at the time was on reducing the travel time and stress related to this for our patients throughout the UK.

We also thought that it would help to reduce the number of on-the-day cancellations, which increase waiting times and are costly, reduce patients' reliance on hospital transport and lead to fewer vehicles using the car park which can be busy at times.

This small trial rapidly became the norm for the vast majority of our clinics when the pandemic began. In an extremely rapid, fundamental change to how we work we were able to establish virtual clinics across our specialisms, keeping our patients and our staff safe without compromising the standard of clinical care.

Finally, I just want to mention our cranio-maxillofacial prosthetic service, the largest of its type in the UK and one of only five accredited reconstructive science training institutions, developing experts of the future through government funded training posts. Using the latest 3D technologies, the onsite maxillofacial laboratory is able to design and manufacture surgical implants such as titanium skull plates, and with incredible art the team produce artificial ears, eyes, noses and sections of face. During 2020 there were significant changes in legislation and the laboratory at QVH was among the first to obtain a license with the Medicine and Healthcare Products Regulatory Agency, evidencing the robust quality management and risk management that lies behind our totally bespoke work with individual patients.

I hope you will agree that those three areas of work illustrate the patient-centred focus for which QVH is rightly known, and that we combine that with a reputation for innovation and for robust systems and processes. These stories are repeated through all our teams and across our work with all our patient groups; please do read the rest of this report to find out more.



Steve Jenkin

Chief Executive and Accounting Officer
30 July 2020



PRIORITIES FOR IMPROVEMENT

QVH's quality priorities for 2020/21 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 patient feedback and progress on our 2019/20 priorities.

The Trust uses the three dimensions of quality set out by Lord Darzi:

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.



PATIENT SAFETY

Delivery of a simulation programme for theatre staff based on human factors. The simulation training will be inter-professional, delivered to multidisciplinary teams of staff who work together to care for patients. The simulated scenarios will be theatre specific clinical emergencies and will allow safe practice of skills, both technical and non-technical. The aim of the human-factor based simulation training programme will be to improve the skills, knowledge and confidence of staff and enhance patient safety.

What success will look like...

The theatre training will incorporate recommendations from the report "Improving Safety through Education and Training" commissioned by Health Education England.

We will demonstrate how the current investment in simulation equipment and training capacity sustains and improves patient safety within theatres and has been incorporated into everyday clinical practice.

We will look at how the simulation and awareness of human factors programme approach has improved QVH's COVID-19 preparedness and effectiveness; improved theatre staff downtime due to restricted surgical procedures created by the pandemic; increased clinical skills and knowledge. Additionally we will assess whether raised awareness of human factors is positively incorporated into incident investigations within theatres.



CLINICAL EFFECTIVENESS

Implement and increase the use of virtual clinics within hand surgery including trauma, to ensure that patients are seen more quickly from initial injury, and can be assessed and treated within fewer appointments to improve their overall patient experience.

QVH is the regional hospital for hand surgery including trauma. Hand surgery is complex, and often requires multiple attendances to site for assessment and surgical intervention. This is often followed by ongoing therapeutic rehabilitation with specialist hand therapists to regain full movement lost through the injury.

What success will look like...

Implementation of virtual clinics will ensure that some patients are able to have initial consultations, hand therapy and other outpatient appointments virtually. This will benefit the environment by reducing patient journeys to site and car parking challenges, while freeing up space within onsite clinical areas.

We will increase procedures undertaken under local anaesthetic and introduce hand therapists within theatres to fit the patient's splint after their operation with consultant input, to further reduce the need to attend site.



PATIENT EXPERIENCE

The Mental Capacity Act was enacted in 2005 and then implemented during 2006. Staff and patients still struggle to fully understand all the legal nuances and requirements for valid decision making and consent to occur for our most vulnerable patients and their families.

Baseline audit of Mental Capacity Act processes and record keeping. To improve data capture on existing systems so that the Trust has a better overview of Mental Capacity Act activity and can report accurately.

Implementation of updated Mental Capacity Act documentation to improve record keeping to meet the threshold for legal review. Define clear recording standards so that staff are confident they are recording adequate information.

The patient Mental Capacity Act journey will be made transparent and current patient information will be reviewed and adjusted to make the processes transparent and clearer to all concerned.

The primary aim of this quality priority is to support Trust-wide implementation of the Mental Capacity Act and to improve clinical safety and patient care.

What success will look like...

- A task and finish Mental Capacity Act documentation working group to put in place updated and more effective patient documentation
- Data will be collected and systematically audited to provide regular reports on Mental Capacity Act processes and recording
- Training needs analysis will be undertaken to better inform learning and development options offered
- Staff training will be reviewed and updated to build confidence, efficiency and competencies
- Patient Mental Capacity Act journey will be transparent and materials provided to support patient and family understanding of how the Mental Capacity Act works on a day to day basis in an acute hospital setting.

Learning disability is a lifelong condition which cannot be cured. Patients with this condition have reduced ability to understand new or complex information. They are likely to have a reduced ability to cope independently in the hospital environment. We want to make sure the right support and adjustments are made to aid a good recovery and to enhance their experience of the hospital environment.

This project aims to improve patient experience by undertaking detailed reviews with individual patients during their attendance and/or admission to QVH.

We also want to make transparent each patient journey and how staff can best support them and their families/carers whilst they are patients of QVH.

What success will look like...

Set up a QVH task and finish group to achieve provision of effective learning patient information and the use of learning passports.

We aim to bring together a high quality collection of patient feedback at different stages in their treatment journey, which will be used to look at improvements in how we support patients in individual decision making around their treatment. This will include a review of the information provided for patients regarding surgery and treatment expectations.

Enhance and strengthen the use of learning disability passports in the hospital setting, enabling all reasonable adjustments to be made in a timely manner.



We have paused work on the finalisation and implementation of these priorities due to the COVID-19 pandemic. Revisiting these quality priorities will be part of our phased recovery and restoration work.



Progress against these priorities will be monitored by the Trust's quality and governance committee on a quarterly basis. Priorities may change depending on the duration of the COVID-19 pandemic. Progress will also be reported at public board meetings.



Performance against 2019/20 quality priorities

Our quality priorities for 2019/20 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 2019/20 quality priorities was as follows:



PATIENT SAFETY

Our quality priorities and why we chose them...

Implementation of an e-observation tool to collect and collate patient physiological data such as blood pressure, heart rate, respiratory rate and other clinical indices.

These will then be compared automatically with agreed standards and provide automated alerts to the patient's clinician for intervention and further escalation where required.

The e-observation tool will make use of NEWS2, the standardised national approach for detection and response to clinical deterioration in adult patients.

The primary aim of this quality priority is to support Trust-wide implementation of a tool to detect patient deterioration early, and improve clinical safety and patient care.

Targeted outcome...

Paper implementation of the new NEWS2 tool replaced by effectively implementing an e-observations patient tracking tool within clinical areas to help with clinical decision making.

Data will be collected and systematically audited to provide regular reports on patient status, response times and patient outcomes in order to improve quality of care.

Did we achieve it in 2019/20?

An e-observations software package and mobile devices have been procured and will be rolled out to doctors and the wards for use. The devices will be used to collect vital signs data at the bedside and allow clinicians to view the data from anywhere in the Trust.

The final phase will allow integration with Trust devices to send the vital signs data directly into the software, reducing the need for the nurse to input the data and thereby improving accuracy and patient safety even further. However, this phase was suspended for a minimum of three months due to the COVID-19 outbreak.

PATIENT EXPERIENCE

Our quality priorities and why we chose them...

Review of patient experience of treatment pathways in head and neck surgery.

QVH is the regional centre for head and neck surgery and our head and neck cancer services include primary assessment and diagnosis, specialist review, surgery and follow up. This surgery is often life changing. We want to make sure we are giving patients the best possible information before and during their treatment so that they can make individual choices about the course of treatment, including the balance of risk and benefit.

This project aims to improve patient experience by undertaking detailed reviews with individual patients during the inpatient and discharge periods.

Targeted outcome...

We aim to bring together a high quality collection of patient feedback at different stages in their treatment journey, which will be used to look at improvements in how we support patients in individual decision making around their treatment. This will include a review of the information provided for patients regarding surgery and treatment expectations.

Did we achieve it in 2019/20?

A total of 42 patients responded to the survey

All but one patient felt they were given enough information (written and/or spoken) before their operation and it was easy to understand. One patient felt they were given enough, but it was difficult to understand.

The majority of patients (37) felt the information prepared them enough for their recovery and experience after surgery. Three patients expressed that they could have done with more information; one patient felt it was overwhelming; and another patient did not know/ could not remember.

All open ended responses received expressed that the information given was clear, informative and easy to understand.

CLINICAL EFFECTIVENESS

Our quality priorities and why we chose them...

Outpatient Improvement Programme – introduction of 'virtual clinics'.

The aim of this quality priority is to take forward the delivery of new and innovative ways of delivering outpatient appointments that will improve patient experience, efficiency and help to reduce waiting times. Areas of focus will include the introduction of Skype clinics and virtual follow up clinics for glaucoma patients.

Targeted outcome...

To establish virtual clinics for:

- Adult and paediatric scar management
- Facial palsy
- Glaucoma
- Mandibular advancement splints

Did we achieve it in 2019/20?

In 2019/20 we established one adult scar clinic and one paediatric scar clinic by Skype each month, as well as a small amount of hand therapy and facial palsy activity via Skype.

Glaucoma clinics are increasing as more patients enter the virtual pathway and patients are returning for follow ups within the virtual setting. Mandibular advancement splint clinics are ongoing and regular; these have been expanded as required to incorporate new patients.

Each area has been recording patients' feedback via a questionnaire. Patient satisfaction has been high for glaucoma and a Skype audit has taken place to evaluate the clinics from a clinician's perspective.

With the arrival of COVID-19 this work stream took on new importance as a way to see patients safely during the pandemic. Initially, the majority of outpatient appointments were converted to telephone consultations and NHS England promoted the implementation of a video consulting platform which QVH has adopted. We have set up a number of pilot clinics, which have in turn supported the development of a comprehensive roll out programme across all services during June and July 2020.

The rapid acceleration of the virtual clinics programme with outpatient appointments carried out by phone and video has enabled us to successfully see hundreds of patients at a time when face to face appointments were not possible. We will continue to review and build on the learning from this.

We have set up 14 waiting areas for virtual video consultations, including an area for patients to test their equipment and a post consultation area for patients to book follow ups.

SAFEGUARDING IN AN ACUTE SPECIALIST HOSPITAL

Changes to the QVH safeguarding team

QVH teams work together to protect our most vulnerable patients. This year we have brought in additional resource for the safeguarding named nurse role; there are now two named nurses, one for children and one for adults. Having two lead clinicians enables QVH to focus on the wider elements of safeguarding, encompasses the mental health work; allows for succession planning; and also infuses the workforce with new perspectives and enthusiasm.

We work very closely with our local paediatric colleagues drawing on their safeguarding knowledge and experience. This year the role of safeguarding named doctor has been newly taken up by an established consultant with a wealth of experience in treating complex paediatric cases. She has effective working relationships with consultant paediatricians and her inclusive leadership will help further embed safeguarding learning across all Trust medical services.

Work of the QVH strategic safeguarding group

Safeguarding patients and the public is underpinned by the Care Act (2014), the Children Acts (1989 and 2004) and a significant multi-agency guidance. At QVH strategic leadership for safeguarding is provided by the director of nursing and quality who works closely with expert safeguarding clinicians and the Trust board to make sure the Trust's safeguarding direction and developments are aligned with government legislation and local safeguarding board and partnership requirements.

The QVH strategic safeguarding group meets quarterly, reviews assurance mechanisms, and decides on strategic initiatives which will safeguard our patients. The Trust has a safeguarding strategy, policy, and learning and development strategy, which inform how the Trust delivers the care required for patients in a timely and effective way. Safeguarding our patients is part of everyday clinical practice and all staff are encouraged to consider the bigger picture and to learn from experiences.

It is well known that information sharing and shared learning can make a big difference for patients who are risk of serious harm, hence a key strategic initiative of this group is share safeguarding learning. This group also contributes to a range of performance and quality measures required by the CQC, West Sussex Safeguarding Children Board, West Sussex Safeguarding Adults Board, and our commissioners.

In the coming year there will be a focus on the Mental Capacity Act and a review of how we have been implementing this important

legislation. Then moving on to how we can make sure that our staff have the right tools and competencies to deliver the process of gaining valid clinical consent.

The safeguarding agenda is an ever changing one and the group is responsive to this requirement covering areas such as prevention of radicalisation, acting to help those experiencing modern slavery, caring for looked after children, preventing childhood exploitation, prevention of chronic childhood neglect, and many other areas.

Networking and sharing learning via the safeguarding steering group

Our safeguarding team contribute to multi-agency working via networking, attendance at and supporting activities of the West Sussex Safeguarding Children Board and the West Sussex Safeguarding Adults Board.

Internally we have a safeguarding steering group where representatives from across hospital departments come together to discuss legislative changes, safeguarding audit, practice developments and to share learning.

During the last year we have discussed Sussex case reviews and how learning might be relevant for us, reviewed QVH cases of concerns and reflected on whether situations could have been managed differently but at the same time making sure patients are kept safe.

We have discussed a number of safeguarding audits including QVH safeguarding prompt cards audit, and also QVH safeguarding referrals audits. Sharing and learning is a continuous process and it is important that staff have the opportunities to consider and reflect on events which can be difficult for both the patient and their staff caring for them.



Safeguarding and Mental Capacity Act information leaflets for patients and their families

Helping patients and families to understand what we might be concerned about is an important part of safeguarding children, young people and vulnerable adults. As long as it does not place anyone at risk, our aim is always to discuss our concerns with the people concerned and to help them understand the steps we are taking, how processes work and to encourage them to ask questions to better understand what we are trying to tell them.

We have produced a range of leaflets to help patients and parents to understand how we work and include patients, families and carers. These are available in different formats and languages. They are published on QVH website for patients and the public.

Our current safeguarding leaflets include:

- Safeguarding children and young people: a guide for families
- Safeguarding information for patients with dog bites
- Children missing education: who to contact
- Safeguarding children and young people: a guide for adult patients



The Mental Capacity Act information leaflet for patients and their families uses plain English to enable better understanding of the Mental Capacity Act. It identifies what needs to happen when a decision needs to be made in hospital. There is also an information leaflet to help next of kin to understand their role and decision making authorities too.

In this coming year we will have a priority focus for patients with a learning disability. Learning disability is a lifelong condition. Patients with this condition have reduced ability to understand new or complex information. They are likely to have a reduced ability to cope independently in the hospital environment. We want to make sure the right support and adjustments are made to aid a good recovery and to enhance their experience of the hospital environment making sure we are helping them to the best of our ability.



“We have produced a range of leaflets to help patients and parents to understand how we work”

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 are national priorities due to the 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 timely access to diagnostic tests seven days a week.

Standard 6: consultant directed interventions – patients get access to specialist, consultant-directed interventions when required.

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, which has been agreed with our lead commissioners. As recommended by NHS England, QVH has moved from participation in the national bi-annual seven day services assessment to a local board assurance framework, including regular audit of Standards 2 and 8. The audit showed we are achieving clinical standard 2 and the current performance is 89% against a target of 90% and we have further work to do on standards 8 which is achieving 69% against a target of 90%.

Locally defined clinical standards have also been developed in line with the above standards. These clinical standards are now an integral part of QVH's operational trauma policy.

We collaborate with network partner hospitals to provide some diagnostics and interventions in specialties not provided at QVH. The continued provision of a QVH on-site CT scanner has improved local access to urgent imaging needs for our patients.

GUARDIAN OF SAFE WORKING

The Guardian of Safe Working role is independent of the management structure and is a consultant who is able to challenge senior colleagues if needed to champion safe working hours. The aim of this role is to support juniors in working safe hours and to provide assurance to the Board that doctors are working within safe working hours. If the safe working standards are not met a set process is in place for early reporting (exception reporting).

The Trust and guardian have agreed that a six monthly report should be submitted to the board and the local negotiating committee. The guardian is responsible for convening the junior doctors forum, which meets quarterly and promotes safe working at the Trust's inductions for doctors.

The guardian's six monthly report (August 2019) shows that the Trust has maintained a safe level of working for its junior doctors although it highlights a gap in the maxillofacial rota, which has had only 6/7 doctors on it at times.

There has been a gradual increase in exception reporting for plastics and anaesthetic trainees and work continues to encourage reporting from all specialty doctors. The main type of exception report is for unforeseen and unavoidable overruns of work beyond rostered hours, with a very small number of exception reports related to lost educational opportunities.

The junior doctors forum made the decision to spend the £30,000 that was given to each Trust nationally to enhance junior doctors' working lives, on refurbishing current relaxation areas and making one additional relaxation area.

The Trust is also encouraging trust grade doctors (a trust grade doctor is the term applied to a doctor who is working in an nhs non-training post) to use exception reporting with the aim of improving this groups' education, morale and recruitment and retention so that these staff feel valued and looked after in the same way as Deanery trainees.

A national update to the junior doctor contract was agreed in August 2019 and work has been ongoing to implement changes. This includes new fines for breaking the rest rules for the non-resident 24 hour on-call rotas, which QVH recognises will be a challenge for the senior plastics and maxillofacial teams' rotas.

SAFE

2019/2020 achievements

Further work for 2020/21

Narrow band imaging

Narrow band imaging is the technique of using selected rays of light to enhance details within the mucosa (lining of tissue).

This technique is used in head and neck oncology with endoscopic assistance to identify smaller lesions that potentially we could have not seen and shows how effective the removal of lesions has been. This new technology has been helpful in several cases within 2019/20.

Using narrow band imaging as an adjunct will become the standard of care for the assessment of cancer of unknown origin in the head and neck. Having this equipment will keep our service at the forefront of contemporary management.

Virtual clinic for stable glaucoma patients

Nationally the current demand for the consultant led clinics is exceeding capacity. To ensure that patients with stable glaucoma can be monitored in a timely manner, the QVH glaucoma team has established a virtual clinic. Patients attend for an appointment where measurements and images are taken by a technician, the data is reviewed later by a doctor. This reduces the time patients need to be at the hospital and supports efficient use of consultant time. It has proved very successful with high rates of patient satisfaction.

The QVH glaucoma team plans to promote and grow the virtual clinic service whilst monitoring patient outcomes and satisfaction levels. Glaucoma is a chronic condition needing lifelong care once diagnosed and as the population ages there is an increasing demand for follow-up appointments.

Trans oral laser for early laryngeal cancers

Trans oral laser resections is an established treatment for the management of early laryngeal cancers, having the benefits over radiotherapy that it is only a single procedure vs several weeks of daily radiotherapy, and can be repeated in cases of recurrence.

We can now offer this routinely to patients.

The applicability of trans oral laser surgery is broadening and QVH is involved in a research project using trans oral laser surgery for early oropharynx, supraglottic and hypopharynx cases. By engaging in trials, we have access to new findings which keeps us at the forefront of the surgical management of head and neck cancers.

Mucosectomies for carcinoma of unknown primaries within head and neck

Occasionally patients do not have a clear primary cancer identifiable, but a cancer containing lymph node is visible within the neck. There is increasing evidence that in some of these cases the primary is within the base of the tongue and this can be identified by undertaking a mucosectomy of the base of tongue.

This not only identifies the primary but can focus the target for further treatment, avoiding often a large field of radiotherapy.

We are now able to offer this service to patients at QVH.

We are now able to offer this routinely as an adjunct to management of cancer of the unknown primary in the head and neck.

In identifying the primary site, we will focus the treatment zones to a much narrower area reducing the morbidity of any curative treatment.

EFFECTIVE

2019/2020 achievements

Further work for 2020/21

Management of cranial nerve disorders

As part of the UK Cranial Nerve Network (UKCNN), QVH now offers surgical solutions in lingual, facial, trigeminal and spinal accessory nerve disorders. This is a significant improvement as there were no effective treatment solutions previously. UKCNN has now seen an increase in referrals as the cranial nerve concept is spreading. The establishment of this network within the NHS is part of QVH's role as a specialist hospital providing a vital link in complementing services across NHS trusts. An example of this is the world's first successful free functional muscle transfer for restoration of chewing function at QVH using this approach. QVH is proud to achieve excellent clinical results by a more intelligent use of current NHS resources using the 'Get It Right First Time' (GIRFT) approach.

Advanced synkinesis-reducing surgeries are firmly established at QVH for those with Botox-resistant facial pain after facial palsy with excellent results for patients who are symptom-free and able to move on with their lives beyond constant hospital visits.

Nationally we are now helping spread the QVH ethos of multi-disciplinary facial palsy care to Northern Ireland where we are helping set up a facial palsy service there this year. The backbone of this hub-and-spoke referral base system are the telemedicine clinics currently being piloted at QVH with facial palsy patients, alongside remote sensing devices for facial movement. This will be the first facial palsy clinic of its kind in the world.

Selective neurectomy/neurolysis

Synkinesis is a neurological symptom in which a voluntary muscle movement causes the simultaneous involuntary contraction of other muscles; this highly effective surgical procedure involves selectively decreasing the activity of the nerves that are counterproductive. With help and training from US counterparts, QVH surgeons now routinely perform selective neurectomy/neurolysis for synkinetic patients in facial palsy, particularly to alleviate facial and jaw aches. Through a process of regular self-audits, the team have refined this surgery both in terms of selection and technique with excellent results. Patient satisfaction is very high.

Expanding on the success of selective neurectomies and facial restoration, even in cases of treatment for older injuries, we will apply this approach to other cranial nerve injuries such as lingual nerve (tongue sensation) and spinal accessory nerve (shoulder function).

We also hope to integrate targeted muscle re-innervation (TMR); a surgical technique used to reduce amputation stump pain into the realm of facial pain surgery. QVH is already the UK's largest centre for TMR surgery and the facial palsy team intends to learn from this work with amputees and apply it to facial pain management.

2019/2020 achievements

Further work for 2020/21

Chimeric vascularised nerve flaps

Building on a technique developed in Japan, QVH now offers multi-component (chimeric/Orochi) nerve free flaps including skin, fat and/or muscle for the early reanimation of facial paralysis. The benefit for the patient is 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. We now term this vascularised composite auto-transplantation and have one of the largest successful case series in the world for this type of facial surgery.

Using vascularised composite auto-transplantation and super microsurgery, the QVH team use the patient's own tissue for restoration of facial function and form. The team plan to expand the use of vascularised composite auto-transplantation over the next year, demonstrating the ability to achieve similar results to facial transplant surgery but at lower cost without the need for potentially carcinogenic immunosuppression.

Early and late facial nerve repair

As part of the cranial nerve network, QVH's plastic and maxillofacial surgeons are working together to offer immediate repair of all facial nerve injuries. Results are very positive with complete return of normal facial function even several months after horrific facial injuries, regardless of age. QVH is a world leader in this aspect of trauma.

Discussions have now started to establish QVH as a centre for NHS Resolution (medico-legal cases) on inadvertent facial and trigeminal nerve injuries as a result of surgery by the NHS.

Radiology quality standard for imaging (QSI) accreditation

The Royal College of Radiologists and the College of Radiographers have developed the Quality Standard for Imaging (QSI) to help diagnostic imaging services ensure that their patients consistently receive high quality services delivered by competent staff working in safe environments.

The QVH radiology department has used this standard in 2019/20 to assess the quality of the services and make continuous improvements, such as updating policies and procedures. During 2019/20, we have been developing and executing multiple audits to ensure analysis of our service, performed gap analysis on our current procedures and finally to make necessary changes prior to QSI submission. Audits need to be replicated so it is important that this aspect is ongoing.

This accreditation process will help ensure our patients and referrers consistently receive high quality of service. Our QSI submission and completion is due in late 2021.

CARING

2019/2020 achievements

Further work for 2020/21

QVH acute facial paralysis clinic

QVH has one of the most sophisticated facial therapy and rehabilitation services in the world with a full team of dedicated facial therapists. Given the volume of over 2,000 patient-episodes per annum, we now have telemedicine clinic facilities for patients living afar e.g. Northern Ireland, Scotland and Wales. 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 therapist's one-to-one, over the phone or online.

We are in the process of incorporating virtual reality programmes and smartphone app-based technology into the rehabilitation of facial paralysis patients. Portable surface EMG devices and remote sensing devices, which will enable patients to be monitored in the home setting, are being planned. QVH will be piloting this scheme in collaboration with NHS Belfast.

Scarless and/or minimal access surgery

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. Currently where possible, QVH now offers endoscopic surgery such as when harvesting nerves, to minimise scarring as well as facelift techniques to hide scars, as far as possible

Based on feedback from patients, QVH is developing facial restoration following Mohs micrographic surgery. This involves close working between dermatologists performing cancer-removing surgery, and plastic surgeons.

Facial feminisation surgery

QVH has undertaken NHS funded facial feminisation surgery on transgender women, who are referred directly to the maxillofacial service from the Gender Identity Clinic in Belfast, since 2018. These procedures are often very involved. However, all patients are discharged from the ward within 48 hours of operation. Their post-operative care is undertaken at QVH in subsequent clinic appointments.

QVH will continue to review patient experience and ensure that this service meets patients' needs in every aspect of the patient journey including, for example, ward facilities.

Overall, patient satisfaction is extremely high, and most patients report that their experience has been excellent.

"We are in the process of incorporating virtual reality programmes and smartphone app-based technology into the rehabilitation of facial paralysis patients."

2019/2020 achievements

Further work for 2020/21

Radiology social story

The social stories objective is to share information by describing and explaining an event to people with autism. They are used as a tool to help people with autism prepare and staff to communicate in an appropriate manner.

QVH has provided social stories for patients with additional care needs such as autism and learning disabilities to adequately prepare them for a cone beam CT scan.

Social stories will be rolled out for all services within the radiology department to support the safe and meaningful exchange of information between professionals and people with autism.

Comforter in theatre for cataract surgery

Most cataract surgeries are carried out under a local anaesthetic to numb the eye but means that the patient is awake. This is a source of anxiety for many patients who are apprehensive about being awake whilst having a procedure. In 2019 QVH introduced a volunteering role, providing someone to talk to the patient and hold their hand during their procedure.

QVH will review the feedback from patients and the volunteers who undertake this role in order to consider further development of this service.

“QVH has provided social stories for patients with additional care needs such as autism and learning disabilities.”

RESPONSIVE

2019/2020 achievements

Further work for 2020/21

Head and neck cancer pathway

In head and neck cancer, we are streamlining our services before the national 28 day pathway is introduced in 2020. This has included the appointment of a head and neck cancer navigator funded by the Surrey and Sussex Cancer Alliance, who improves the patient pathway and compliance with the faster diagnosis standard. We are aiming to offer patients with a suspected cancer a first appointment within seven days of referral. We have introduced a two week wait referral outcome sheet and prompt benign result letters to further streamline the pathway. QVH is contributing to the collaborative work with all trusts in Sussex and Surrey to optimise our rapid diagnostic services collectively.

We aim to continue this work by further refining our head and neck cancer processes and services prior to the introduction of the national 28 day pathway.

Fibre optic endoscopic evaluation of swallowing (FEES)

Our speech and language therapists have been working towards providing a complete and comprehensive swallow assessment service supporting head and neck cancer patients and burns patients with smoke inhalation injuries as well as providing an outpatient diagnostics service.

Financial support has been secured from QVH Charity and the League of Friends for a video nasendoscope system to provide an effective, high quality diagnostic service.

The service will start at QVH in 2020 and the team will use both patient satisfaction surveys and audit to evaluate the service and make any improvements indicated. This will be particularly beneficial to post-surgical head and neck cancer inpatients; providing detailed swallowing assessment, allowing earlier and safer return to oral intake and potentially reduced length of stay.

Virtual Clinics

QVH therapies department trialled the use of virtual clinics in three specialist areas, hands, burns and facial palsy. Utilising specific virtual clinic criteria, patients who are eligible can elect to have their therapy session online, not only improving accessibility to therapy and clinicians, but also reducing the travel time and stress related to this for our patients throughout the UK.

Learning from our pilot areas we will continue to work on embedding this fully as an option for our therapy patients. In 2020 this successful clinic model has also supported an accelerated programme of virtual clinics during the pandemic.

“We are aiming to offer patients with a suspected head and neck cancer a first appointment within seven days of referral.”

WELL LED

2019/2020 achievements

Further work for 2020/21

Sharing knowledge and skills: facial palsy

The facial palsy team at QVH had seven presentations at the prestigious World Society of Reconstructive Microsurgery in 2019 alone, with one shortlisting as finalist in the best case section. More recently in January 2020, a QVH trainee was also selected for best case presentation at IMCAS 2020 conference in Paris.

QVH plans to continue to integrate the facial palsy service into cancer treatment and maxillofacial trauma, recognising the significant benefit to patients in terms of their social confidence and therefore ability to engage fully, including in employment.

Head and neck: education

Departmental teaching for all clinical staff has been introduced on a bi-monthly basis, covering topics including head and neck oncology and reconstruction. The days are open to all clinical staff employed by QVH and are often attended by clinical staff of the linked departments in Eastbourne and Brighton. The days have proved to be very successful and widely attended by the relevant multidisciplinary teams. In addition, there are regular morbidity and mortality meetings, clinical pathological conference and clinical audit sessions to comply with governance responsibilities.

Following the success of these educational events in 2019/20, an expanded programme is planned for 2020/21.

Development of specialist staff in house

Due to national shortages, recruitment of ultrasound trained staff was a significant challenge; the problem was addressed through training of an existing member of staff as a sonographer. The new sonographer is now fully trained and breaches in access targets have been avoided as a result.

Consideration will be given to roll out of this approach to other specialisms such as MSK, as we currently have a well-established MSK service.

In addition, there is a newly established apprenticeship degree course for diagnostic radiography. QVH are currently looking into this. We have staff interested in moving into radiography as a career and this type of degree ensures staff can train whilst also working for the Trust. This means we can train our own radiographers and develop our staff base, which will benefit the NHS.

The radiography apprenticeship is an exciting opportunity for staff who would like to train in the career but cannot otherwise afford to go back to university part-time or full time. This gives candidates the opportunity to learn and work.

Hands therapy guidelines

Interpretation and analysis of the most recent evidence to inform practice is a cornerstone of treatment. This year we have reviewed and updated therapy guidelines for the majority of routine trauma and elective hand surgery. This will reduce unwarranted variation across the range of staff who provide post-surgical care to these patients in order to optimise surgical outcomes.

We will continue to identify new evidence, updating guidelines and practice as required. This will enhance our rolling programme of training for both for allied health professionals and other clinicians within the multi-professional team.

Statements of assurance from the Board of Directors

Review of services

During 2019/20, Queen Victoria Hospital NHS Foundation Trust provided 38 NHS services including burns care, general plastic surgery, head and neck surgery, maxillofacial surgery, corneoplastics surgery, community, paediatrics, sleep 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 2019/20 represents 92% of the total income generated from the provision of relevant health services by QVH for 2019/20. Service delivery was underpinned by the regular monitoring of metrics reflecting patient safety, clinical effectiveness and patient experience.

Research

Pioneering techniques developed at QVH in the past are now used routinely in the care of patients all over the world. This includes burns reconstructive surgery, cell culture and hypotensive anaesthesia. Our current research programme focuses on developing techniques in wound healing and reconstruction. The Trust is proud to hold grants from the National Institute for Health Research, and believes this reflects the quality of our research.

QVH has established collaborative work with the University of Oxford, the University of Nottingham Trent, and the University of Liverpool. Wide networks are critical to successful research investment and outputs, particularly in the specialised fields of practice that we undertake here at QVH. We are grateful for the ongoing support of our local clinical research network for core research infrastructure, and have continued to significantly increase our participation in National Portfolio studies.

The total number of participants recruited to Health Research Authority HRA-approved studies (includes ethics approval) in 2019/20 was 772 with QVH taking part in 34 studies; of these 772 participants 709 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 2019/20, eleven national clinical audits and three clinical outcome review programmes (previously known as confidential enquiries) covered health services that QVH provides. We engaged 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, where appropriate.



Participation in clinical outcome review programmes 2019/20

Project name (alphabetical)	Applicable to QVH	Participation Comments	% of cases submitted
Child Health Clinical Outcome Review Programme Young People's Mental Health			100% of applicable cases
Learning Disabilities Mortality Review Programme (LeDeR)			n/a
Medical and Surgical Clinical Outcome Review Programme – Perioperative diabetes			100%

Participation in national clinical audits 2019/20

Breast and Cosmetic Implant Registry (BCIR) Breast Implant – cosmetic augmentation and breast reconstruction with implant including revision and removal			100%
Falls and Fragility Fractures Audit programme (FFFAP) National Audit Inpatient Falls			100%
Mandatory Surveillance of bloodstream infections and clostridium difficile infection			100%
National Audit of Care at the End of Life (NACEL)			No applicable cases
National Early Inflammatory Arthritis Audit (NEIAA)			100% of applicable cases
National Mortality Case Record Review Programme (previously Retrospective Case Record Review, funded by NHSI) *			All QVH mortalities reviewed
National Ophthalmology Audit (NOD) (until Aug 2019) Adult Cataract surgery		 (partial)	Not available
Perioperative Quality Improvement Programme (PQIP)			187 patients recruited
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) Antibiotic Consumption			100% of applicable cases
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) Antimicrobial Stewardship			100% of applicable cases
UK Parkinson's Audit Elderly Care			100%
Project name (alphabetical)	Applicable to QVH	Participation Comments	% of cases submitted

* National Confidential Enquiry into Patient Outcome and Death

National clinical audits

Sixteen national audits were reviewed by the trust in 2019/20. The three most relevant were:

Perioperative Quality Improvement Programme (PQIP)

PQIP measures complications, mortality and patient reported outcome from major non-cardiac surgery. The ambition is to deliver real benefits to patients by supporting clinicians in using data for improvement. We have presented preliminary results at the monthly trust-wide clinical governance meeting and are working with the anaesthetic team to provide a quality improvement initiative for our breast cancer and head and neck cancer patients. We perform well on providing preoperative carbohydrate loading for improved recovery. We have also identified opportunities to improve our pain management, individualised risk assessments and improved management of diabetic patients whilst in our care.

NCEPOD Medical & Surgical Review Programme: Pulmonary Embolism Report 2019

NCEPOD provide a review of the quality of care provided to patients aged over 16 years with a new diagnosis of pulmonary embolism. QVH participated with organisational information for this study in 2017 and no patients were identified for pulmonary embolism in the reporting period. Nevertheless pulmonary embolism remains an important cause of morbidity and mortality within all hospitals, with estimates suggesting that there are more than 25,000 hospital deaths in the UK each year from venous thromboembolism. Ensuring that we remain vigilant of the risks and adopt best practice, key recommendations were shared at the monthly Trust-wide clinical governance meeting in January 2020. It also allowed us to identify areas for better documentation of patient risk of pulmonary embolism, which will be audited during 2020/21.

National Audit of Inpatient Falls (NAIF)

The National Audit of Inpatient Falls (NAIF) is a continuous national audit which aims to improve fall risk reduction practice for inpatients. As of January 2020, the project comprises a full audit of both falls prevention activity prior to the hip/femoral fracture and post-falls care. We have adopted a rigorous auditing programme for falls and continue to improve practice to reduce the risk of falls. Improvements have come with the introduction of standing and lying blood pressure monitoring and better continence identification. Our aim is to have zero occurrences of inpatient falls.

Local clinical audits

The reports of 68 completed local clinical audits and were reviewed by QVH in 2019/20. Examples of audit projects undertaken across QVH, their finding and actions taken as a result are set out below.

NICE CG179 pressure ulcers prevention and management (Audit 1708)

The tissue viability and plastics outreach support role is to provide expert tailored treatment, advice, consultation, support and guidance to patients, carers and referring trusts. The tissue viability nurse works collaboratively with multidisciplinary teams to promote seamless pathways of care. Within QVH the role also encompasses strengthening clinical practice and enhancing knowledge and understanding of wound healing and pressure ulcer prevention.

This project was undertaken to evidence compliance with NICE clinical guideline CG179 Pressure Ulcer prevention and management and assess if the PURPOSE T and skin bundle tools were being used appropriately on our inpatient settings.

Findings demonstrated that there was good use of the risk assessment tool at point of admission but poor evidence of reassessment post-surgery. Whilst it is recognised that most cases treated at QVH are deemed as low risk of a pressure ulcer and those deemed as high risk had appropriate pressure ulcer prevention, management results show there is a training requirement to embed practice and raise awareness and understanding of the PURPOSE T screening tool. Training is to be moved to a mandatory requirement and a re-audit will be conducted in the summer of 2020.

Innovative idea to explore dose reduction and optimisation for image intensifier (mini C arm) in hand surgery-radiology and theatres collaboration (Audit 1204)

This quality improvement audit was conducted (6 months) retrospectively after an innovative idea from radiology had been piloted in theatres. Radiology work with theatres by monitoring the compliance and usage of the mini C arm where the surgeons are the operators of the equipment. Image data and images are reviewed; documentation for radiation dose accrued during the procedure is evaluated and the saved images are reviewed. Due to the complexity of hand surgery, surgeons sometimes irradiate their own fingers in an attempt to visualise dynamic images of the patient's digits; the radiology team developed an instrument to reduce these occurrences therefore reducing radiation to the surgeons' fingers.

The audit of monitoring of 'fingers in the beam' showed a marked reduction since the suggested instrument was piloted; it was felt that this was not solely due to using the alternative instrument but also due to raising radiation awareness in theatres.

It also provides evidence for QSI (ISAS) accreditation - radiology review of imaging from other radiographer trained operators.

Theatre recovery intervention audit (against NICE CG65) (Audit 1277)

The recovery intervention audit is a continuous audit that has had many developments and iterations. At QVH our patients are cared for in an acute recovery area supporting theatres to improve patient flow through the department. This facility and service complies with the Royal College of Anaesthetist Guidance of the Provision of Anaesthesia Services for Post-operative Care 2016 (www.rcoa.ac.uk/gpas2016). It is important that we continually evidence that high quality care is provided to all our patients, and meet NICE guidance CG65 Hypothermia: prevention and management in adults having surgery.

The audit explored if patients were properly handed over from the anaesthetic team to the recovery team; 99.6% of patients had an effective handover. Shivering after an operation is a very common problem but varies in severity. It can sometimes cause a great deal of discomfort. Although it can be extremely distressing, shivering is not usually dangerous and should stop within 20 to 30 minutes. It can occur after a general anaesthetic and during or after a regional anaesthetic (for example, an epidural or spinal). Around 14% of patients suffer from post-operative shivering (national figures). Only 1-2% of our patients experienced this and were given either a blanket or use of a forced air warming system. 31% of our patients used a warming device, but again this varies by specialty (26%-35%), although plastic patients do have a slightly lower temperature on arrival in recovery (corneo average temp. 36.5°, maxillofacial average temp. 36.7°, plastics average temp. 36.6°).

Audit on cataract post op follow up with no first day telephone call (Audit 1196)

Following a cataract operation, patients were normally assessed on the telephone on the first day following surgery and a follow up review is arranged routinely after 4-6 weeks. Following the audit last year, the recommendations suggested that it was unnecessary to telephone patients on their first day post op. This recommendation had released approximately 10 nursing hours per week allowing nursing staff to spend more time in clinic rather than on the phone. This audit aims to ascertain that this change in practice has no impact on patient's care and outcomes. Only 8% of patients called the SOS helpline, and none of these within 24 hours, and less than 1% needed to be seen as a result of their call demonstrating better use of resource and greater efficiencies.

Radiology department assistant role extension contributes to the efficiency of the patients' ultrasound pathway (referral to examination) (Audit 1230)

Radiology was reviewed by the National Getting It Right First Time (GIRFT) Team. The review praised QVH radiology department for the role extension of radiology department assistants in vetting ultrasound referrals. The GIRFT team asked for case study material around the role extension, which they will publish on their website as evidence of best practice. GIRFT acknowledged the benefits that come with the radiology department assistant role extension which include actively engaging radiology department assistants, and promoting staff retention as well as adding

to the pool of staff who have the capability for vetting referrals. The task of vetting ultrasound examinations enables the patient referral to examination process to be efficient; the vetting can be a 'bottle neck' process and a point of delays in booking an appointment.

This audit reviewed patient waiting times and evidences that the radiology department assistant role extension positively impacts pathway management, as well as demonstrating that the radiology department assistants are integral in the vetting process.

Mini Mouth Care Matters baseline nursing survey, inpatient oral health questionnaire, and paediatric mouth care recording audit for Health Education England (Audit 1292)

The Health Education England Mouth Care Matters programme aims to improve oral health, recognising that it is an important part of general health and wellbeing. Research shows that oral care is often lacking in hospital and community care settings, especially for those patients who may be unable to carry out their own personal care and rely on others for support.

The Mouth Care Matters programme aims to create a healthcare team that is more responsive and personalised for patients and delivers better clinical outcomes.

The caries/decay status of children in the UK is at an appalling level with 31% of 5 year olds and 46% of 8 year olds presenting with obvious decay experience. This is an almost entirely preventable condition.

A simple measure to ask if a patient has brought their toothbrush with them (and if not to provide one) may make all the difference to how the oral health of that patient is maintained whilst in a hospital setting, with a view to continue good oral health practices at home.

It is of concern that 71% of children attending QVH for an overnight stay did not have their toothbrush with them. The results of the audit demonstrated the importance of the role of the mouth care nurse, and the support in training that they provide to other healthcare staff.

Intravenous sedation assessment for adults undergoing minor oral surgical procedures (Audit 1505)

Dentists with appropriate training and experience can carry out minor oral surgical procedures under intravenous sedation, and correct selection of treatment under sedation will ensure low sedation-related complications, optimise patient experience and reduce unnecessarily long waiting times for minor oral surgery.

The results of this project evidenced the need for a dedicated proforma to ensure justification for conscious sedation and documentation is optimal. This proforma has been accepted for use and has been rolled out with re-audit planned for 2021.

Use of music in burns dressings changes (Audit 1480)

Burns injuries can be accidental or non-accidental and caused by various mechanisms, they can be superficial to full thickness. Nurses work in an outpatient setting to manage burns on a daily basis. It has been found that music therapy can be a useful tool in relieving pain and anxiety during a dressing change. Results showed 100% of patients would like music to be played at their next dressing change and was an effective distraction technique to refocus pain and anxiety to an acceptable level.

Phase 1 baseline audit: Does Antibiotic prescribing meet antibiotic stewardship standards (Audit 1410)

Part of antibiotic stewardship is a set of prescribing standards taken from the Royal College of Physicians 2011 Top Ten Tips for antibiotic prescribing. Results showed a 52% compliance with duration/review date, adherence to guideline and adherence to relevant standards. Recommendations include improvement of documentation in line with the above standards, implementation of a new hospital drug chart that has a dedicated antibiotic prescription section. Further analysis of data will identify trends of surgery type, speciality or individual to aid education along with antibiotic champions at speciality level for clinical leadership.

TUG free flap breast reconstruction, a reliable option? (Audit 1562)

TUG breast reconstruction is a common form of reconstruction; it accounts for 8% of all breast reconstructions carried out at QVH. The TUG flap utilises skin, fat and the gracilis muscle from the inner upper thigh. A retrospective audit was carried out on a data sample covering 2013-2017; patients were given a survey to complete which was an adaptation of the nationally used Breast Q post-operative reconstructive modules. Particular attention was given to donor site assessment as publications have suggested there is a high rate of donor site complications. Clavien Dindo classification of complications was used. QVH results of all TUG flap patients surveyed revealed a 100% flap survival and therefore a 100% reconstructive success. No patients had any life threatening complications (a Clavien Dindo grade of 4 or greater). There was a 45% donor site complication rate however; this is significantly lower than other published studies where donor site complications were between 58-62%. Satisfaction rates remained at 87% despite any complications that were encountered. Results from this project have therefore deemed that the TUG breast flap reconstruction is a safe and reliable reconstruction method.

Retrospective audit into patient's perception of orthodontic of orthodontic care (Audit 1138)

This audit was a 10-year retrospective study to assess patients' satisfaction and identify areas where improvements could be made into patients' care. The audit could evidence that as a Trust we are giving sufficient information to our patients to prepare them for their treatment, post-operative dietary support, ward care and psychological support.

Patients were given a questionnaire with six core areas around written and verbal information, support, rating the service they received and their satisfaction with the post treatment result.

99% of patients were satisfied with all care received during the orthognathic care pathway, and 96% of patients stated they received adequate information pre-treatment. To achieve our target measure of 100% work is currently underway to improve patient information leaflets and educate support staff to further increase patient satisfaction.

Orbital injections of Sub-Q Restylane for Parry-Romberg syndrome (Audit 1768)

Parry-Romberg syndrome, is a disorder characterised by localised and progressive atrophy of the skin and subcutaneous tissues of the face, usually affecting one or more trigeminal dermatomes. The onset of the disease usually begins between the ages of 5 and 15 years. The progression of the atrophy often lasts from two to ten years, and then the process seems to enter a stable phase. Ocular manifestations include enophthalmos, extraocular muscle imbalance and hypermetropia.

In the age of nonsurgical facial rejuvenation, fillers are an ideal option for orbital volume enhancement because they are easily performed in the outpatient setting, avoiding general anaesthesia, and offer a high degree of tolerability and acceptability from patients undergoing dermal filler treatment. The use of Sub-Q Restylane in enophthalmic sighted eyes was documented with good enophthalmos reduction and no ocular complications. Therefore, our current practice for volume enhancement for sighted eyes is orbital injections of Sub-Q Restylane, this audit reviewed the use of Hyaluronic acid gel for orbital volume expansion in enophthalmos due to Parry-Romberg Syndrome.

This study is unique as this is the first report to use deep orbital Sub-Q injection for treatment of enophthalmic sighted eyes with Parry-Romberg syndrome. Previous studies report facial volume enhancement for this syndrome, and several surgical procedures are reported for treating enophthalmos due to Parry-Romberg syndrome in sighted eyes.

In adopting this treatment there were no post treatment complications such as diplopia or optic nerve injury compared to previous treatments.

Orbital volume enhancement in sighted enophthalmic orbits has been described for indications other than PRS. In 2007, we described deep orbital Sub-Q injection of hyaluronic gel for volume enhancement in 5 sighted and unsighted orbits. Orbital volume enhancement and reduction in enophthalmos of 2 mm following a 2 ml injection was immediately achieved in all primary injections. Reduction in enophthalmos was up to 50% at 8 to 12 months. Hyaluronic acid gel has also been successfully used to improve enophthalmos due to silent sinus syndrome.

This study reports the use of hyaluronic filler in three patients with Parry-Romberg syndrome with a significant improvement in enophthalmos, lagophthalmos, exposure keratopathy, and even ocular motility. Therefore, fillers have advantages over solid orbital implant in sighted eyes by minimizing the risk of sight loss, diplopia, and significant globe displacement. Nevertheless, repeated injections are needed.

Re-audit day case telephone follow up service within theatres (Audit 1276)

The Getting It Right First Time (GIRFT) programme aims to identify examples of innovative, high quality and efficient service and areas of unwarranted variation in clinical practice and/or divergence from evidence based practice. The anaesthetic and perioperative GIRFT review was carried out at the Queen Victoria Hospital in March 2019, and identified that a potential improvement opportunity is the day case surgery telephone follow up service, which would complete the patient's surgical pathway. The phone call would encompass a medication, pain, nausea and satisfaction review.

The audit compares the scores against a previous audit carried out in August 2019, after a recommendation to educate patients on having and using simple pain medication when they are discharged after day surgery, and whether the patients are aware of the help they can receive after discharge.

The discharge staff were tasked with making sure all the patients that they discharged had simple pain medication at home, or ensuring that they were prescribed some to take home. They were asked to explain to the patient how to use it and gave the patients an appropriate pain relief leaflet for them to read at home.

The audit demonstrated that patients had an average pain score of 1.97 following introduction of better patient communication, this was a marked improvement on the last audit where the average score was 4.63. This has demonstrated that educating and advising patients to have basic pain medication (paracetamol and ibuprofen) at home and when to take it is having a positive effect.

When giving the patients the pain relief leaflets, of which there are two, one for patients having surgery under a regional block and the other for patients having surgery under local/general anaesthetic, it was noticed that the regional anaesthesia leaflet instructed patients to take pain medication before the block wore off and to take pain medication before they went to bed. This advice is now in both leaflets.

The day surgery unit in conjunction with pre-assessment will continue to advise and educate patients about post-operative pain, ensuring the advice is embedded into daily practice using the electronic discharge notification and patient leaflets.

This very positive audit demonstrates all our patients are satisfied with their care and have the knowledge that if there was a problem they had a number to call.

Audit of switchover of onabotulinumtoxinA (Botox®) to incobotulinumtoxinA (Xeomin®) for facial dystonia (audit 1275)

The majority of studies, including some looking at switching, compare Dysport® with Botox® as these treatments have been on the market for some time demonstrating similar efficacy. A split face technique comparing Xeomin® with Botox® for essential blepharospasm over four consecutive treatments demonstrated no significant difference or patient preference between the two in abnormal blinking or

spasm of the eye (blepharospasm). The presence of other factors such as dropping of the upper eyelid (ptosis), cross eyes (strabismus), inability to close the eyelids completely (lagophthalmos) and dry eye was analysed at each visit.

Patients were encouraged to self-report including telephoning at the time of the complication. Minor complications occurred at a similar rate in both treatments. Cumulative complication rate of 13% and 5% over two years for Botox® and Xeomin® respectively. Switching from Botox® to Xeomin® did not result in an inferior outcome for the treatment of facial dystonia. Differences in duration of maximum effort and subjective improvement were observed within the hemifacial spasm group. Switchover resulted in a cost-saving making it more clinically effective.

Improving outcomes of posterior approach levatorpexy for congenital ptosis with reduced levator function, amongst young people (Audit 1766)

The new technique of posterior approach levatorpexy for congenital ptosis with poorer levator function (LF), avoids a skin incision or any resection in addition to no excision of tissue. This review showed that 87% achieved the desired eyelid height and fulfilled the criteria set for success. Among a sub group of patients with LF ≤ 7 mm, 90% achieved the desired eyelid height and fulfilled the criteria set for success and 94% did not report an inability to close their eyelids completely at night.

This audit demonstrated that posterior approach levatorpexy is a useful first-line choice for congenital ptosis for all ranges of levator function. It is popular among parents due to its avoidance of a skin incision or any resection or excision of tissue.

Commissioning for Quality and Innovation payment framework

The Commissioning for Quality and Innovation (CQUIN) payment framework made a proportion of QVH's income in 2019/20, conditional on achieving certain quality improvement targets. The framework aims to support a cultural shift by embedding quality and innovation as part of the discussion between service commissioners and providers.

Following national guidance the Trust and commissioners agreed full payment for the 2019/20 CQUIN schemes. This was on the basis of achieving all milestones at the end of quarter 3. Quarter 4 data was not requested by the commissioners due to pausing the schemes to concentrate on the COVID-19 pandemic.

Whilst there was a considerable year on year reduction of value to be achieved for the CQUIN schemes, QVH successfully achieved 100% CQUIN in 2019/20 with an actual income at close-down of £705,964 across all contracts.

The CQUIN initiatives for 2019/20 were agreed as follows:

CCG commissioners

1. Antimicrobial resistance – lower urinary tract infections (UTI) in older people

Achieving 90% of antibiotic prescriptions for lower UTI in older people meeting NICE guidance for lower UTI (NG109) and PHE Diagnosis of UTI guidance in terms of diagnosis and treatment. Exclusions: Recurrent UTI (See NICE guidance NG112) where management is antibiotic prophylaxis, pyelonephritis, catheter associated UTI.

In support of a major Long Term Plan priority of antimicrobial resistance and stewardship, four steps outlined for UTI will bring reduced inappropriate antibiotic prescribing, improved diagnosis (reducing the use of urine dip stick tests) and improved treatment and management of patients with UTI.

The outcome of this initiative is expected to deliver safer patient care, increase effective antibiotic use, which is expected to improve both patient mortality and length of stay.

2. Staff flu vaccinations - achieving an 80% uptake of flu vaccinations by frontline clinical 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.

CCG locally agreed to follow last year's methodology which allowed QVH to include all staff members who had the vaccination elsewhere or had taken an active decision to decline vaccination.

3. Alcohol and tobacco

- a. Screening achieving 80% of inpatients admitted to an inpatient ward for at least one night who are screened for both smoking and alcohol use.
- b. Tobacco brief advice achieving 90% of identified smokers given brief advice.
- c. Alcohol brief advice achieving 90% of patients identified as drinking above low risk levels, given brief advice or offered a specialist referral.

This CQUIN seeks to help deliver on the objectives set out in the Five Year Forward View, particularly around the need for prevention, to be incentivising and supporting healthier behaviour. QVH is currently providing online training for relevant staff, both medical and nursing, to support the collection of data for all inpatients, and brief advice to patients who are identified as smokers or as taking excessive amounts of alcohol.

4. Three high impact actions to prevent hospital falls

Achieving 80% of older inpatients receiving key falls prevention actions by monitoring the following:

- Lying and standing blood pressure recorded at least once.
- No hypnotics or antipsychotics or anxiolytics given during stay OR rationale for giving hypnotics or antipsychotics or anxiolytics documented (British National Formulary defined hypnotics and anxiolytics and antipsychotics).
- Mobility assessment documented within 24 hours of admission to inpatient unit stating walking aid not required OR walking aid provided within 24 hours of admission to inpatient unit.

Exclusions: patients who were bedfast and/or hoist dependant throughout their stay and patients who died during their hospital stay.

NHS England Specialised Commissioning

There are two parts to this CQUIN

- a. Create and produce a quarterly dashboard report for ophthalmology – to be developed in earlier quarters and reported in Q3/4. The information collected would act as an audit tool to enable NHSE to capture more information on the ophthalmology service broken down by specialism in particular glaucoma and corneal patients.
- b. Patient pathway outcomes report to be commenced in Q2.



NHS England Dental

There are three parts to this CQUIN for referral management

- a. Only accept referrals from general dental practitioners via the electronic referral system, DERS, including electronic transfer of x-rays, with clinical triage to confirm treatment complexity prior to acceptance and ensure that patients are treated on the correct clinical pathway. QVH provides a lead consultant who works closely with clinical networks across the dental specialities. This is where the clinical care pathways of our patients are considered and the network will shape and improve services.
- b. Update DERS with appointment date to keep referrer informed and reduce duplicate referrals. Quarterly submission of the agreed referral data to NHS England
- c. Send discharge summary via DERS, reducing the environmental and financial impact of printing paper discharge summaries sent via post.



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 2019/20 and QVH has not participated in any special reviews or investigations by the CQC during this reporting period.

The Trust had an unannounced CQC inspection 29 and 30 January 2019 and the Well Led inspection was held on 26 and 27 February 2019.

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

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

“QVH sustained an overall rating of ‘good’ and was rated ‘outstanding’ for the caring domain.”

Compliance in Practice (CiP) inspections

QVH continues to utilise the compliance in practice inspection process. The inspection schedule is conducted on a bi-annual basis as a quality improvement initiative within the Trust. Inspectors are recruited to inspect one of thirteen clinical areas and inspectors are clinical and non-clinical QVH staff, members of the board and council of governors.

The toolkit examines 13 areas such as environment; equality and diversity; infection prevention and control; patient experience; and professional records keeping standards by a combination of an observational checklist and staff and patient questioning.

Results from the 2020 inspections showed larger areas of variation in compliance than in the previous inspection schedule. Whilst there were areas inspected that achieved good and outstanding scores, there were more areas with inadequate than the previous year's results.

Areas rated as requiring improvement or inadequate included; environment; equality and diversity; professional record keeping standards; incident reporting and duty of candour; information governance and PAS; and patient feedback and complaints. All other areas were rated as outstanding, good or not applicable to the area being inspected. Of note questions are scored on the basis of between 3 and 5 responses and therefore the potential to positively or negatively skew data collection is recognised.

The structure of the inspections reflects the enquiry line pursued by the CQC and is linked to the CQC rating system. Work is underway to develop the toolkit to allow for more meaningful data collection, ensuring we focus on areas of good practice and highlight areas where further work and change may be required. This is underpinned by the implementation of action plans devised and completed with department leads to remedy any areas of non-compliance.

The compliance in practice toolkit has the potential to support future strategy plans and give assurance of quality and safety with the Trust. All areas are currently reaching a compliance rating of 'Good'.

Hospital episode statistics

QVH submitted records during 2019/20 to the Secondary Uses Service for inclusion in the hospital episode statistics. The data below is actual % reported for 2019/20 from the SUS datasets against the national % targets set.

Hospital episode statistics	Admitted patients	Outpatient care	Minor injuries unit
Percentage of records in the published data which include the patient's valid NHS number			
QVH	99.5%	99.7%	98.5%
Nationally	99.4%	99.7%	97.7%
Percentage of records which include the patient's valid general medical practice code			
QVH	93.4%	95.2%	99.6%
Nationally	99.7%	99.6%	97.9%

Source: The figures are aggregates of the QVH entries taken directly from the SUS data quality dashboard provider view, based on the provisional April – February 2020 SUS data at the month 11 inclusion date. (LH 11/05/2020)

Queen Victoria NHS foundation Trust achieved the target or above for 4 of the 6 areas. The data quality group will implement the following plan to improve the valid GP codes for admitted patients and outpatient care:

- Create a specific data quality report monthly for these two areas and put actions in place
- Manage the process via the monthly data quality group
- Communicate to the workforce the importance of following the standard operating procedures to make sure valid GP codes are recorded at source.

Information governance assessment

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

Data Security and Protection Toolkit

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

In recognition of the impact of COVID-19 on NHS resources, the completion date for all organisations for 2019/20 was extended from 31 March 2020 to 30 September 2020. The Trust expects to achieve a 'Standards Exceeded' rating for this year's submission.

Cyber security

NHS Digital, (previously HSCIC) has incorporated a cyber-security service into its Care Computing Emergency Response Team. The intention is to enhance cyber resilience across the health and social care system by looking for emerging threats and advising healthcare organisations on how to deal with them. QVH receives alerts and acts upon them.

The cyber essentials scheme has been developed nationally to fulfil two functions: providing a clear statement of the basic controls all organisations should implement to mitigate risk, and providing an assurance framework in order that an organisation can be assessed for resilience against cyber threats.

In November 2019 QVH successfully renewed its Cyber Essentials PLUS accreditation. This independent assessment resulted in a pass, which means that all sections reviewed at the time of the assessment were managed appropriately, in terms of the Cyber Essentials Plus scope. The Trust has ongoing processes and procedures in place to maintain these standards.

Payment by results and clinical coding

The annual clinical coding audit for 2019/20 assessed the work of the clinical coding team. A number of experienced coders have left the QVH team and recruitment of trained coders has been challenging. QVH has engaged with an external supplier to support the coding service and function. The audit was carried out by an independent, external coding consultancy.

The sample was random across all the services provided at QVH. The following services were reviewed within the sample:

- Plastic surgery
- Dermatology
- Trauma and orthopaedics
- Oral surgery
- Ophthalmology
- Ear, nose and throat
- Respiratory (sleep studies).

Compliance rates for the clinical coding of diagnoses and treatment, and the targeted accuracy standard, are shown below.

	QVH compliance rate	Targeted accuracy standard
Primary diagnosis	86.0%	90% or higher
Secondary diagnosis	87.3%	80% or higher
Primary procedure	92.2%	90% or higher
Secondary procedure	92.4%	80% or higher

The accuracy of primary diagnosis is 4% below target. Queen Victoria NHS Foundation Trust will be putting a plan together to implement the recommendations from the audit to improve data quality:

- Ensure there is a robust system for checking histology results and updating the coding before the monthly freeze deadline
- Use the information on the trauma coordinator form or discharge summary notification unless there is good reason to believe that it is incorrect. If the department do not wish to use this information as they feel that it is unreliable, then this should be detailed in the departments local policy and procedure guidance
- The purchase and integration of an encoder into the IT systems would improve the speed and accuracy with which the coding staff are able to enter the coded data
- Clinician engagement and validation of the coded data is vital to improving the overall data quality.

Further training for the in-house coding staff would be very beneficial in the following areas:

- Trauma and orthopaedics
- Anatomy (especially forearm and hand muscles)
- Skin flaps and grafts.

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 2019/20 QVH continued to progress the data quality agenda:

- building and applying a framework of standard operating procedures for data collection
- enhancing existing data flows with support from external experts, and communicating across the Trust the importance of following standard operating procedures
- building in an audit trail as part of the processes, which will allow for responsive alerts to flag data quality issues needing attention.

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 2019/20 one QVH patient died. This is shown below as deaths which occurred in each quarter of this reporting period:

	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
Number of deaths	1	0	0	0

The one case was subject to a Structured Judgement Review (SJR). As a result of the SJR no cases were found to be more likely than not to have been due to problems in the care provided to the patient.

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



REPORTING OF NATIONAL CORE QUALITY INDICATORS

AND NHS IMPROVEMENT
NATIONAL PRIORITY
INDICATORS INCLUDING
SAFETY, EFFECTIVENESS AND
PATIENT EXPERIENCE

All NHS trusts are required to report their performance against a statutory set of core quality indicators in a 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 very few deaths per year
- QVH has a process in place to review all deaths on site, including those patients who are receiving planned care at the end of their life
- Care provided to patients at the end of their life is assessed to ensure it is consistent with national guidance
- All deaths are reviewed for internal learning and so that relatives may be informed of what happened to their loved ones
- Data is collated on all deaths occurring within 30 days of treatment at QVH to ensure care at QVH was appropriate
- Deaths are reported monthly to the appropriate specialty clinical leads for discussion and so that learning can be facilitated when needed.
- All deaths are noted and, where necessary, presented and discussed at the bi-monthly joint hospital governance meeting.

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

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

Source: QVH information system

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
In-hospital mortality	0.027%	0.031%	0.005%	0.02%	0.025%	0.005%

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 the original injury or from surgery such as wound infections
- We monitor readmissions as a means to ensure our complication rate is acceptable.

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.

Source: QVH information system

	2016-17			2017-18			2018-19			2019-20		
	Under 16	16 and over	Total	Under 16	16 and over	Total	Under 16	16 and over	Total	Under 16	16 and over	Total
Discharges	2,265	18,234	20,499	2,261	18,161	20,422	2,206	17,593	19,799	2,011	17,730	19,741
Readmissions	41	369	410	67	467	534	36	336	372	25	327	352
28 day readmission rate	1.81%	2.02%	2.00%	2.96%	2.57%	2.61%	1.63%	1.91%	1.88%	1.24%	1.84%	1.78%

INFECTION CONTROL – HAND HYGIENE COMPLIANCE

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

- QVH has a robust process in place for recording compliance with hand hygiene standards through monthly auditing and regular spot checks
- Hand hygiene is promoted through ongoing education, mandatory training, regular auditing and constant challenging by the Infection control team
- Monthly audits are undertaken in all clinical areas to ensure that all staff across each discipline are complying with standards. Where there is non-compliance the individuals are spoken to and departments are asked to submit action plans.

Staff group targeted audits are being developed address the small decrease in compliance.

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.

	Target	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Hand hygiene (washing or alcohol gel use)	95%	99%	98.4%	99.1%	99.4%	99.2%	96.6%	93.4%

Data source: Internal monthly audit of the five moments of hand hygiene

INFECTION CONTROL – CLOSTRIDIUM DIFFICILE CASES

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

- QVH has a robust process in place for collating data on Clostridium difficile cases through a Root cause analysis to look for any areas of improvement and to identify learning needs
- 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 infection control nurse
- Results are compared to peers and highest and lowest performers, as well as the Trust's previous performance.

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 this year's cases has shown correct antimicrobial prescribing and clinical documentation to be an issue with one case but root cause indeterminate in the other. Lessons were learnt in both cases and education delivered as a result. Robust antimicrobial monitoring and prescribing continues to be a priority, with an increased focus being put on antimicrobial awareness in the upcoming year. This will highlight the importance of correct antibiotic prescribing ensuring the right drug is prescribed at the right time for the right time and with the right investigations.

CLOSTRIDIUM DIFFICILE RATES	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Trust apportioned cases	1	1	1	2	0	0	2
Total bed-days	18,362	14,778	14,406	14,278	14,242	14,063	15,518
Rate per 100,000 bed-days for specimens taken from patients aged two years and over (Trust apportioned cases)	5.4	6.8	6.7	14	0	0	12.89
National average rate for acute specialist trusts	13	16	16	15	18	17	Data not yet available
Best performing trust	0	0	0	0	0	0	
Worse performing trust	56	68	64	82	90	97	

Source: Health and Social Care Information Centre data July 2019

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

REPORTING OF PATIENT SAFETY INCIDENTS

The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. Since the NRLS was set up in 2004, the culture of reporting incidents to improve safety in healthcare has developed substantially. All information submitted is analysed to identify hazards, risks and opportunities to continuously improve the safety of patient care. In July 2019 the publication of the 'NHS Patient Safety Strategy' outlined future plans for the replacement of NRLS and StEIS (Strategic Executive Information System) with updated technology; the live phase for this is scheduled for Q1 2020/21.

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

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

QVH staff are required to report incidents as soon as they occur. During 2019/20 staff have been encouraged and supported to complete 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 continues to be a priority within the Trust.

PATIENT SAFETY INCIDENTS	2015/16		2016/17		2017/18		2018/19	
	Apr-Sep 2015	Oct 2015 - Mar 2016	April - Sep 2016	Oct 2016 - Mar 2017	April - Sep 2017	Oct 2017 - Mar 2018	April - Sep 2018	Oct 2018 - Mar 2019
Total reported patient safety incidents	381	492	412	295	294	355	262	311
Incident reporting rate per 1,000 spells	52	69	57	42	41	49	34.9	46.61
Incidents causing severe harm or death	0	1	2	1	0	0	0	1
Percentage of incidents causing severe harm or death	0%	0.2%	0.5%	0.3	0	0	0	0.3%

ACUTE SPECIALIST TRUST BENCHMARKS	Apr-Sep 2015	Oct 2015 - Mar 2016	April - Sep 2016	Oct 2016 - Mar 2017	April - Sep 2017	Oct 2017 - Mar 2018	April - Sep 2018	Oct 2018 - Mar 2019
	per 1,000 bed days							
Lowest national incident reporting rate	15.9	16.05	16.34	13.67	14.82	17.6	19.0	20.48
Highest national incident reporting rate	104.45	141.94	150.63	149.7	174.59	158.25	142.8	140.62
Lowest national % incidents causing severe harm	0%	0%	0%	0%	0%	0%	0%	0%
Lowest national % incidents causing death	0%	0%	0%	0%	0%	0%	0%	0%
Highest national % incidents causing severe harm	0.6%	0.4%	0.3%	1.4%	1.6%	0.6%	0.4%	0.3%
Highest national % incidents causing death	0.8%	0.2%	0.3%	0.5%	0.2%	0.7%	0.4%	0.5%
Average national % of incidents causing severe harm	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%
Average national % of incidents causing death	0%	0%	0%	0.1%	0%	0.1%	0.1%	0.1%

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

WHO SAFE SURGERY CHECKLIST

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

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

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

- Quantitative compliance is recorded in real time by the surgical team on theatre list database (ORSOS). Figure 1 (opposite).
- A qualitative observational audit is carried out quarterly and focuses on human factors and behaviours of the team members.
- Quantitative audits of the use of the checklist in other departments including outpatients, corneo, maxillofacial has been completed and learning objects set for the teams that work there.
- Results of the audits inform the Improving quality and effectiveness of Five Steps to Surgical Safety.

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

VENOUS THROMBOEMBOLISM – INITIAL ASSESSMENT FOR RISK OF VTE PERFORMED

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

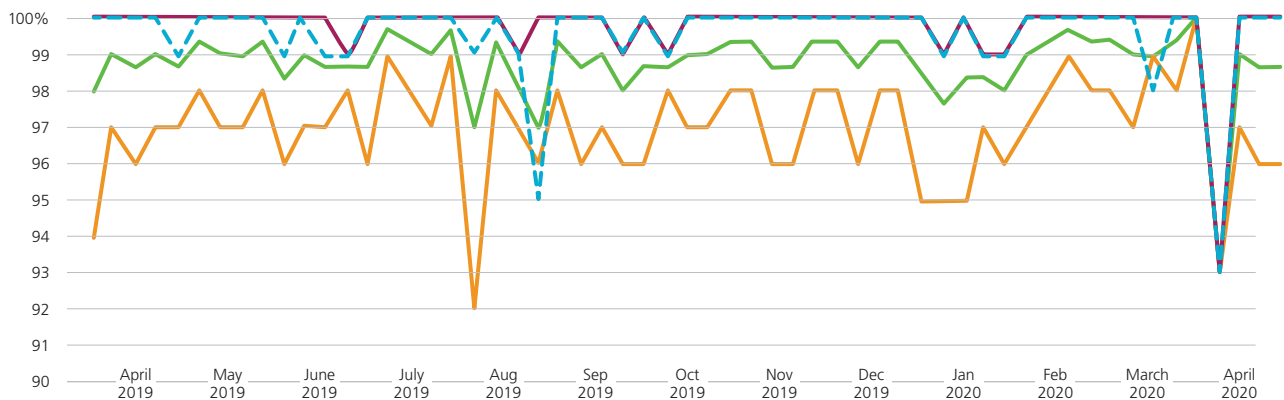
We believe this data is as described for the following reason

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

VTE ASSESSMENT RATE	Q1 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	93.90%	97.50%	91.87%	93.04%	90.96%	91.88%	93.53%	94.42%	99.30%	96.42%
National average	96.00%	95.90%	95.50%	95.53%	95.73%	95.51%	95.64%	95.53%	95.20%	95.25%
National average specialist trusts	98.70%	97.70%	97.23%	97.53%	97.53%	97.40%	97.65%	97.44%	97.58%	97.58%
Best performing specialist trust	99.90%	100.00%	100.00%	100.00%	99.97%	99.96%	100.00%	99.96%	99.97%	99.94%
Worse performing specialist trust	93.90%	95.10%	91.87%	93.04%	90.96%	82.68%	90.67%	94.42%	95.56%	95.24%

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

FIGURE 1: RESULTS OF QUANTITATIVE COMPLIANCE SINCE APRIL 2019



During preceptorship (a period of structured transition for the newly registered practitioners) training, one hour is spent on the use of the surgical safety checklist.

Key:

— sign in — sign out
 - - - time out — average

We continuously strive to minimise VTE as one of the most common causes of preventable post-operative morbidity and mortality. We are committed to ensuring that 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.

Work will continue into 2020/21 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.

Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	VTE ASSESSMENT RATE
98.10%	97.85%	98.67%	98.22%	98.26%	97.85%	98.67%	98.22%	98.26%	QVH
95.36%	95.21%	95.63%	95.49%	95.65%	95.21%	95.63%	95.49%	95.65%	National average
97.26%	97.12%	96.66%	96.78%	96.33%	97.12%	96.66%	96.78%	96.33%	National average specialist trusts
99.95%	99.89%	99.86%	99.82%	99.82%	99.89%	99.86%	99.82%	99.82%	Best performing specialist trust
80.96%	92.39%	92.28%	90.56%	90.56%	92.39%	92.28%	90.56%	90.56%	Worse performing specialist trust



NHS FRIENDS AND FAMILY TEST – PATIENTS



The friends and family test is a national scheme enabling patients to tell us and other patients what they think about the care they receive.

Patients are asked the following question 'How likely are you to recommend our hospital to friends and family if they needed similar care or treatment?' After the test, we also ask a few follow up questions so we can understand where we need to improve and where we are performing well.

- This is asked via number of methods, primarily via paper, SMS text messaging and integrated voice messaging. The Trust follows the national guidance for undertaking and scoring of the friends and family test
- Data from patients who spend at least one night on a ward in our hospitals or visit hospital for a day for surgery or a procedure
- Patients who attend our Minor Injuries Unit/Outpatient Trauma Unit
- Patients who attend our outpatient departments and use our community-based services
- We collect feedback through a range of different methods including, text messages, paper surveys and integrated voice messaging
- We use patient feedback to help us improve and make changes to our services and the care we provide. The results allow us to take immediate action when there is a problem and see how effective the improvements we have made have been. The test also provides a measure for you to compare us with other specialist NHS trusts
- For patients who have learning disabilities, language or literacy issues, dementia or visual impairment there is an easy read version of the feedback form available, which

uses pictures of faces, ranging from very happy to very sad, to ascertain their response to their experience of care. Children who come onto Peanut ward have the option to use the monkey feedback form

- 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
- Each month we publish details on the QVH website about how many people completed the Friends and Family Test and what they thought about their care.

We use your feedback to help us improve and make changes to our services and the care we provide. The results allow us to take immediate action when there's a problem and see how effective the improvements we've made have been. 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. Our friends and family test response rates are amongst the highest in the South of England.

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

We 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.

NHS FRIENDS AND FAMILY TEST SCORES FROM PATIENTS	Minor injuries unit				Acute inpatients				Out patients			
	16/17	17/18	18/19	19/20	16/17	17/18	18/19	19/20	16/17	17/18	18/19	19/20
Percentage extremely likely/likely to recommend	95%	96%	96%	96%	98%	98%	99%	98%	94%	94%	95%	95%
Percentage extremely unlikely/unlikely to recommend	2%	2%	2%	2%	0%	0%	0%	0%	2%	2%	2%	2%
Response rate	27%	24%	23%	18%	46%	43%	42%	39%	17%	16%	17%	14%

Source: QVH information system

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 complainant's 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.

Between April 2019 and March 2020 we received 69 formal complaints and 73 PALS queries.

Feedback, including complaints, provides valuable information for the Trust Board of Directors and is used at all levels within the Trust to enhance the experience of patients and carers. Patients and carers can raise a concern in a number of ways. One way is via the Patient Advice and Liaison Service (PALS). They will try to resolve any issues. If this is not successful, or the concern is too complex, PALS will pass this on to the complaints department. The other way patients can raise concerns is by directly contacting the patient experience manager. A formal complaint is one in which the complainant asks for an investigation and written response.

We encourage and welcome complaints about the quality of care being provided to patients as a means of continually assessing and improving our services. Through the lessons learned, complaints are seen as an important part of helping us to improve the quality of patient experience, safety and effectiveness whilst also providing evidence to our patients of the action we have taken.

Formal complaints data is shared internally with subject matter expert leads and committees. Issues from complaints are also discussed at local departmental and divisional meetings and actions taken where appropriate to ensure learning takes place. Monthly figures on formal complaints are shared and monitored via performance reports and the patient experience monthly report uses data from complaints, feedback and friends and family test results. Formal complaints and their responses are personally reviewed and signed off by the chief executive and are also seen by the medical director and director of nursing and quality.

Learning from complaints is shared with staff at a variety of meetings and is built into our Trust induction programme. An annual complaints report is produced each year and is available on the QVH website.

During 2019/20, 0 complaints were referred to the Parliamentary Health Service Ombudsman, and one case is still under review.

	Target	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Complaints per 1,000 spells (all attendances)	0	0.4	0.3	0.3	0.27	0.26	0.34
Complaints per 1,000 spells	0	4.1	2.8	2.6	2.5	2.9	3.5

Data source: continuous internal audit

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.

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 2019/20 through the use of single rooms and the appropriate planning of patient admissions.

	Target	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Failure to deliver single sex accommodation (occasions)	0	0	0	0	0	0	0	0

OPERATIONS CANCELLED BY THE HOSPITAL ON THE DAY FOR NON-CLINICAL REASONS

During 2019/20 13,595 surgical cases passed through our theatres and every effort is made to minimise cancelled operations. A programme of work had been underway to improve our theatre capacity and efficiency.

This includes a number of strategies to improve recruitment of theatre staffing which have impacted

in year cancellation rates. To minimise cancellations an escalation procedure is in place in addition to weekly theatre and session planning meetings.

	How data is collected	Target	2015/16	2016/17	2017/18	2018/19	2019/20
Minor injuries unit – patients leaving without being seen	Data collected from PAS in the minor injuries unit	5%	2.38%	1.62%	1.30%	1.67%	1.46%
Operations cancelled on the day of surgery for non-clinical reasons and not rebooked within 28 days	Data collected from PAS and theatre systems	0	4	4	14	14	16
Urgent operations cancelled for non-clinical reasons for a second or subsequent time	Data collected from PAS and theatre systems	0	3	0	0	2	2

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
- All pressure damage is investigated and the root cause analysis is presented internally to share learning and change practice
- Following the recruitment of a tissue viability nurse a baseline audit has been completed. An education package is being developed to embed changes in practice.

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 category 3 or 4.

The tissue viability nurse acts as a clinical link between risk and the clinical areas to aid in assessment of the tissue damage. Use of photographs and liaison with the reporters allows us to accurately categorise the damage and ensure any damage that is non pressure related, is reported correctly. Increased accessibility to the tissue viability nurse offers support and guidance with pressure ulcer prevention and management. The tissue viability nurse training sessions within the clinical areas focus on pressure damage prevention to increase staff awareness and provide guidance for the management of patients with complex needs.

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.

	Target	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Development of pressure ulcer Grade 2 or above per 1,000 spells	0	0.5 (total=8)	0.6 (total=11)	0.9 (total=17)	0.5 (total=10)	0.4 (total=9)	0.2 (total=5)	0.4 (total=8)*

*For 2019/20 all pressure ulcers were grade 2

STAFF FRIENDS AND FAMILY TEST

QVH's 2019/20 staff friends and family test results show a significant increase in the percentage of people likely or extremely likely to recommend QVH as a place to receive care and as a place to work.

STAFF FRIENDS AND FAMILY 2019/20 QUESTIONS	Q4	Q1	Q2	Q3*	Q4 19/20
How likely are you to recommend Queen Victoria Hospital to friends and family if they needed care or treatment?	96.15%	97.62%	97.35%	N/A	95.3%
How likely are you to recommend Queen Victoria Hospital to friends and family as a place to work?	73.62%	74.60%	71.73%	N/A	74.7%

*Q3 relates to results in National NHS staff survey

STAFF SURVEY 2019 QUESTIONS	2017	2018	2019
I would recommend my organisation as a place to work	57.7%	63.0%	72%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	87.2%	90.8%	92%

FREEDOM AND FEEDBACK

Freedom to speak up guardian QVH response to the Gosport Independent Panel Report

QVH has a freedom to speak up guardian elected by staff. This role is specifically aimed at staff, and provides confidential advice and support in relation to concerns about patient safety. The role reports directly to the chief executive and the freedom to speak up guardian attends the board of directors meeting bi-annually to report on findings. QVH works proactively to support an open culture, where issues are identified and lessons sought to be learnt from. Part of sustained commitment to the Gosport Independent Panel Report has been to increase the protected time for this role.

Other ways in which the Trust supports staff to speak up include a confidential (Tell Jo) director of nursing and quality email account is available to all Trust staff and there is also a quarterly staff survey which seeks staff views. Where appropriate, the Trust has acted on whistleblowing information and taken formal disciplinary action.

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



Feedback received through the NHS website and Care Opinion website

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

WORKFORCE

Following the partnering with two other NHS Trusts to recruit overseas nurses, we have successfully appointed 19 nurses who are registered and working fully within burns, critical care, surgical wards and the majority within theatres. Another five were due to arrive by the end of April 2020 all to work in theatres, but this will be delayed due to the travel restrictions related to the COVID-19 pandemic. This recruitment drive has significantly reduced our vacancy rate and agency usage. The majority of recruitment of nursing and operating department practitioner staff has been from overseas during 2019/20 but we have also seen improved responses to local recruitment initiatives.

The Trust is very aware of the need to attract more women into the more senior clinical roles, and the annual equalities and diversity report also sets out

how we are addressing the workforce race equality standard and workforce disability equality standard. In addition, during 2020/21 the Trust will be working towards signing up to the NHS Employers "Step into Health" campaign. This will support the recruitment of members of the armed forces community and their families and by signing up to certain pledges, we will be able to partner with other trusts to share best practice.

With the increasing use of e-workforce systems, it is anticipated that by late 2020 there will be more visibility of what activities our employees are undertaking at any one time and a clear defined approach to annual leave. There are currently 22 live projects in process within workforce and work is being carried out to ensure alignment to our people and organisational development strategy, with clear objectives against individual elements of each goal.

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 workforce team provide quarterly information on the support provided to staff through our external occupational health and employee assistance providers, and internal physiotherapy service. Data on this is also included in workforce reports to the board and board sub-committees. Our occupational health service since June 2020 has been provided by Cordell Health with a dedicated occupational health advisor for self-referrals and management referrals. Staff self-refer to the internal physiotherapy service provided onsite at QVH.

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 and access to an online wellbeing portal. In 2019 the provider attended QVH in April and September to deliver sessions on stress, mental health, and managing pressure.

The workforce team have a leading role in supporting the staff health and wellbeing through a programme of initiatives and information. Themes in 2019/20 included mental health awareness and body image, flexible working and flexible retirement guidance, walk your way to a healthy heart challenge for June's national walking month, back care awareness, smoking cessation campaign, national menopause day and mindfulness. Various departments throughout the Trust have also provided information to benefit the health and wellbeing of staff, which have supported the Trust's agenda.

The QVH Charity funded an online work-related stress indicator tool developed by the Health and Safety Executive, which is designed to be a proactive assessment of groups of people (teams/departments) and analyses survey responses, automatically generating easily understood reports which highlight priority areas and suggests the next steps to address them. The first pilot was launched at the beginning of July 2019 and a programme developed for 2019/20 enabling every member of staff to have the opportunity to respond to a survey by 31 March 2020 – with a few agreed exceptions.

NHS IMPROVEMENT NATIONAL PRIORITY INDICATORS

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 2019/20 performance against these waiting time indicators was:

NON-ELECTIVE WAITING TIMES – MINOR INJURY UNIT

QVH TRUST PERFORMANCE		Performance		Quarterly trend			
		Target	Annual	Q1	Q2	Q3	Q4
Minor injury unit access	Attendees completing treatments and leaving within four hours in minor injuries unit	95%	99.76%	99.79%	99.62%	99.72%	99.96%

Source: QVH information system.

ELECTIVE WAITING TIMES

In 2019/20 QVH implemented a recovery plan to improve the delivery of referral to treatment standards. Before the onset of the COVID-19 pandemic, waiting times improved overall with a reduced total waiting list size, and increased open pathway performance although there were considerable challenges impacting performance due to the pension tax impact for clinical staff. The Trust reduced the number of patients waiting over 52 weeks and of the residual number the majority were patients who had chosen to delay their surgery. The Trust was on track to have 9 patients waiting > 52 weeks by year end (7 of whom were patients who had chosen to defer treatment) however non urgent operations were stood down in line with medical college and NHSE guidance due to the COVID-19 pandemic. The step down of

non-urgent care due to the pandemic will have a significant impact on waiting times in 2020/21.

The COVID-19 pandemic meant in quarter four a number of planned operations were cancelled by the hospital in order to prepare for changed working, and by patients who were anxious about coming to hospital. The impact of the pandemic on waiting times in 2020/21 will be significant.

QVH has very few patients referred from an NHS screening service (1-2 per quarter) and therefore representation of % performance of this standard is not informative and potentially misleading due to count and the impact of breach sharing in line with national guidance.

QVH TRUST PERFORMANCE	Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 2019/20			Quarter 4 2019/20		
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Referral to treatment times within 18 weeks (target 92%)	79.51%	81.11%	80.90%	80.63%	81.3%	81.62%	82.28%	82.9%	82.77%	82.10%	81.37%	78.5%
Patients waiting greater than 52 weeks	47	42	39	37	29	25	22	19	15	19	16	18
Total waiting list size	12,204	11,723	11,309	10,902	10,966	10,516	10,663	10,529	10,429	10,333	10,178	10,123

Source: QVH information system.

CANCER WAITING TIMES

Work has been ongoing to improve cancer times for patients. An improvement plan is in place across all constitutional standards and the trust has made good progress in preparing for the new faster diagnosis standard.

QVH TRUST PERFORMANCE	Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 2019/20			Quarter 4 2019/20		
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Two Week Wait	86.2%	97.8%	94.0%	94.9%	93.1%	89.3%	88.9%	89.5%	96.0%	93.3%	97.7%	90.8%
62 Day Referral to Treatment	89.3%	85.0%	81.5%	85.2%	91.2%	82.9%	85.7%	70.0%	80.0%	83.7%	82.1%	87.8%
31 Day Decision to Treat	94.8%	93.7%	96.1%	95.8%	95.9%	94.9%	93.0%	87.1%	94.7%	89.9%	89.5%	94.6%

Source: QVH information system.

DIAGNOSTIC WAITING TIMES

Performance has continued for diagnostic waits in line with national and local standards. March performance fell due to step down of COVID-19 activity.

QVH TRUST PERFORMANCE	Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 2019/20			Quarter 4 2019/20		
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Diagnostic waits < 6 weeks (DM01)	99.8%	99.46%	99.05%	99.86%	98.9%	99.11%	99.76%	99.61%	98.18%	98.23%	99.20%	90.07%
Diagnostic reporting complete within 7 days	87.47%	95.47%	96.66%	97.41%	98.42%	97.98%	98.75%	95.8%	99.11%	99.37%	98.8%	98.18%

Source: QVH information system.

SERVICES WE PROVIDE

Head and neck services

Simulation training

Maxillofacial service
– orthognathic treatment

Orthodontics

Maxillofacial
prosthetics service

Facial paralysis

Reconstructive
breast surgery

Breast reconstruction
after mastectomy
using free tissue
transfer – flap survival

Skin cancer care
and surgery

Corneoplastic and
ophthalmology services

Hand surgery

Anaesthetics

Burns service

Therapies

Sleep disorder centre

Psychological therapies

Radiology department



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.

In 2019 QVH treated 115 major cases with 30 day survival of 100% (against a national mortality benchmark of 98.3%) and a flap success rate of 96.36% (against a national mortality benchmark of 90-95%).

High quality patient care is achieved through educating staff in line with evidence-based best practice. Our established rolling programme of multi-disciplinary tracheostomy, laryngectomy, dysphagia and nutrition training for doctors, nurses and allied health professionals has developed during the year. This includes the complete head and neck cancer pathway, free flap care, psychological care, prosthetics and emergency situations like carotid artery rupture.

We continue to deliver electrochemotherapy as a palliative treatment for skin nodules to breast, skin and head and neck cancer patients. This treatment is to improve quality of life for patients from Kent Surrey and Sussex with regards to unsightly tumour fungation, malodour and bleeding. We work with plastic surgery colleagues to deliver a shared service to benefit our patients. Since commencing this service in 2017 we have had referrals for 44 patients and have treated 33.

Total number of major head and neck cancer procedures

2019	115
2018	119
2017	117
2016	119
2015	126
2014	106

Most quality of life tools in head and neck cancer reflect the entire patient pathway including radiotherapy; but none reflect solely on patient's surgical experience. So in order to improve services we

have designed a patient reported outcome questionnaire regarding experiences after head and neck surgery. Our surgical head and neck patients are being given the opportunity to participate and their feedback is being collated. The report from the initial patient cohort will be ready in autumn 2020.

New clinical appointments have widened the expertise and knowledge within head and neck cancer team meaning we are now able to offer surgeries at the forefront of surgical management. Our head and neck clinical lead is a FRCS examiner as well as faculty member on the UK training in sentinel node biopsy programme. He is also now clinical lead for head and neck for the Surrey and Sussex Cancer Alliance (SSCA). Regionally, we are actively working with the SSCA and relevant NHS trusts regarding cooperative sharing of diagnostic cancer services where local bottlenecks occur due to increasing patient numbers, staff shortages leading to a lack of local timely access to service provision.

Simulation training

A major development towards improved patient safety has been the development of simulation training involving the recreation of real clinical emergencies to allow safe practice of skills, both technical and non-technical (so called human factors). The simulation faculty has received significant charitable investment this year. Training has increased to support clinical teams prepare for COVID-19.

QVH's educators have worked together with all clinical leads to expand simulation training to include all clinical areas. Simulation is now regularly being delivered on the wards, in the critical care unit, the burns unit, and the minor injuries unit in addition to theatres, and will expand to Peanut (children's ward) later this year.

QVH patients sometimes undergo surgery at The McIndoe Centre, the independent sector healthcare provider on site. In order that the staff who look after patients off-site receive the same level of safety-based

simulation training, staff from The McIndoe Centre were invited to join the QVH theatre simulation training from June 2019. Recognising the real benefits to training being in situ (taking place in the environment teams actually work in), the team are planning to deliver training in The McIndoe Centre theatres from 2020.

Formal feedback from staff regarding simulation training in 2019/20 has been excellent. The main improvement recommended by theatre staff was the desire for more training to be delivered, with specific focus on paediatric and airway emergencies. As such, the team have created additional extended simulation sessions, focused on these areas to run bimonthly. The sessions include both simulation scenarios and additional skills stations to allow a more focused look at emergency skills, equipment and protocols. The first took place in January 2020 and received excellent feedback.

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.

90% of patients rated the orthodontic service and care as excellent.[#]

PATIENT SATISFACTION WITH ORTHOGNATHIC TREATMENT

How do you rate the orthodontic service and care?

2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
88% excellent 12% good	95% excellent 5% good	92% excellent 8% good	92% excellent 8% good	91% excellent* 9% good	90% excellent* 10% 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	83% excellent 15% good 2% average	89% excellent 9% good 2% average
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How satisfied are you with your facial appearance?

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	67% very satisfied 28% satisfied 3% dissatisfied 2% very dissatisfied*	74% very satisfied 26% satisfied
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How satisfied are you with your dental appearance?

80% very satisfied 20% satisfied	84% very satisfied 16% satisfied	76% very satisfied 22% satisfied 2% very dissatisfied*	80% very satisfied 18% satisfied 1% very dissatisfied	76% very satisfied 22% satisfied 2% very dissatisfied*	80% very satisfied 20% satisfied
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* The Trust has investigated this patient's data, which is very positive overall about the surgery which was performed at QVH. It is likely that the form was filled in incorrectly, and further feedback will be sought when the patient is reviewed at two years.

Our satisfaction results for orthognathic surgery are consistently high, and reflect good teamwork between the orthodontic team and the surgical team. All patients are seen in combined clinics by both specialities, and we have regular outcome meetings to assess our results and to plan and implement improvements in the service. 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.

In March 2020 a new dental skills training centre opened at QVH, funded by Health Education England (HEE). HEE will use the centre to provide training to foundation dentists. When not in use by HEE, the centre is available for use for teaching and continuous professional development by QVH staff. The main area of the centre incorporates 16 fully adjustable phantom heads, complete with light, drills, suction and kavo teeth for a realistic simulation of a dental patient. The centre also incorporates a prep room and a seminar room.

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 1,000 new patients a year and manage around 14,000 patient attendances. Our aim is to provide a service delivering clinical excellence with high levels of patient satisfaction.

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.

PAR score

Percentage of patients achieving an outcome in the improved or greatly improved category	2019	99.3%
	2018	99.3%
	2017	98.6%
	2016	98%
National Gold Standard: 70% in this category	2015	95%
	2014	95%
	2013	95%

* Data is produced one year in arrears

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 2019, 99.3% of our patients were assessed as 'greatly improved' or 'improved'. This is shown in the table above.

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 2019, 51 patients completed the satisfaction questionnaire. The majority (76%) were completely satisfied with the result of their treatment and the remaining 8% were fairly satisfied. No patient was disappointed.

Furthermore, 95% were happy that their teeth were as straight as they would have hoped; 67% reported improved self-confidence; 59% reported an improved ability to keep teeth clean; 55% reported improved ability to chew; and 20% reported improved speech.

A total of 100% of patients felt that they were given sufficient information regarding their proposed treatment; 95% of patients said that they were glad they undertook their course of treatment; and 98% would recommend a similar course of treatment to a friend.

“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.”

Maxillofacial prosthetics service

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

The service at QVH is one of only five accredited reconstructive science training institutions, and as such has government funded training posts, under the modernising scientific careers: scientist training programme.

During 2020 there were significant changes in legislation affecting the manufacture and provision of medical devices. In complying with this European and UK-wide revalidation process, the maxillofacial laboratory at QVH has become one of the first of its type in the UK to obtain a license with the Medicine and Healthcare Products Regulatory Agency (MHRA) in February 2020, under new medical device regulations which become statute in May 2020. This evidences that QVH has a robust quality management system and risk management process in place when creating devices to meet the individual needs of patients and improve patient experience.

"The service at QVH is one of only five accredited reconstructive science training institutions."

Facial paralysis

QVH has the UK's first, largest multidisciplinary facial paralysis service. The 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.

The therapy team, in conjunction with other specialist clinicians, run 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 emphasis is on restoration of important functions such as eye protection, eating, drinking, speech and emotional expression.

QVH undertakes advanced facial palsy treatments including chimeric vascularised nerve grafts; VCATs; surgery for severe synkinesis; corneal neurotisation; and is at the forefront of advances in the management of cranial

nerve disorders. Recently in conjunction with maxillofacial surgeons, the QVH facial palsy unit performed the world's first successful free functioning muscle transfer (a type of VCAT) for restoration of the chewing mechanism in a severely ill patient. The philosophy of the QVH team is 'Getting It Right First Time' (GIRFT), in line with current NHS philosophy. This emphasises the benefits of having early and effective holistic treatment for facial paralysis.

A collaboration between QVH, Emteq and UK universities, has previously developed a prototype 'smart specs' for use in facial paralysis and stroke patients. Miniaturised sensors in the frames of the glasses measure facial symmetry by tracking the movement of muscles, and the intensity of those movements, giving feedback through a smart phone or tablet. This innovation, a world-first, will transform the ability of both clinicians and patients to monitor their progress from the comfort of their homes, as well as significantly improve recovery as patients are more motivated to practice facial movements. This system is currently being integrated into QVH's virtual clinics and discussions are underway to allow QVH to follow-up patients from as far as Northern Ireland using these advanced systems.

"QVH is at the forefront of advances in the management of cranial nerve disorders."

Reconstructive breast surgery

QVH is a major centre for micro-vascular reconstruction, known as free flap breast reconstruction. A flap is the name given to tissue that is transferred with its blood supply. The skin and fat flaps used for breast reconstruction are soft, warm, and move more like breast tissue than other forms of reconstruction. Because of this, results often improve with time. Flaps can be moved to the chest from distant sites such as the abdomen or thighs. 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 at the same time as a mastectomy (immediate breast reconstruction), or after all treatment has been completed (delayed breast reconstruction). Free-flap procedures are also used to improve outcomes for patients who have run into difficulties following other types of reconstruction, and are the treatment of choice for breast reconstruction following radiotherapy. We continue to manage 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.

Over the last year, studies on outcome and comparison of these newer techniques have been performed and results have been presented nationally and internationally, and published in scientific journals.

Where commissioners have approved procedures, the QVH team of consultants and specialist breast reconstruction nurses provide a wide range of other reconstructive surgery. These include, operations to correct breast asymmetry, breast reduction, and surgery to correct congenital breast shape deformity.

With a fully holistic approach to our patients' reconstructive journeys, there is also work underway to look at 'prehabilitation' services. These are designed to enhance patients' physical and emotional well-being before surgery, with the aim of improving post-operative outcomes. Particular focus has been given to weight loss, nutrition, diet and exercise.

Breast reconstruction after mastectomy using free tissue transfer – flap survival, outcomes

The gold standard for breast reconstruction after mastectomy is 'free flap' surgery as described above. These techniques have 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 measure (PROM).

OUTCOMES

Target	100%
Benchmark (published literature)	95-98%
Benchmark (BAPRAS 2009)	98%
2019/20	99.4%
2018/19	99.7%
2017/18	99.3%
2016/17	100%
2015/16	99.6%
2014/15	100%
2013/14	98.94%

BAPRAS: British Association of Plastic Reconstructive and Aesthetic Surgeons

Outcomes include length of stay, emergency returns to theatre, readmissions to hospital, and patient feedback. Any reconstructive failures or complications are reviewed in monthly breast team meetings to identify learning, and further improve the service with optimised learning points and multidisciplinary team engagement.

In 2019, the QVH breast reconstruction team were reviewed and visited by the Getting It Right First Time (GIRFT) team. QVH were able to demonstrate a high-volume autologous breast reconstruction service with short inpatient stays, and low failure rates in comparison to our peers. The "global" insight that the GIRFT review provided has enabled QVH to improve the collection of out of hospital complication data from across the region.

Over the last year 355 free-flap breast reconstructions were performed for 294 women. 44% of these cases were immediate-reconstructions, performed at the same time as mastectomies. The total failure rate was 0.6%. During this period, the mean length of stay for QVH free-flap breast reconstruction patients was 3.6 nights. 18% of women were discharged after two nights, 38% after 3 nights, 22% after 4 nights and 13% after a 5-night post-operative inpatient stay.

It is expected that demand for immediate and delayed free-flap breast reconstruction will continue to rise. Over the last year, the Trust has worked hard to streamline pathways for immediate and delayed breast reconstruction to improve compliance with Referral to Treatment (RTT) targets. Capacity remains an issue, but running three-session operating lists, and the employment of an additional microvascular breast reconstruction fellow and a locum consultant will continue to help with this.

"QVH is a major centre for this type of micro-vascular reconstruction."

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 dermatopathology services for skin cancer and other conditions.

Complete excision rates in basal cell carcinoma		Complete excision rates in malignant melanoma	
Target	100%	QVH target NICE guidance	100% 75%
2019/20	95.7%	2019/20	97.2%
2018/19	94.4%	2018/19	89.2%
2017/18	93.5%	2017/18	94.6%
2016/17	90.2%	2016/17	94.4%
2015/16	96.8%	2015/16	98.4%
2014/15	94.1%	2014/15	96.1%
2013/14	92.5%	2013/14	96.5%

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. Complete surgical excision is important however, this may not be possible in some patients because of the size or position of the tumour or because the incomplete excision will only be evident with histological examination of the excised tissue.

In 2019/20, 1939 basal cell carcinomas were removed by QVH and partners in the West Kent Dermatology Service and Sussex Community Dermatology Service.

Melanomas are excised with margins of healthy tissue around them, depending on the type, size and spread of tumour. These margins are set by national and local guidelines and each case is discussed by the multidisciplinary team. Total excision may not be possible in some patients because of the health of the patient or the size, position or spread of the tumour, and the team may recommend incomplete excision. In 2019/20, 396 melanomas were removed by QVH and partners in the West Kent Dermatology Service and Sussex Community Dermatology Service.

“The multi-professional team consists of consultant plastic surgeons, consultant maxillofacial surgeons, consultant ophthalmic surgeons and a consultant dermatologist.”

Corneoplastic and ophthalmology services

The corneoplastic unit, including our eye bank, is a 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 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.

The corneoplastic unit at QVH is actively involved in a number of clinical research projects.

“The glaucoma team specialises in minimally invasive glaucoma surgery.”



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 hospitals in Medway, Dartford, Hastings and Horsham. 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.

Total elective hand procedures		Total trauma cases	
2019	1,496	2019	2,834
2018	1,371	2018	2,640
2017	1,489	2017	3,521
2016	1,818	2016	3,955
2015	1,349	2015	3,410

The fracture clinic is now established and the trauma lead continues to develop this service. Currently trauma patients are treated in a dedicated theatre, improving patient experience, service utilisation and ensuring optimal outcomes for patients as they are seen, treated and discharged on a same day service.

The QVH hand team continues to be the biggest contributor for participation in national studies for Dupuytren's disease and metacarpal fracture to investigate whether unicortical screw and plate fixation will achieve the same union rate as bicortical screw and plate fixation of diaphyseal metacarpal fractures.

New surgical practices include distal interphalangeal proximal joint surgery replacement which has produced high rates of patient satisfaction.

The junior doctors training programme continues to be delivered in twice a year teaching days and weekly teaching sessions to improve skills and the quality of the service. These sessions have been enhanced by the introduction of training simulators.

The splint regime audit for 2020-21 to streamline practice variation and ensure that patients requiring post-operative splinting achieve optimal outcomes and minimal secondary difficulties.

"...five hand consultants and a comprehensive hand therapy department..."

Anaesthetics

The anaesthetic department at QVH includes 21 consultant anaesthetists, five associate and trust grade specialists and eight senior anaesthetic trainees with responsibilities to patients before, during, and after surgery. The team provides pre-operative assessment, anaesthesia, pain and critical care services in the Trust.

The pre-assessment clinics assess 14,000 elective case per year help to make sure patients are safely prepared for surgery, reducing the need to cancel on the day of surgery. Despite our large geographical catchment area and the range of ages and conditions we treat, the quality of our pre-assessment services helps us have an on day cancellation rate much lower than this.

QVH is a specialist centre for hand trauma and elective surgery of 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. We have increased the amount of surgery carried out in this way in response to the pandemic to reduce risk to patients and staff.

"The anaesthetic department provides pre-operative assessment, anaesthesia, pain and critical care services."

The anaesthetic department is active in research and participated in multi-centre studies coordinated by the National Institute of Academic Anaesthesia. These include the Sprint National Anaesthesia Projects (SNAP-1, SNAP-2).

Burns service

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

In addition, QVH provides a burns outreach service across Kent, Sussex, Surrey and parts of South London run by a clinical nurse specialist, 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) to ensure a consistent approach to the initial management and referral of patients with a burn injury.

In 2019, the QVH burns service accepted:

- 1,389 adult (>16 years of age) new referrals which was a 22.8% increase in referrals, of which 289 needed inpatient care
- 825 paediatric (<16 years of age) new referrals which was a 0.1% decrease in referrals of which 40 required inpatient care.

QVH's paediatric ward provides day case and outpatient paediatric services. Children who require inpatient and/or critical care are referred to paediatric burns services within the London and South East England burn network that have the appropriate facilities. In August 2019 QVH, in agreement with NHS England, temporarily suspended acute inpatient admission of paediatric burns. This decision was taken to reduce risk; whilst the QVH burns service provides high quality care with good outcomes we do not have all the support services of a larger hospital such as paediatric intensive care. Paediatric patient requiring acute burns admissions are treated at Chelsea and Westminster and Chelmsford Hospitals.

In 2019 there were three adult mortalities and no paediatric mortalities. All patients are discussed at weekly multidisciplinary team meetings so that any learning points can be identified. If further review is required, the patient's case is discussed at burns governance meeting every four months and at a joint hospital governance meeting. All burns mortality cases are peer reviewed at the annual London and South East Burn Network audit meeting. No concerns were raised for any QVH mortality at these meetings. Key burns performance indicators are

recorded and analysed through QVH's active participation in the international burns injury database programme. This compares QVH's performance with that of all other English burns services in relation to set quality indicators.

Overall in 2019, QVH achieved better than the national average for the six valid dashboard indicators for both adult and paediatric burns care.

The QVH burns team is actively involved in several local and national burn research projects and innovative treatments such as antibiotic levels in burn wounds; smart dressings; use of technology and telemedicine in patient care; and enzymatic debridement techniques and protocols.

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

Measured in **days** from date of injury

Target	2015	2016	2017	2018	2019
Paediatric <16 years wound healing within 21 days	11	11	11 (86%)	11 (85%)	11 (82%)
Adults <65 years wound healing within 21 days	17 days	17 days	13 (73%)	15 (62%)	13 (54%)
Adults ≥65 years wound healing within 31 days	24 days	28 days	18 (74%)	21 (60.5%)	20 (50%)

LENGTH OF STAY – DAYS

	2015	2016	2017	2018	2019
Paediatric <16 years	2	2	2.4	1.7	2.2
Adults <65 years	7	8	5.8	6.3	5.4
Adults ≥65 years	14	14	8.7	11.3	9.5

“Overall in 2019, QVH achieved better than the national average for the six valid dashboard indicators for both adult and paediatric burns care.”

Therapies

Allied health professionals (AHP's) including physiotherapists, occupational therapists, dieticians and speech and language therapists continue to be an integral part of our multi-professional teams here at QVH within burns, plastics, facial palsy, head and neck and hands services.

These therapy specialists work to rebuild our patient's lives through the most up to date, evidence based assessments and treatments for in patients and outpatients across the southeast. 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 that 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.

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 10-point rating scale. An improvement of 5% is deemed clinically significant.

CPAX – NICE guideline (CG83), Rehabilitation after Critical Illness requires the use of a comprehensive screening tool such as the Chelsea Critical Care Physical Assessment Tool (CPAX). It has been validated for critical care units and produces a pictorial composite of 10 commonly assessed components of physical ability, each graded on a six-point Guttman scale from complete dependence to independence.

FAB – The British Burns Association national Burns Standards (2018) state that burns patients should have access to physiotherapy and occupational therapy 5 days a week. In the first 72 hours after admission, comprehensive rehabilitation assessments must be completed, including the Functional Assessment of Burns (FAB) as the main outcome measure.

FGS – The Sunnybrook facial grading system (FGS) 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.

We use *service specific surveys* to monitor patient satisfaction:

	Target	2015/16	2016/17	2017/18	2018/19	2019/20
EFFECTIVE (clinical outcomes)						
Hands – PSFS Change	≥ 3	n/a	n/a	n/a	6.39 *	6.5
Burns – POSAS	≥5%	n/a	7.13%	8.45%	5%	7.44%
CCU Therapists – CPAX		n/a	n/a	n/a	94.5%	97.2%
Burns – FAB review within 72hrs (%)	>90%	100%	100%	94.4%	95.7%	98.3%
Facial palsy – FGS	≥60%	n/a	69%	76%	76%	76%
PATIENT EXPERIENCE						
Patient Satisfaction – Facial Palsy (%)	>90%	n/a	95%	100%	95%	100%
Patient Satisfaction – Hands (%)	>90%	n/a	n/a	100%	data unavailable	data unavailable

* based on data from Aug 18

“These therapy specialists work to rebuild our patient's lives through the most up to date, evidence based assessments and treatments for in patients and outpatients across the southeast.”

The therapies department also provides multiple, high quality services for the local community, with outpatient services within the hospital site and domiciliary services provided within patients homes.

We aim to provide a safe, equitable and patient-focused service that delivers value for money and the highest standards of therapy, which is aligned the NHS Long Term Plan. Our assessment and treatment interventions aim to:

- Identify individual patient needs and address with evidence-based interventions for optimal improvement and avoid chronicity wherever possible
- Advice, education and therapy for short management of acute and chronic conditions
- Improve quality of life by empowering patients with self-management programmes, increasing independence and function
- Avoid unnecessary hospital admissions and facilitate early discharge.

We use a range of validated measures before and after treatment to monitor the effectiveness including:

Care aims framework – Care aims are a means of defining the purpose of intervention in healthcare. They guide the planning, delivery and outcome measurement of care in our speech and language therapy team (SLT). These include assessment, resolving difficulties, supporting through changing the environment, and preventative work.

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.

NP:FU – New patient to follow-up ratio – depending on the service there is often a 'target' ratio' of less than six follow up appointments to every initial new appointment. Services such as musculoskeletal physiotherapy (MSK) would be expected to meet a lower ratio of 1:5, whereas services treating long-term, progressive conditions may demonstrate higher ratios. Low ratios are not at the expense of clinical outcomes, but instead demonstrate effective and efficient treatment.

We use *service specific surveys* to monitor patient satisfaction:

	Target	2015/16	2016/17	2017/18	2018/19	2019/20
EFFECTIVE (clinical outcomes)						
MSK – PSFS change	≥ 3	4.2	4.24	4.00	4.08	4.1
SLT – TOM's for Care aim: Enabling						
Impairment	90%	n/a	n/a	n/a	n/a	90%
Activity		n/a	n/a	n/a	n/a	100%
Participation		n/a	n/a	n/a	n/a	57%
Wellbeing		n/a	n/a	n/a	n/a	90%
EFFECTIVE (NP:FU)						
MSK – NP:FU ratio	≤ 5	4.5	3.71	2.72	2.5	2.7
SLT – NP:FU ratio	≤ 5	3.2	3.09	2.94	1.76	2.3
Dietetics – NP:FU ratio	≤ 5	4.2	4.08	4.34	4.38	4.1
MSK – discharge reports sent within 7 working days	>90%	n/a	95%	96%	91%	90%
PATIENT EXPERIENCE						
Patient satisfaction – MSK (%)	>90%	100%	99%	98%	99%	100%
Patient Satisfaction – Rehab (%)	>90%	n/a	100%	95%	100%	data unavailable

Sleep disorder centre

The sleep disorder centre was established in 1992 and provides a comprehensive service for all aspects of sleep medicine for adults from the South East of England. It employs over 30 staff including 5 consultant physicians and 12 technicians, supported by administrative staff and secretaries, and is one of the largest services in the UK, receiving around 4,000 new patient referrals per year.

It is a tertiary referral centre, receiving referrals of complex patients from other sleep centres. The centre's facilities enable the team to diagnose and treat the full range of sleep disorders classified by the American Association of Sleep Medicine. These comprise insomnias; sleep disordered breathing; central hypersomnias; parasomnias; circadian rhythm disorders; and movement disorders including nocturnal epilepsies. Treatments for sleep disordered breathing include continuous positive airway pressure; non-invasive ventilation; Adaptive Servo Ventilation; orthodontic services for mandibular advancement devices; and surgery including bi-maxillary osteotomy.

The department now manages approximately 20,000 patients on continuous positive airway pressure for long term follow-up. The treatment of patients with insomnia is undertaken by a team of five clinical psychologists and psychotherapists using cognitive behavioural therapy.

Patients are triaged by the senior clinician using the referral letter and the STOPBang questionnaire to either inpatient polysomnography or outpatient oximetry to diagnose sleep disordered breathing. After auditing, it was concluded that the Epworth Sleepiness Scale does not contribute to overall patient management. The STOPBang score is now used exclusively to determine the correct pathway for those patients presenting with sleep disordered breathing. This triage system enables us to quickly and efficiently diagnose and treat this patient group.

We work as a multidisciplinary team with local cardiologists; neurologists; chest physicians; endocrinologists; psychiatrists; ENT specialists; bariatric surgeons; and primary care physicians to give a balanced and holistic approach to patient management.

Feedback from the Friends and Family Test show almost 100% outstanding feedback, and the department regularly achieves 95% RTT18 compliance despite the year on year increase in numbers and complexity of medical conditions referred.

GP education in diagnosing sleep disorders has continued which enables them to be more effective in which patients to refer.

Psychological therapies

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

The department is made up of clinical psychologists and psychotherapists and a specialist paediatric clinical psychologist. We have a therapist dedicated to working on the burns ward and therapists supporting the facial palsy and facial anomaly clinics, insomnia clinic, and paediatric and burns multidisciplinary team meetings.

Treatments include Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT), Eye Movement Desensitisation Reprocessing (EMDR), Mindfulness Based Cognitive Therapy (MBCT) and Brief Solution-Focused Therapy (BSFT). We offer two therapy groups: the mindfulness group and the sleep group.

CBT FOR INSOMNIA GROUPS

Outcome measure	% Improvement Pre-Treatment to follow-up (1 month post-treatment)
Wellbeing	27%
Depression	27%
Anxiety	13%
Insomnia	29%
Quality of life	20%

% Improvement from pre-treatment follow up (1 month post-treatment) for CBT for Insomnia Groups.

MINDFULNESS-BASED CBT FOR PATIENTS

Outcome measure	Pre to post treatment % improvement
Wellbeing	23%
Appearance anxiety	44%
Self-compassion	28%
Mindfulness score	29%
Anxiety	51%
Depression	33%

% Improvement pre to post treatment for mindfulness-based cognitive therapy.

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; computerised tomography; and cone beam computed tomography services on site. We also offer on-site services for diagnostic and therapeutic sialography and musculoskeletal (MSK) Ultrasound.

The radiology department is working with NHS England to develop imaging pathways in line with new cancer initiative for 28 day guidance.

Magnetic resonance imaging is currently delivered on the QVH site from Monday to Wednesday. We are hoping to extend the MRI services to a five day service in 2020.

The cone beam computed tomography scanner has seen a large increase in activity from both NHS and private dental providers. This scanner is capable of scanning small field of view dental examinations; which means we are able to see patients from the surrounding areas locally rather than having them commute to London for these examinations.

The salivary diagnostic and therapeutic service has grown and the referral catchment area has increased.

Our radiology services provide access to in-patient, out-patient and minor injuries unit patients at QVH and 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. We provide monthly quality reports that demonstrate our service achieves the performance indicators laid out by the CCGs.

In 2014, internal Key Performance Indicators (KPIs) were introduced for monitoring report turnaround times within radiology. Although there is no agreed national benchmark for this, at QVH we expect to maintain a target for at least 80%. We are reporting to the Trust figures of ~90% for reporting turnaround times.



STATEMENTS FROM THIRD PARTIES

Sussex Clinical Commissioning Groups

Thank you giving commissioners the opportunity to comment on the draft quality account for 2019/20. We do appreciate the on-going collaboration and continued open dialogue with Trust's senior clinicians at the monthly Clinical Quality Performance Review Group, and in the other quality meetings, commissioners are invited to attend.

The Trust continues to place quality, safety and the experience of patients at the forefront of everything it does. We congratulate the Trust on the positive work you are doing to drive quality improvements and lead innovation, which has seen excellent clinical outcomes across specialisms, during these challenging times.

The Trust has achieved many successes in 2019/20, most notably:

■ The Trust received an unannounced Care Quality Commission (CQC) inspection, which resulted in the Trust achieving 'Good' overall with 'Outstanding' patient care. The CCG note that the Inspectors reported staff were highly motivated and inspired to offer care that was exceptionally kind and promoted people's dignity; relationships between patients and staff were strong, caring, respectful and supportive

■ Commissioners welcome the continued focus on strengthening a safety culture in theatres, following the appointment of the theatre safety lead. This has created capacity to respond to safety queries in real time, resulting in a significant reduction in serious incidents. This open culture of reporting has enabled the Trust to identify and learn from 'near misses'.

■ The CCG would like to acknowledge the independent role of the 'Guardian of Safe Working' to champion safe working hours which ensures junior doctors and employers that rotas and working conditions are safe for doctors and patients.

■ We would like to recognise the improvements made over the last year in relation to recruitment and retention, and although recruitment of nurses and operating department practitioners remains a challenge, overall vacancy rates are on a downward trajectory. These achievements are a clear recognition of the hard work and determination of all those working in the organisation to deliver high quality care.

■ The Trust continues to be innovative in their approach to recruitment establishing new apprenticeships courses for example in diagnostic radiography. It has also adopted an in-house approach to developing specialist staff resolving a national shortage of ultrasound trained staff.

■ The Trust is commended for its national clinical audits and three clinical outcome review programmes for the services it provides and achieving 100%.

These achievements are a clear recognition of the hard work and determination of all those working in the organisation to deliver high quality care.

During 2019/20 the CCGs recognise the Trust has continued to undertake a comprehensive review of patients waiting longer than national standards require for their treatment. The CCGs acknowledge that the Trust has implemented a robust improvement plan and will continue to support the Trust to eliminate long waits and deliver compliance with national standards.

The CCGs support the Trust's quality priorities for 2020/21:

– Implementation of a Human-Factor based Simulation Programme for theatre staff which will improve the skills, knowledge and confidence of staff and enhance patient safety

– Proposal to introduce 'Attend Anywhere' clinics, enabling patients to be have a virtual consultation. This will improve the time to be assessed and treated improving clinical outcomes and overall patient experience.

– Implementation on updates to the Mental Capacity Act (MCA) through a patient journey. This will support a Trust-wide implementation of the MCA and improve clinical safety and patient care.

– Improve patient experience for those with Learning Disabilities (LD). The Trust will set up a task and finish group to achieve provision of effective LD patient information and the use of LD passports improve patient experience by undertaking detailed reviews with individual patients during their attendance and/or admission the Trust.

These priorities represent the quality domains of patient safety, clinical effectiveness and patient safety, a positive element of setting quality priorities.

■ The CCG would like to commend the Trust for its pioneering techniques related to burns reconstructive surgery, cell culture and hypotensive anaesthesia and current research programme focusing on developing techniques in wound healing and reconstruction

■ The commissioners welcome the delivery of a human-factor based simulation Training Education Programme will be to improve the skills, knowledge and confidence of staff and enhance patient safety.

■ The CCG look forward to the Implementation of an e-observation tool to collect and collate patient physiological data which will standardise and alert clinician to early intervention and further escalation where required.

The CCGs look forward to the continued close working with the team at Queen Victoria Hospital NHS Foundation Trust and wider system partners.

3 September 2020



Statement from QVH Council of Governors

The Council of Governors welcomes the opportunity to comment on the Quality Account for 2019/20. In our view, the account is a consistent reflection of the services and activities of the Trust as observed by and reported to us. Amongst the wide range of activities covered in the Report, Governors found the following of particular interest.

There is a robust process in place for recording compliance with hand hygiene standards through monthly auditing and regular spot checks and these audits had shown compliance, at 93.4%, to be a little lower than previous years and slightly below the national requirement of 95%. In the context of the hand washing requirements now applying to everyone regarding COVID-19, we took some assurance that staff group targeted audits are being developed to address the small decrease in compliance.

We noted two examples of very simple actions that brought significant improvements in patient experience. One was the day case surgery telephone follow up service initiative, where discharge staff were tasked with making sure all the patients they discharged had simple pain medication at home, resulting in a marked improvement on the average pain scores reported by the patients. The other was the finding that music therapy can be a useful distraction technique in relieving pain and anxiety during a burns dressing change and that 100% of patients reported that they would like music to be played at their next dressing change.

Governors have taken a particular interest in the incidence of operations cancelled by the hospital on the day for non-clinical reasons and not rebooked within 28 days. Although the number recorded for 2019/20 was slightly higher than previous years, we noted that the incidence is very small compared to the number of surgical cases passing through the theatres during the course of the year and that an escalation procedure is in place to address the matter.

The introduction of 'virtual clinics' in a number of specialisms was proving to be a significant success even before the Coronavirus outbreak. Since then, this way of working has taken on a new scale and importance as a way of seeing patients safely during the pandemic. We welcome the plans to continue to review and build on the learning from this initiative.

In sum, we commend the Quality Account for 2019/20 as demonstrating the Trust's commitment to the highest standards of patient safety and patient experience and to the continuous improvement of services and activities. We recognise that the Trust can achieve these results and improvements only through the hard work undertaken by all staff members of QVH and we would like to take this opportunity to put on record our thanks to all the staff for their contribution over the period reported.

11 July 2020

West Sussex Health and Adult Social Scrutiny Committee (HASC)

West Sussex HASC chose not to comment on this quality account as they had not undertaken any formal scrutiny of QVH services in 2019/20.

Healthwatch West Sussex

Healthwatch West Sussex has decided not to contribute to the Quality Accounts for 2019/20 produced by Trusts that operate in West Sussex, as it is not easy to see how our contribution has made a difference for local people in past years.

Instead, we are focusing our resources on what people tell us is important to them, in West Sussex. During the Coronavirus pandemic we are here to offer trusted information and advice; and to capture insight so we can support our integrated care system in learning for recovery and future services development.

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 2019/20* and supporting guidance *Detailed requirements for quality reports 2019/20*
- 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 2019 to 22 June 2020.
 - papers relating to quality reported to the board over the period April 2019 to 22 June 2020
 - feedback from commissioners dated 3 September 2020
 - feedback from governors dated 11 July 2020
 - 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 2019/20
 - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, expected publication June 2020
 - the national patient survey – published 2 July 2020
 - the national staff survey 28 February 2020
 - CQC inspection report dated 23 May 2019.

The requirement for auditors to provide assurance on the Quality Report this year was removed after the Treasury met with the Department of Health and Social Care to agree what steps could be taken to alleviate pressures on providers, following the outbreak of COVID-19. This was a national decision and not unique to QVH.

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

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

By order of the board



Beryl Hobson
Chair
3 September 2020



Steve Jenkin
Chief Executive
3 September 2020



"It is testament to the dedication of all our staff our clinical outcomes remain excellent."



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

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

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

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

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

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