





# Queen Victoria Hospital NHS Foundation Trust

Quality Report 2020/21



***“QVH staff have done an incredible job over the last year, providing life changing services for patients.”***

**Note:** some of photos contained in this document were taken **before** COVID-19.



***“All the staff here, both clinical and non-clinical, work together as one to ensure that this is a well-run hospital.”***



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# QUALITY REPORT 2020/21

## Statement on quality

Queen Victoria Hospital (QVH) continues to place quality, safety and the experience of patients at the forefront of everything that we do. This quality report sets out in detail our commitment to continuous, evidence-based quality improvement, the progress we have made over the last year and our plans for the coming year.

During the pandemic every area of our work changed, and our staff are rightly proud of the swift work to set up as a regional cancer hub, enabling exceptionally vulnerable patients to be treated away from hospitals managing covid patients.

Through clinical audit we have maintained our continuous work to assess and improve our specialist services, and this year there has also been a focus on auditing practices which had to change due to the pandemic. From the use of QR codes to replace paper leaflets, to an audit of how sleep disorders patients are using equipment at home, we have been able to assure ourselves that QVH remains at the forefront of good practice and in many cases share our practice to benefit other trusts.

We have also contributed to the urgent studies undertaken during the coronavirus pandemic, including the SIREN study with about 20% of our staff having volunteered for regular swabbing and blood tests over 12 months to monitor antibodies. QVH performs well above its size in terms of research. Participation helps our clinical staff to stay abreast of the latest treatment possibilities, and pioneering techniques developed at QVH in the past are now used routinely in the care of patients all over the world.

A recent example of innovation included in this report is a device created at QVH to reduce the risk of surgeons irradiating their own fingers when attempting to create dynamic images of the patient's digits. We also learn from elsewhere and now offer patients a new form relief during painful dressing changes; a survey of patients using our virtual reality headsets found patients reported experiencing less pain when using the headsets as well as reduced anxiety.

The impact of the pandemic continues to be clear across our services, including the sad fact that we are now seeing patients with larger and deeper skin cancers, presumably as a result of delays in seeking treatment. In common with all trusts, we have also seen our waiting lists increase considerably and we are prioritising patients according to clinical urgency.

However, there have been developments that brought benefits for patients, including the move to virtual clinics. At QVH we were running a small pilot pre-pandemic, aware that some of our patients were travelling considerable distances for relatively brief appointments. Virtual clinics are now a mainstream part of how we work, with face to face care still available as needed. There are examples threaded through this report of what that change has meant for patients in each of our specialities from increasing efficiency in facial palsy clinics to 'self-fit' retainers in orthodontics, and our teams work hard to support patients to use these services remotely including the provision of videos and online virtual receptionists helping patients to feel confident with their technology in advance of an appointment.

As illustrated so clearly throughout this report, QVH continues to provide compassionate care and excellent clinical outcomes across our life changing services. Our staff are passionate about their work and further improving services for patients. I am confident that QVH has a bright future continuing to bring together expert teams to provide outstanding care for patients from across the wide area that we serve.



**Steve Jenkin**  
Chief Executive and Accounting Officer  
17 June 2021





# QVH'S QUALITY PRIORITIES FOR 2021/22

Our quality priorities for 2021/22 are grounded in 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 2020/21 priorities.

The Trust uses the three established dimensions of health care quality:

## PATIENT SAFETY

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

## CLINICAL EFFECTIVENESS

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

## PATIENT EXPERIENCE

Meeting our patients' emotional as well as physical needs.

## PATIENT SAFETY

**'Never events' are serious incidents that are entirely preventable because robust guidance or safety recommendations are available nationally and should have been implemented by all providers.**

In 2018, QVH relaunched the use of the WHO surgical safety checklist in theatres to ensure compliance with the very best safety standards. This followed quarterly observational audits that identified:

- A lack of engagement with the process
- Distractions (such as staff performing other tasks whilst WHO checklist being completed)
- Inconsistent leadership between theatres in terms of who was responsible for sign in, time out and sign out.

In 2021, the quarter 4 observational audit found that three of the five steps are now fully embedded in practice. These are the 'team brief', 'sign in', and 'time out' steps.

### What success will look like...

QVH will target a quarterly improvement or sustained compliance of the remaining 2 of the 5 steps. The 'sign out' and 'debrief' steps.

To achieve this multidisciplinary bimonthly safer surgery simulation training has begun for theatre staff.

The training is split into 2 sessions, one which has poor practice/distraction and one showing good practice.

The training is designed to help staff recognise poor compliance and then give them tools in order to challenge this.

The quarterly audits will be measured against reviewed and updated surgical safety policies including the five steps to surgical safety and the perioperative marking policies.

## CLINICAL EFFECTIVENESS

**To offer supportive counselling (or formal therapy if appropriate) to staff to improve their wellbeing and experience of work and reduce absence.**

QVH's psychological therapies department includes psychologists, psychotherapists and counsellors. Offering their skills and evidence based therapeutic models to support staff will in turn improve the patient experience.

The benefit of having this service on site is reduced waits for staff referred for therapeutic support by their GP. Staff who may be signed off sick while waiting for a service could be seen as a priority, facilitating a speedier return to work.

The priority has been informed by the results of an audit conducted by the psychological therapies department. Members of staff whose mental health or wellbeing had been adversely affected by the covid pandemic were given a series of formal therapy sessions. Improvements were measured in all cases.

### What success will look like...

Success will be monitored through psychometric tests that measure:

- Psychological distress
- Depression
- Anxiety
- Self-esteem
- Impact of trauma
- General wellbeing.

Participating staff group will be assessed pre-intervention and then post-intervention on a quarterly basis and the data analysed for significance.

We continue to comply with NHS guidelines and currently the psychological therapies department delivers 75% of all clinically necessary appointments remotely. We continue to routinely screen for improvements in our patients conditions and data analysis will provide information on pre/post pandemic validity and reliability of scores in light of the change of delivery.

Over 12 months, a picture will emerge indicating the mental health and wellbeing of the staff team. Analysis will then be made of absenteeism due to sickness, looking specifically at whether the intervention reduced sickness and improved recovery.

If successful, there would be improved scores on the psychometric tests and reduced sickness overall compared with previous measures.

## PATIENT EXPERIENCE

**During the covid pandemic, the Trust has followed government guidance on social distancing, replacing face-to-face outpatient appointments with telephone and video calls where appropriate.**

By speaking to their clinician over the telephone or by video, patients can receive their consultation without the leaving their own home. This enhances the patient experience by reducing travel time, travel expense and the need to arrange time off work or childcare cover, etc.

At the same time, it is important that patients are informed that this is exactly the same as any other appointment with your hospital consultant, clinical nurse specialist or other member of their team.




In order to support patients who are preparing for a telephone or video appointment, the Trust has put together some helpful information to ensure patient appointments are efficient and useful to both the patient and the medical team.

### What success will look like...

Across the NHS, trusts are expected to take all possible steps to avoid outpatient attendances with low clinical value. Where outpatient appointments are clinically necessary, at least 25% should be delivered remotely by either video or telephone. This is closely monitored to identify progress using routine data analysis.

Remote consultation is deemed as the default position to manage appointments between a clinician and a patient within the outpatient setting by using telephone or video, as opposed to face-to-face consultations.

The Trust has also put in place solutions to avoid unnecessary referrals to outpatient services. These include offering advice and guidance to GPs and implementing patient initiated follow ups as a default for certain conditions or pathways such as burns, therapies and sleep services.

Because of the covid pandemic, we had to pause our work to finalise and implement these priorities. Revisiting these quality priorities will be part of our phased recovery and restoration of services.

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



## Performance against 2020/21 quality priorities

Our quality priorities for 2020/21 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. The original patient safety priority related to simulation training, however this was suspended as resources were not available in the context of the pandemic, and it was replaced with the review of the clinical harm review process.

End of year progress against our three 2020/21 quality priorities was as follows:

### PATIENT SAFETY

Our quality priorities and why we chose them...

**Review processes for clinical harm reviews and establish robust approach to this in the light of increased numbers of patients requiring review.**

Clinical harm reviews are a continuous process and the number of patients who have waited 52 weeks or more has increased significantly due to the covid pandemic.

#### Targeted outcome...

All patients waiting longer than 52 weeks are assessed for harm and if moderate or above actual harm is noted on further clinical assessment, they are prioritised for their procedures urgently.

#### Did we achieve it in 2020/21?

Clinical harm reviews were undertaken by consultants for all patients waiting longer than 52 weeks.

There is variance in numbers of reviews completed between departments due to differing clinical commitments of consultant workforce. This remains an ongoing process.

## CLINICAL EFFECTIVENESS

Our quality priorities and why we chose them...

**Implement and increase the use of virtual hand surgery clinics, including for trauma, so that patients can be seen more quickly and can be assessed and treated with fewer appointments to improve their overall 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.

#### Targeted outcome...

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.

In setting this quality priority we planned to 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.

#### Did we achieve it in 2020/21?

Virtual clinics have been implemented with both doctors and therapists, and face-to-face care and treatment is still available as required.

The hand therapists are triaging patients through the virtual trauma pathway, and the virtual model is an extension of therapy clinic provision.

Therapists are now present within the trauma theatres to fit splints after the patient's operation.

The QVH public website has clear information for patients about how to access their virtual appointment and what to expect.

## PATIENT EXPERIENCE

Our quality priorities and why we chose them...

**The Mental Capacity Act (MCA) was enacted in 2005 and then implemented during 2006. Staff, patients and families still find it challenging to fully understand all the legal nuances and requirements for valid decision making and consent for our most vulnerable patients.**

#### Targeted outcome...

Our aim is to support Trust-wide implementation of the MCA and to improve clinical safety and patient care. Specifically:

1. To improve data capture on existing systems allowing the Trust to have a better overview of MCA activity and improve accuracy of reporting.
2. Implementation of updated MCA documentation to improve record keeping and meet the threshold for legal review. Define clear recording standards so that staff are confident they are recording adequate information.
3. The patient MCA journey will be made transparent and current patient information will be reviewed and adjusted to make the processes transparent and clearer to all concerned.

#### Did we achieve it in 2020/21?

The safeguarding team have reviewed all patients where concerns have been raised by medical secretaries, pre-assessment or learning development link nurses.

The Trust has reviewed MCA systems, policies and documentation. Robust arrangements are in place.

1. Audits demonstrate that clinicians' understanding and implementation is steadily improving. Ongoing staff support and audit should continue to build knowledge and practice competencies. Introduction of recording MCA status in clinical records at the point of the decision to admit will allow proactive actions to be planned.
2. QVH are arranging expert MCA training sessions to support consultants with the legal aspects of the clinical dilemmas and record keeping requirements.
3. Information is available for patients and their families. Patient experience challenges are brought to the attention of the patient experience manager and the safeguarding team.

**A learning disability is a lifelong condition which cannot be cured. Patients with this condition have a reduced ability to understand new or complex information and are likely to find it difficult 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 in hospital.**

#### Targeted outcome...

This project aims to improve patient experience by undertaking detailed reviews with individual patients while they are at QVH. We will also use the reviews to ensure that each patient's journey is explained clearly to them and their family/carers, along with the support they can expect from staff.

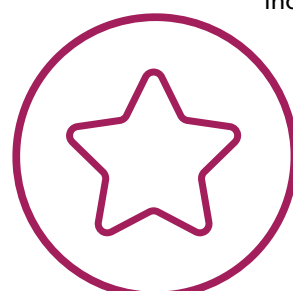
#### Did we achieve it in 2020/21?

A QVH learning disability lead has been identified for the Trust. A learning disability strategy is being developed, alongside information and resources for staff and a dedicated learning disability intranet page.

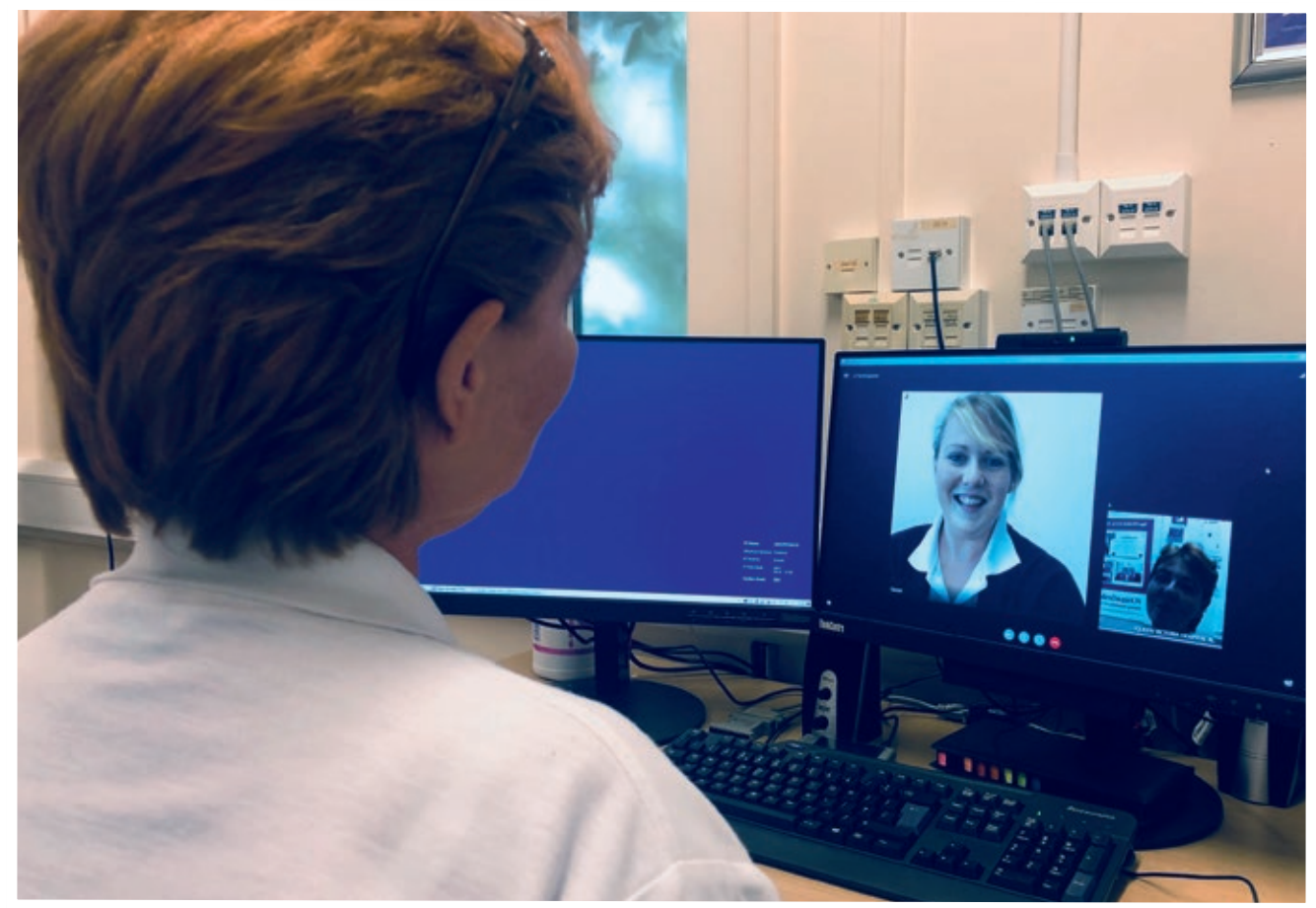
A review of every patient with learning disability needs is undertaken by the Sussex Community NHS Foundation Trust learning disability link nurse, via a service level agreement.

Clinical effectiveness

**"Virtual clinics have been implemented with both doctors and therapists, and face-to-face care and treatment is still available as required."**









## SAFEGUARDING AND MENTAL CAPACITY ACT

**QVH safeguarding systems and arrangements continue to be improved and strengthened. Safeguarding support for staff is well established. Safeguarding audits continue to provide assurance for the organisation and also identify any key development areas.**

Covid has caused significant disruption across the NHS and the country. We have changed the way we work to ensure that the needs of patients are accommodated and to safeguard the most vulnerable. The safeguarding team continue to offer support across the hospital, including an out of hours advice service to support staff in safeguarding their patients during this unprecedented time.

Evidence of QVH compliance with the Mental Capacity Act (MCA) has strengthened. This year MCA was a QVH quality priority so many developments have been implemented to ensure this legal requirement is met.

Liberty safeguard protection was due to be launched September 2020, but was then delayed because of the pandemic. During this period, urgent Deprivation of Liberty Safeguards (DOLS) guidance and forms were provided by the Department of Health so that when patients needed to be detained in hospital for treatment this could be undertaken legally. This applies only for patients who lack capacity to make specific decisions about their treatment and family and friends are always involved in the best interest decision when this is required.

### Progress during 2020/21:

- Adult safeguarding level 3 training was introduced in 2019. Uptake by March 2020 was 92%, exceeding the planned target.
- QVH appointed burns consultant Tania Cubison as named doctor for safeguarding, replacing BSUH paediatrician Oli Rahman who had provided robust advice and support to QVH colleagues for a number of years.
- Exceeded the 85% target for WRAP training with 89% - an improvement of 7% on the previous year. All WRAP Level 3 training is now completed online. WRAP stands for workshop to raise awareness of Prevent, and aims to safeguard vulnerable people from supporting terrorism or becoming involved in terrorism themselves.
- Enhanced the structure of the safeguarding team and appointed a named nurse for safeguarding children and looked after children. Katy Fowler has worked at QVH for 18 years and brings a wealth of experience and commitment to the role.
- Continued engagement of staff and recognition of safeguarding responsibilities with Datix reporting systems enabling the production of monthly metrics for the board.
- Maintained robust connections with West Sussex safeguarding adults board and safeguarding children partnership and the establishment of an acute children's safeguarding network.
- Systematic review of relevant QVH safeguarding policies, protocols, standards and guidance. The intranet safeguarding and MCA pages are kept updated.
- National child protection information sharing system (CP-IS) is being used by the minor injuries unit and paediatric ward; an audit of this is currently underway.
- Strengthened safeguarding systems for looked after children across the Trust.
- Safeguarding children neglect tool roll out has begun in the Trust in line with West Sussex local children's safeguarding partnership priorities.

**“The safeguarding team continue to offer support across the hospital, including an out of hours advice service.”**

## IMPLEMENTATION OF SEVEN DAY HOSPITAL SERVICES

**The seven-day services programme aims 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 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 for initial consultant assessment after admission.

**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, continuing once-daily once a clear pathway of care has been established.

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 that we are achieving Standard 2 with performance of 92% against a target of 90%.

The audit showed that we have further work to do on Standard 8 where we are achieving 80% for twice-daily reviews and 100% for once-daily reviews against a target for both of 90%. In some instances the consultant had attended remotely and as the name was not recorded this was not counted as a specialist consultant review; the need to improve documentation has been noted. There were also cases where the notes were not available at the time of audit as they were being scanned for electronic patient records.

Locally defined clinical standards have been developed aligned with the national standards and are now an integral part of QVH's operational policies.

## GUARDIAN OF SAFE WORKING

**The role of guardian of safe working hours was established as part of the contract settlement for junior doctors in 2016. The purpose of the role is to support junior doctors with their working arrangements and conditions, education and training, and to provide assurance to the board that doctors are keeping safe working hours. If the safe working standards are not met, a set process is in place for making exception reports.**

The consultant anaesthetist appointed to the role in October 2018 submits quarterly reports to the board detailing any exception reports, breaches of the working standards, fines levied for breaches or gaps in rotas.

The guardian is responsible for convening the junior doctors' forum, which meets quarterly and promotes safe working doctors' inductions. The guardian also has authority to intervene in rota design, management and hours issues. The junior doctors' forum reports into the specialty local faculty groups and the educational board.

A national update to the junior doctor contract, agreed in August 2019, included new fines for breaking the rest rules for the non-resident 24-hour on-call rotas. Consequently, there have been some fines levied on the plastics department when trainees were working overnight. Examination of the reports identified the causes of these breeches and confirmed that they were unavoidable.

During the first wave of the covid pandemic, the rota was altered to enhance cover at the McIndoe Centre (the independent sector provider on the same site as QVH, working together as part of the pandemic response); cover the virtual clinic; and cover absences due to sickness and staff shielding. Junior doctors reacted to this very responsibly and we were fortunate to keep staff with us due to the postponement of rotations.

During the first wave of covid in March to August 2020, there were no exception reports.

To encourage doctors to begin reporting again we held a two-week reporting drive. Since then, there has been a gradual increase and we have a low but steady rate of two to six per month.

Nationally, in 2019/20 all NHS trusts were awarded £30,000 fatigue and facilities funding, with larger trusts receiving £60,000. At QVH, the junior doctors' forum decided to spend the fund refurbishing current relaxation areas and creating a new one. During the pandemic it was decided nationally that any remaining funds could be carried over to the end of March 2021 and this has since been extended again if monies could not be spent due to the pandemic.

Since the surgeons' mess was used for PPE storage until recently, we have not been able to refurbish it. Plans have been made to do this work.

The Trust has enabled trust grade doctors (those working in a 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. Although this has happened in a few trusts nationally, we are the first trust within Kent, Surrey and Sussex to do this.



Statements of assurance from the Board of Directors

Review of services

During 2020/21, QVH provided 38 NHS services including burns care, general plastic surgery, head and neck surgery, maxillofacial surgery, corneoplastic surgery and 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 2020/21 represents 90% of the total income generated from the provision of relevant health services by QVH for 2020/21. 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 Innovate UK and believes this reflects the quality of our research. This year we have participated in the prestigious national SIREN covid study, which informed the government’s map out of lockdown.

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 undertaken at QVH. We are grateful for the ongoing support of our local clinical research network for core research infrastructure and have contributed to the urgent public health studies undertaken during the coronavirus pandemic.

The total number of participants recruited to Health Research Authority (HRA)-approved studies (which includes ethics approval) in 2020/21 was 353 with QVH taking part in 30 studies. Of these, 328 were national portfolio recruits. The national portfolio is administered by the National Institute for Health Research (NIHR), and is a national register of all high quality research ongoing in the NHS. Only high-quality research is accepted for registration, therefore this kind of research is deemed to be the most prestigious that the NHS undertakes.

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 quality standards and taking action to bring practice in line with these standards in order to improve the quality of care and health outcomes.

During 2020/21, 11 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 include the percentage of registered cases required by the terms of that audit or review programme, where appropriate.



Participation in clinical outcome review programmes 2020/21

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 – Dysphagia in Parkinson’s Disease	✓	✓	100%

Participation in national clinical audits 2020/21

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 Diabetes Audit – Adults (Harms)	✓	✓	1 case
NHSE & NHSI Learning Disability Improvement Standards Project	✓	✓	100%
National Early Inflammatory Arthritis Audit (NEIAA)	✓	✓ (partial)	< 5% (estimated)
Perioperative Quality Improvement Programme (PQIP)	✓	✓	Recruitment paused during Covid
NAP7: ACCC-track: Anaesthesia and Critical Care Covid Activity Tracking Survey	✓	✓	Organisational participation
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

Project name (alphabetical)	Applicable to QVH	Participation Comments	% of cases submitted
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## National clinical audits

Fourteen national audits were reviewed by the Trust in 2020/21. The two most relevant were:

### National audit of inpatient falls

We continue to give priority to the national audit of inpatient falls. This is a continuous national audit and will audit patients who have fallen in hospital and sustained a hip fracture. The audit aims to improve fall risk reduction practice for inpatients. As of February 2021, 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 local auditing programme for falls and continue to improve practice to reduce the risk of falls.

### Dysphagia in Parkinson's disease

This study aims to examine the pathway of care of patients with Parkinson's disease who are admitted to hospital when acutely unwell. In particular, the study explores multidisciplinary care and reviews the organisational factors in the process of identifying, screening, assessing, treating and monitoring the ability to swallow. QVH participated and in addition a member of our therapies team formed part of the clinical review panel for this NCEPOD (National Confidential Enquiry into Patient Outcome and Death) study. Recommendations are due for publication in early 2021 and QVH will use these to benefit patients.



## Local clinical audits

The reports of 74 completed local clinical audits and were reviewed by QVH in 2020/21. Examples of audit projects undertaken across QVH, their findings, and actions taken as a result are set out below.

### The Antibiotic prophylaxis administered in theatre prior to surgery (Project 561)

At QVH, a large proportion of antibiotic use is for surgical prophylaxis. Micro guide guidelines state that prophylaxis antibiotic should be administered in theatre within 30 minutes prior to incision (except in groin dissections where the antibiotics are administered at time of induction of anaesthesia). Results from this audit cycle showed this standard was met in 61% of head and neck cases and in 93% of plastics cases audited.

It was proposed to specialty leads that their departments should investigate to identify if there were any unusual circumstances in each case that would explain why the standard was not followed. Action plans to improve compliance would then be generated if no unusual circumstances had occurred. This audit will be conducted on an annual basis.

### 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 six months retrospectively after an idea from radiology had been piloted in theatres. The radiology team 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 and documentation for radiation dose accrued during the procedure are saved, reviewed and evaluated. Due to the complexity of the hand surgery, surgeons sometimes irradiate their own fingers in an attempt to visualise dynamic images of the patient's digits. The radiology team suggested using an instrument to reduce these occurrences therefore reducing radiation to the surgeons' fingers. The instrument had to fulfil many criteria and be fit for purpose before the surgeons took up the idea and considered trialling it.

The 'fingers in the beam' audit showed a marked reduction in these occurrences after the instrument was piloted. It was felt that this was not solely due to using the alternative instrument but by raising awareness of radiation in theatres. The audit also provides evidence for QSI (ISAS) accreditation with radiology reviewing imaging from other radiographer-trained operators.

The audit was conducted in 2019 and further work has been undertaken for this concept to be published in UKIO; work is underway with manufacturers to update guidance on minimising dose reduction. There is potential for this idea to be implemented in other trusts as an easy and cost-effective way to minimise 'fingers in beams' and thereby reduce dose reduction. This project was also entered and shortlisted for the audit prize 2020.

### Cycle 1 and 2: Improving the burns admission process: a streamlined approach (project 545)

Patients admitted to the burns unit are often clinically unwell with their physical state subject to rapid change. In addition to medical management, burns patients also require an MDT approach including psychological, nutritional and physiotherapy. As such, a standardised admission process is key to ensure the best patient experience and outcomes.

Anecdotally within the unit, an increasing number of patients are being admitted without a consultant-led plan at the point of admission and the necessary investigations instigated. Furthermore, due to the high number of bank staff and new junior staff, there may be a lack of knowledge of admission protocols.

The project objectives were to assess the admission process on the burns unit and compare with national standards.

Results confirmed that the admission process is non-standardised with important investigations not completed. Findings were presented at the local governance meeting and a new admissions proforma approved through the patient documentation group. Cycle 2 of the audit demonstrated that, while the admissions proforma has been used and resulted in a more streamlined admissions process, there is still room for improvement. Work will continue to utilise the admission proforma and ongoing departmental education via the burns ward handbook and doctor's induction sessions.

### Audit to evidence compliance with NICE clinical guideline NG109 lower urinary tract infection; antimicrobial prescribing (Audit 1140)

QVH's minor injuries unit (MIU) is run by specially trained emergency care practitioners and emergency nurse practitioners who are able to see, diagnose and treat a wide range of minor injuries and ailments for both adults and children over one year old. One of the conditions that patients present with to the MIU is urinary tract infections (UTIs). A UTI can affect different parts of the urinary tract, including bladder, urethra or kidneys. This is usually caused by bacteria entering the urinary tract. Mild UTIs can clear up within a few days but may require a short course of antibiotics if symptoms persist.

The MIU emergency care practitioner reviewed patient documentation from a three-month sample to ensure satisfactory collation and completion of documentation evidencing compliance with NICE guidelines and patient group direction (PGD) protocol. Results showed that 100% of patients seen were treated within the scope of the NICE guideline and also PGD protocol. As such, no actions were set and re-audit is planned for three years' time in line with the schedule for NICE auditing of relevant guidelines.



**Patient information delivered using quick response (QR) codes (Project 562)**

The project explored the use quick response (QR) codes as a method of patient information delivery. QR codes are 2D barcodes that can store patient information sheets and can be accessed through a smart phone or similar device.

The benefits of this are:

- Modern approach to deliver patient information
- Less infection control risk
- Environmentally friendly
- Simple to manage and update.

The orthodontics team reformatted three of their patient information leaflets, generated QR codes and devised posters for clinic areas for patients to access this information.

Patients were then surveyed for feedback on their preferences and experience of using QR codes. Over 100 patients were surveyed in September 2020. Responses showed that 82% of patients required no assistance to use the QR codes with only 4% having trouble with the code. Although 3% reported the use of QR code as ‘neither easy nor difficult’ and 3% found it ‘difficult’, the majority confirmed that the QR code was ‘easy to use’ (94%). Only 2% reported preferring paper leaflets, 26% were neutral while the majority (72%) preferred to use this digital tool to access patient information over a paper leaflet.

We received a very positive response from patients and are considering a wider roll out with a wider selection of patient information to share. There has been Trust-wide interest in this project with other departments. The maxillofacial and breast care teams now using QR codes and the burns team are trialling the approach. The pre-assessment department are extending the scope of the original project to deliver a QR leaflet information board in their waiting area. The initial cycle of this project has been published in the British Orthodontic Society Newsletter. This work was also presented at the Trust governance audit competition in November 2020. Research results have also been submitted to the Journal of Orthodontics for publication.

**Sharps bins audit (Project 565)**

Compliance in practice inspections are usually held on a bi-annual basis as a quality improvement initiative within the Trust, This audit is based on the results of inspections in January and February 2020, before inspections were paused due to the pandemic, and questions about whether sharps bins are assembled correctly (this was highlighted as an area where the radiology department could make improvements).

Data is collected through spot checks carried out once a month in radiology. Of 23 sharps bins inspected in six separate radiology areas, four areas were noted to have noncompliance. The audit will continue on a monthly basis to ensure heightened awareness and improve infection prevention and control standards in preparation for the next round of the compliance in practice inspections.

**Service evaluation of the case mix, suitability and complexity of Orthodontic patients (Project 1600)**

We constantly review our service performance to ensure that we are accepting the right case mix, offering the right types of treatment and completing our care to a high standard.

In order to ensure waiting lists are kept to a minimum and to best enable us to meet 18-week standards, we must confirm that our new patient referrals are appropriate and that accepted patients are of an appropriate severity and complexity. The majority of patients accepted within hospital orthodontic services will be those with a severe and complex need, requiring multi-disciplinary treatments.

The standard has been set at 80% of our patients in treatment to have an IOTN (index of orthodontic treatment need) and complexity level 3a/3b. In addition to a treatment service, the role of regional orthodontic units includes training. There is therefore a requirement that units have a suitable case mix to best enable the teaching of registrars and therapists.

Data was collected in the QVH orthodontic department between February and April 2019 and in November and December 2020. The data (543 sets in 2019 and 493 in 2020) showed that 95% and 98.5% of patients in treatment had an IOTN above level 4, which meets the set standard.

All patients in treatment in 2019 and 2020 had a complexity level of 3a or 3b with 81% (2019) and 80% (2020) being 3b, again meeting secondary care requirements. More than half the patients (52% in both 2019 and 2020) in treatment have a requirement for multi-disciplinary care.

**CPAP adherence comparison (Project 563)**

Adherence to CPAP (continuous positive airway pressure) is vitally important given the many potential adverse health and societal consequences of untreated obstructive sleep apnoea. This project aimed to identify whether a recent change in practice due to covid has impacted on patients’ initial adherence to CPAP treatment. In July 2019, patients being set up on CPAP had their machine fitted and turned on before going home, giving them the opportunity to experience using CPAP before commencing treatment. As using a CPAP machine is an aerosol generating procedure, patients set up in July 2020 had their machine fitted but not turned on during their setup.

Analysis revealed that patients set up on CPAP in July 2019 (n=113) and July 2020 (n=86) were similar in their demographics (age and sex) and importantly did not significantly differ in their adherence to CPAP treatment in the first seven days, first 30 days or during days 61-90 of their treatment. The results of this audit therefore suggest that CPAP adherence has not been affected by the change in practice implemented due to covid.

**Cycle 2: NICE CG179 pressure ulcers prevention and management (Project 1708)**

Serious pressure ulcers are considered avoidable in a hospital setting and are reported nationally. We take pride in the extremely low level of hospital acquired serious pressure ulcers at QVH. To ensure that this level is maintained, we reviewed the tools used to identify patients that are at risk and may need extra care. Given our specialist surgery, many patients have an extensive length of theatre time. It was noted that our current risk assessment tool didn’t sufficiently capture this and the increased risk it brings. The results of this audit have led to the introduction of a new, more sensitive risk assessment tool, supporting continuous improvement.

**Clinical harm review due to diagnostic delays in imaging during the covid pandemic (Project 546)**

During the pandemic, routine referrals for imaging were cancelled due to government social distancing and isolation guidance. The risk lead asked how radiology would know if clinical harm had been caused by delaying a patient’s scan. The manager proposed a retrospective audit after patients had been imaged to review the breach date and imaging reports. Any equivocal reports were shown to a radiologist for them to determine any potential harm.

Data collected from any patient waiting over 40 days for a diagnostic exam and subsequently examined by a consultant radiologist confirmed that no patients experienced any harm or adverse effects due to delays in their imaging. Until recovery and restoration is complete and the service returns to business as usual, this audit will continue to evidence good practice and provide assurance of no patient harm from diagnostic delays.

**Audit of compliance with checking the child protection information sharing database for paediatric burns patients (Project 578)**

The CP-IS (Child Protection Information Sharing) project is a national database allowing information sharing between social services and NHS services for any child who is a looked after or on a child protection plan. Whenever these children have an unscheduled NHS attendance, the database should be consulted, allowing the healthcare team to be notified about existing child safeguarding concerns and to get the details of the child’s social care team.

The standard clerking proforma for all children attending the paediatric assessment unit for an acute burns assessment includes a section for documentation that the CP-IS database has been checked but completion rates were thought to be low.

The initial audit cycle with data collected in March 2020 showed 78.7% compliance. A subsequent audit cycle following circulation of the initial audit findings with data collection completed October - November 2020 showed an increase to 94.8% with CP-IS documentation compliance.

**Three cycle audit of lateral cephalogram quality: An inter-departmental audit (Project 1576)**

Lateral cephalograms are a key radiological assessment for diagnosis and treatment planning.

This project was undertaken to assess the quality of lateral cephalograms undertaken at QVH. The gold standard was set in agreement between radiology and orthodontics. Data collection assessed demographic data, equipment set up, patient preparation and visibility of key structures for 100 cases per cycle.

**Cycle 1**, undertaken in 2015, showed 11 out of 17 criteria met the gold standard and that improvements needed to be made with collimation and head positioning.

**Cycle 2**, undertaken in 2016, recorded improved head position and 13 of the 17 criteria met the gold standard. Further work was deemed necessary for collimation.

**Cycle 3**, undertaken in 2019, recorded collimation was present but a drop to 9 out of 17 criteria for the gold standard. Areas for improvement were noted as head positioning and presence of jewellery.

Interdepartmental education has been undertaken and proved beneficial to improving positioning errors. Collimation has been successfully implemented. Re-audit is to continue every two years to monitor adherence to the gold standard and address any training issues. This project was entered in the QVH clinical audit and quality improvement prize, achieving runner up place. The judges noted the longevity of the project’s data collection and display of continued development to maximise patient experience and high quality care. This audit also won the poster prize.

**Full polysomnography triage audit (Project 568)**

The sleep disorder centre has the capacity to run six polysomnography sleep studies per night and has done so in the past. However, due to covid, changes in practice have been required and there were no overnight sleep studies completed between early March and July 2020. During this time, patients have undergone investigations in their own home using a WatchPAT device.

WatchPAT devices are considered an efficient tool to help clinicians when diagnosing sleep disorders. This project will allow the sleep disorder centre to analyse a change in practice to ensure that patients are effectively triaged to undergo sleep investigations via WatchPAT or polysomnography. It will also allow for resource planning by determining how many inpatient beds are required in a year for full PSG studies under this new triaging system.



**Audit to evidence compliance with NICE clinical guideline NG51: Sepsis: recognition, diagnosis and early management (Project 1384)**

Sepsis is a life-threatening illness that occurs when the body's immune system whilst dealing with an infection starts to damage its own tissues and organs. At QVH, we use the NEWS2 scoring system for ward-based patient observations. Sepsis screening is triggered when the patient has a NEWS2 score of five or greater, along with concern that the patient looks unwell, family or carers are worried and/or there are risk factors present.

We benchmark against the 'sepsis six' pathway actions: to administer oxygen; take cultures; give antibiotics; give fluids; take lactate and urine. These actions should be undertaken within one hour. These actions aim to control the source of infection and to measure and restore circulation and oxygen delivery.

A continual monthly baseline audit is completed using current clinical site practitioner documentation. Confirmed cases of sepsis and the appropriate management are reviewed by the sepsis lead and disseminated at the clinical governance group. Where necessary, individual cases and learning points are highlighted to speciality level governance leads for further discussion at local governance meetings and teaching sessions.

Data collection for the last three years shows that less than 20 patients a year have developed sepsis and all patients that are clinically 'septic' are managed appropriately.

In 2020, QVH introduced an electronic observation system and in 2021 will implement the sepsis pathway through this system.

**Audit for the appropriate use and completion of referrals for deep vein thrombosis scans against NICE CG144 (Audit 1231)**

Deep vein thrombosis (DVT) is a medically urgent condition requiring anticoagulation treatment. All patients should have a Wells score and a D-dimer result included in their referral. The aim of this audit was to ensure that DVT scan referrals were appropriate, fit for purpose and met NICE guideline CG144. If any failings were noted these would be fed back to the referrers to improve internal practice if required.

Results showed that 62% of referrals did not contain a Wells score or D-dimer score and 14% did not meet the referral standards set out by NICE. In response to these findings, a mandatory prompt was added to the single histopathology and radiology order comms (ICE) system where referrals are created for inclusion of a Wells Score and D-Dimer result. Re-audit is planned for 2021 to complete the audit cycle, evidence improvement in meeting referral standards and highlight any further referral criteria that may need to be addressed.

**Cycle 2: NICE CG179 pressure ulcers prevention and management (Audit 1708)**

The tissue viability lead works collaboratively within multidisciplinary teams, providing expert tissue viability advice, support and guidance to promote best practice in the prevention of avoidable skin injuries, for example pressure ulcers, and to optimise wound healing for patients. At QVH, the role encompasses strengthening clinical practice; enhancing knowledge and understanding of wound healing; and prevention of pressure ulcers and moisture associated skin damage, which can be a separate or contributing cause of pressure ulcers. The initial cycle of this project was carried out in 2019 with re-audit conducted July-August 2020.

Findings demonstrate that there continued to be good and consistent use of the risk assessment screening tool at point of admission but lacked evidence of reassessment post-surgery or documentation of individualised prevention care plans.

While it is recognised that many cases treated at QVH are deemed as low risk of a pressure ulcer, all QVH patients have provision of a high specification mattress as a minimum to help reduce the risk of pressure associated skin injury. However, the nature of the specialist and major surgery provided at QVH is a known high risk factor, along with other factors such as increasing age and poor nutritional status associated with ill health. It is therefore acknowledged that it may be more appropriate to use the Waterlow pressure ulcer risk assessment tool which is designed for assessment of surgical patients.

In addition, the tissue viability nurse is introducing individualised pressure ulcer prevention care plans for those patients who have been assessed as being at risk, alongside treatment plans for individual patients who have either existing pressure or moisture damage. Staff receive full training on preventing pressure ulcers and moisture associated skin damage and the implementation of the new documentation.

The tissue viability nurse plans to pilot the Waterlow risk assessment tool and prevention care plans in December 2020 and January 2021 for all head and neck surgical patients, evaluate this through feedback, re-audit and present the findings.

A separate audit to investigate any impact from seating surfaces and cushions on pressure is planned.









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 2020/21 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 on 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 is shown below:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery (burns and plastics)	Good	Good	★ Outstanding	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	★ Outstanding	Good	Good	Good
Outpatients	Good	Not rated	★ Outstanding	Good	Good	Good
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 bi-annual compliance in practice inspection process as a quality improvement initiative. Inspectors are clinical and non-clinical QVH staff and members of the board and council of governors. The 2020 inspection schedule was halted for infection control reasons. Where possible, departments have undertaken internal mini inspections to continue to embed good practice in preparation for the inspection process to resume. The compliance in practice lead has worked to support these departments to ensure a consistent approach.

The toolkit examines 13 areas - including environment, equality and diversity, infection prevention and control, patient experience and patient feedback and complaints - using a combination of an observational checklist and staff and patient questioning. Questions related to professional record keeping standards are no longer included as the Trust is fully live with an electronic document management system. For those areas where manual completion of patient records continues, a Trust-wide documentation audit is underway and reported monthly to the patient documentation group.

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

Areas rated as requiring improvement or inadequate included environment; equality and diversity; incident reporting and duty of candour; information governance and PAS (patient administration system); and patient feedback and complaints. All other measures were rated as outstanding, good or not applicable to the area being inspected. These questions are asked of three to five staff in each area and the impact of small sample size is recognised, and results triangulated with other data.

The structure of the inspections reflects the lines of enquiry pursued by the CQC and is linked to their rating system. Work continues to develop the toolkit and lines of questioning 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'.

As we continue to recover and restore services impacted by the pandemic, we are investigating ways to reinstate the compliance in practice inspections while adhering to social distancing and infection control requirements.

Hospital episode statistics

QVH submitted data during 2020/21 to the Secondary Uses Service (SUS) for inclusion in the hospital episode statistics. The data below is actual percentage reported for 2020/21 from the SUS datasets against the national percentage targets set. QVH achieved all the national targets.

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	99.4%	99.7%	99.5%
Nationally	99.4%	99.7%	97.7%
Percentage of records which include the patient's valid general medical practice code			
QVH	99.7%	99.6%	99.9%
Nationally	99.7%	99.6%	97.9%

Source: SUS current submissions downloaded by the business intelligence team. Calculations made using the total records submitted against the NHS number and general medical practice code populated.



Information governance assessment

The Trust’s information governance function assures 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 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 the Trust is meeting the national data guardian standards. This increases public confidence that the NHS and its partners can be trusted with data. The toolkit can be accessed by members of the public to view participating organisations’ assessments.

In recognition of the impact of covid on NHS resources, the completion date for all organisations for 2019/20 was extended from March 31 2020 to September 30 2020. The Trust achieved a ‘standards exceeded’ rating for this year’s submission. All mandatory requirements were met.

Cyber security

Cyber security is recognised as one of the biggest operational threats to the NHS and is one of the main areas of focus for the information governance work agenda.

NHS 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 through ‘10 steps to cyber security’
- providing an assurance framework in order that an organisation can be assessed for resilience against cyber threats.

In May 2021, QVH successfully renewed its Cyber Essentials Plus accreditation. This is the highest level of certification offered under the Cyber Essentials scheme. It is a rigorous test of an organisation’s cyber security systems in which cyber security experts carry out vulnerability tests to make sure that the organisation is protected against basic hacking and phishing attacks. 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 2020/21 assessed the work of the clinical coding team. A number of experienced coders left the QVH coding team and while recruitment of trained coders has been challenging a number of new recruits have now joined the team and have successfully completed their coding standards course.

QVH is currently setting out a plan to implement a coding support function to include additional training, increased resource capacity, mentoring and auditing. In addition to this, QVH has purchased coding software that is due to go live in quarter 2. This will help to improve accuracy and efficiency and offers advanced reporting capabilities.

The 2020/21 independent clinical coding audit was completed by taking random samples across all 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 medicine).

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

	Coding accuracy 2019/20	Coding accuracy 2020/21	Level required – data security and protection toolkit
Primary diagnosis	86.0%	84.5%	≥ 90% mandatory ≥ 95% advisory
Secondary diagnosis	87.3%	91.1%	≥ 80% mandatory ≥ 90% advisory
Primary procedure	92.2%	94.7%	≥ 90% mandatory ≥ 95% advisory
Secondary procedure	92.4%	96.8%	≥ 80% mandatory ≥ 90% advisory

The coding audit indicates a significant improvement in the coding of secondary diagnosis, primary procedure and secondary procedure and it also includes recommendations to get the QVH coding audit results back to the levels we used to achieve before the loss of expertise. The key recommendation for improving the primary diagnosis is the implementation of a robust process for accessing and recording histopathology results. This process is being reviewed and a plan developed for training staff and implementing monitoring tools.

The Trust also plans to fund further nationally recognised qualifications for two members of the team. These staff members will become senior clinical coders who will then be able to offer further support to the rest of the team and help to mentor new recruits in future.

An overall action plan to improve the coding accuracy and efficiency is currently in progress in response to the coding audit.

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 patient care and sound decision making. Our integrated data warehouse has increased the transparency and visibility of data issues and, with new reporting structures allowing for greater automation, this is reducing the risk of human error while releasing more time for experienced staff to address more complex data quality issues.

In 2020/21, the Trust has been taking continuous measures to improve data quality, including:

- The data quality information governance group meets once a month, bringing together various Trust stakeholders to monitor and address data quality issues and provide resolution in a timely manner
- Work is ongoing to review the current data collection operating procedures and aligning them to new clinical validation requirements from NHSEI
- The data quality improvement plan with commissioners for 2020/21 has been successfully delivered by automating the production of contract monitoring reports and creating a unique ID to reconcile SUS and service level agreement monitoring.

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 2020/21 two QVH patients 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	1	0

The two cases were subject to structured judgement reviews (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 QVH, are subject to a preliminary case note review. Cases are escalated to SJR 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
- A learning from deaths report is produced annually and presented to the board for scrutiny
- Care provided to patients at the end of their life is assessed to ensure it is consistent with national guidance
- All deaths are reviewed for internal learning and so that relatives may be informed of what happened to their loved ones
- Data is collated on all deaths occurring within 30 days of treatment 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

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
In-hospital mortality	0.031%	0.005%	0.02%	0.025%	0.005%	0.012 %

## EMERGENCY READMISSION WITHIN 28 DAYS OF DISCHARGE

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

- QVH has a process in place for collating data on patient readmissions to hospital
- Data is collated internally and patient episode details are submitted to NHS Digital monthly
- Readmissions are generally to treat some of the complications that may arise from the original injury or from surgery, such as wound infections, or delays in surgery
- We monitor all readmissions as a means to ensure our complication rate is acceptable and is reviewed for learning.

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. Plans are in place for future analysis to be undertaken using statistical process control methodology.

Source: QVH information system

	2017-18			2018-19			2019-20			2020-21		
	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	2,261	18,166	20,427	2,206	17,628	19,834	2,008	17,729	19,737	1,535	15,091	16,626
Readmissions	65	426	491	40	325	365	41	317	358	53	335	388
28 day readmission rate	2.87%	2.35%	2.40%	1.81%	1.84%	1.84%	2.04%	1.79%	1.81%	3.45%	2.22%	2.33%



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 challenge 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. The audit tool has been modified to bring a focus on robust compliance with hand hygiene at the point of care and the identification the individuals who are non-compliant rather than the department as a whole.

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	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Hand hygiene (washing or alcohol gel use)	95%	98.4%	99.1%	99.4%	99.2%	96.6%	93.4%	95%

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 areas for improvement and to identify learning needs from every identified case

■ Incidents are collated internally and submitted monthly 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 has seen an increase in Clostridium difficile rates this past year. This reflects what is being seen nationally, with cases increasing both in hospitals and in the community. An explanation for this is that, due to the pandemic, antibiotic prescribing has increased in the community, to try to prevent hospital admissions and to reduce face-to-face appointments, and in hospitals to combat the Covid-19 symptoms that have been affecting multiple systems within the body and causing serious harm.

All QVH policies and procedures are linked to evidence-based practice and NICE guidance and are reviewed regularly. 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 of this year's cases has shown incorrect antimicrobial prescribing and clinical documentation to be of concern in two of the cases, three were deemed to be acquired pre-admission but the sampling procedure was not followed on admission meaning the cases are attributable to the Trust. The two remaining cases were hospital acquired with no clear route of transmission identified. Lessons were learnt in all cases and education is ongoing.

The infection prevention and control team is working closely with wards and clinical teams to ensure compliance with Trust and national guidance. There is to be an increased focus on robust antimicrobial monitoring and prescribing, with a multi-disciplinary team approach to challenge non-compliance. This will highlight the importance of correct antibiotic prescribing ensuring the right drug is prescribed at the right time for the right length of time and with the right investigations.

CLOSTRIDIUM DIFFICILE RATES	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Trust apportioned cases	1	1	2	0	0	2	7
Total bed-days	14,778	14,406	14,278	14,242	14,063	15,518	8,882
Rate per 100,000 bed-days *	6.8	6.7	14	0	0	12.89	78.8

\* for specimens taken from patients aged two years and over (Trust apportioned cases)

Source: Health and Social Care Information Centre data July 2019 [www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data](http://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 was scheduled for Q1 2020/21. However, this was put on hold due to covid and user forums were scheduled for January 2021, but they were subsequently postponed again due to the national lockdown.

NRLS data for the full year 1 April 2020 to 31 March 2021 will be published in September 2021. Due to a

national change in reporting frequency, we do not have access to part year (April to September) data as in previous years.

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 2020/21, 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	2016/17		2017/18		2018/19		2019/20	
	April - Sep 2016	Oct 2016 - Mar 2017	April - Sep 2017	Oct 2017 - Mar 2018	April - Sep 2018	Oct 2018 - Mar 2019	April - Sep 2018	Oct 2018 - Mar 2019
Total reported patient safety incidents	412	295	294	355	262	311	387	366
Incident reporting rate per 1,000 spells	57	42	41	49	34.9	46.61	55.2	55.7
Incidents causing severe harm or death	2	1	0	0	0	1	0	0
Percentage of incidents causing severe harm or death	0.5%	0.3%	0%	0%	0%	0.3%	0%	0%

ACUTE SPECIALIST TRUST BENCHMARKS	April - Sep 2016	Oct 2016 - Mar 2017	April - Sep 2017	Oct 2017 - Mar 2018	April - Sep 2018	Oct 2018 - Mar 2019	April - Sep 2019	Oct 2019 - Mar 2020
	per 1,000 bed days							
Lowest national incident reporting rate	16.34	13.67	14.82	17.6	19.0	20.48	23.0	19.1
Highest national incident reporting rate	150.63	149.7	174.59	158.25	142.8	140.62	184.1	177.0
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	0.3%	1.4%	1.6%	0.6%	0.4%	0.3%	0.3%	0.2%
Highest national % incidents causing death	0.3%	0.5%	0.2%	0.7%	0.4%	0.5%	0.2%	1.1%
Average national % of incidents causing severe harm	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%
Average national % of incidents causing death	0%	0.1%	0%	0.1%	0.1%	0.1%	0.04%	0.08%

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



WHO SAFE SURGERY CHECKLIST

In June 2008, the World Health Organisation (WHO) launched a ‘safer surgery saves lives’ global patient safety challenge to reduce the number of surgical deaths across the world. The five steps to surgical safety 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 safe surgery 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 and any learning objectives for the day are discussed. The ‘sign in’ is carried out before induction of anaesthesia, the ‘time out’ is before skin incision, 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 if the learning objectives from the day were met.

The quantitative compliance of the use of the checklist is measured in real time by the surgical team and recorded on the theatre data base (ORSOS). 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, corneoplastics and maxillofacial, has been completed and learning objectives set for the teams that work there.

Through the theatre audits, 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.

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

**RESULTS OF QUANTITATIVE COMPLIANCE 2020/21**

Month	Average of sign in	Average of time out	Average of sign out	Sum of average
April 2020	99.33	99.33	98.75	98.08
May 2020	99.33	99.33	98.08	98.08
June 2020	99.33	99.33	98.08	98.08
July 2020	99.33	99.33	98.08	98.08
Aug 2020	99.33	99.33	98.08	98.08
Sep 2020	99.33	99.33	98.08	98.08
Oct 2020	99.33	99.33	98.08	98.08
Nov 2020	99.33	99.33	98.08	98.08
Dec 2020	99.33	99.33	98.08	98.08
Jan 2021	99.33	99.33	98.08	98.08
Feb 2021	99.33	99.33	98.08	98.08
March 2021	99.33	99.33	98.08	98.08

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.

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.

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 continues to undertake monthly audits in all inpatient areas and will continue to ensure it 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.

VTE ASSESSMENT RATE	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19		Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	VTE ASSESSMENT RATE
QVH	90.96%	91.88%	93.53%	94.42%	99.30%	96.42%	98.10%	97.85%	98.67%	98.22%		98.26%	97.42%	96.54%	97.71%	96.87%	95.2%	92.70%	97.80%	96.50%	96.50%	QVH
National average	95.73%	95.51%	95.64%	95.53%	95.20%	95.25%	95.36%	95.21%	95.63%	95.49%		95.65%	95.71%	95.63%	95.47%	95.33%	Stopped due to Covid-19				National average	
National average specialist trusts	97.53%	97.40%	97.65%	97.44%	97.58%	97.58%	97.26%	97.12%	96.66%	96.78%		96.33%	96.69%	97.02%	97.24%	96.52%					National average specialist trusts	
Best performing specialist trust	99.97%	99.96%	100.00%	99.96%	99.97%	99.94%	99.95%	99.89%	99.86%	99.82%		99.82%	99.92%	99.82%	99.89%	99.89%					Best performing specialist trust	
Worse performing specialist trust	90.96%	82.68%	90.67%	94.42%	95.56%	95.24%	80.96%	92.39%	92.28%	90.56%		90.56%	92.63%	93.46%	93.53%	80.58%					Worse performing specialist trust	

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





NHS FRIENDS AND FAMILY TEST – PATIENTS



We use the results of the friends and family test (FFT) 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 to monitor the effectiveness of improvements.

Due to the covid pandemic, FFT data submission was suspended from March 2020. Data submission resumed from December 2020 for acute and community providers. The first data to be nationally reported to NHS England was for December 2020. This data was submitted in early January 2021 and published in February 2021. We have been collecting our own feedback since July 2020. During the suspension, if patients wanted to give feedback about their experience or raise concerns, they were encouraged to contact the patient experience manager, by email or telephone, and were directed to the Care Opinion website where feedback reviews can be posted.

Data is collected 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 or outpatient trauma unit; and 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. The FFT is one way of gathering patient feedback and helps us to improve our hospital services and patient experience, using nationally reported and validated data.

Our average inpatient FFT ‘very good/good’ rate was 99%. For patients reporting a positive experience, interaction with staff continues to be the most significant factor. We are continuing to build upon this relationship by actively encouraging staff to understand and act upon patient feedback. Results are presented to the board, quality and governance committee and patient experience group on a regular basis, and each month we publish details on the QVH website about how many people completed the FFT and what they thought about their care.

NHS FRIENDS AND FAMILY TEST SCORES FROM PATIENTS	Minor injuries unit				Acute inpatients				Outpatients			
	17/18	18/19	19/20	20/21	17/18	18/19	19/20	20/21	17/18	18/19	19/20	20/21
Percentage extremely likely/likely to recommend	96%	96%	96%	97%	98%	99%	98%	99%	94%	95%	95%	95%
Percentage extremely unlikely/unlikely to recommend	2%	2%	2%	2%	0%	0%	0%	0%	2%	2%	2%	2%
Response rate	24%	23%	18%	29%	43%	42%	39%	30%	16%	17%	14%	19%

Source: QVH information system

*“The friends and family test is one way of gathering patient feedback and helps us to improve our hospital services and patient experience.”*



COMPLAINTS

The Trust has continued to work with departments to respond to concerns raised by patients and their families through the complaint process and to learn and take action from the feedback provided.

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

- We have a responsibility to establish a complaints procedure in line with statutory requirements.
  - The arrangements are made accessible to all patients and their families.
  - The Trust has an internal target for responding to all complaints within 30 working days.
  - Our process ensures that complaints are dealt with promptly and efficiently and that complainants are treated courteously and sympathetically.
- Our comments and complaints procedure has three main elements:
    - Listening** – to hear and take seriously all feedback that is received, whether that is a formal complaint, a compliment or other patient experience.
    - Responding** – to provide a full written response to complaints. All responses are investigated by an appropriate senior manager and reviewed by the Chief Executive.
    - Improving** – our complaint processes not only provide an investigation and formal response to the complainant but also identify gaps in our service provision and changes that may be needed to improve our services for patients.

Learnings from complaints received are highlighted at a range of meetings, including the clinical governance group, quality and governance committee and board meetings.

	Target	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Complaints per 1,000 spells (all attendances)	0	0.4	0.3	0.3	0.27	0.26	0.34	0.26
Complaints per 1,000 spells (inpatients)	0	4.1	2.8	2.6	2.5	2.9	3.5	2.8

Data source: continuous internal audit

Between April 2020 and March 2021, we received 46 formal complaints and 51 PALS queries.

SAME SEX ACCOMMODATION

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

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

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 2020/21 through the use of single rooms and the appropriate planning of patient admissions.

	Target	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Failure to deliver single sex accommodation (occasions)	0	0	0	0	0	0	0	0



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 root cause analyses are presented internally to share and implement the required 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	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Development of pressure ulcer Grade 2 or above per 1,000 spells	0	0.6 (total=11)	0.9 (total=17)	0.5 (total=10)	0.4 (total=9)	0.2 (total=5)	0.4 (total=8)	0.5 (total=8)*

\* For 2020/21 all pressure ulcers were grade 2 or below



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. The guardian provides staff with 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 feedback. QVH works proactively to support an open culture, where issues are identified and lessons sought to be learnt from.

Part of the 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 Nicky' director of nursing and quality email account that is available to all staff and 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.

*“The Trust takes its duty of candour seriously”*



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

**In partnership with two other NHS Trusts, QVH continues to recruit overseas nurses and has successfully appointed a further six nurses who are now registered and working fully within theatres. This recruitment drive has significantly reduced our vacancy rate and agency usage.**

The Trust is very aware of the need to attract more women into senior clinical roles and the annual equalities and diversity report sets out how we are addressing the workforce race equality standard and workforce disability equality standard. We have an equality and diversity action plan which is monitored at the finance and performance committee and a number of significant milestones have been achieved during 2020/21.

With the increasing use of e-workforce systems, the Trust continues with its deployment of electronic rostering systems and leave management. These have been widely used and proved an excellent resource to draw upon during the pandemic. There is more visibility of what activities our employees are undertaking at any one time and a clearly defined approach to annual leave.

*“Our recruitment drive has significantly reduced our vacancy rate and agency usage.”*

WELLBEING

**The workforce team play a leading role in supporting staff health and wellbeing through a programme of initiatives and information**

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 department provides 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. Since June 2019, our occupational health service has been provided by Cordell Health with a dedicated occupational health adviser for self-referrals and management referrals on site three days a week. Staff are able to self-refer to the onsite internal physiotherapy service.

We now contract directly for a more cost effective and comprehensive employee assistance service. This service is provided by Care First and provides all staff with a range of personal and professional

support. This includes 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 to deliver sessions on stress, mental health, and managing pressure. These, unfortunately, had to be postponed in 2020 due to covid.

During the pandemic, the workforce team established the QVH Stay Well initiative to ensure our staff were supported during this time and had access to support and resources on a range of issues from stress and anxiety to personal finance and relationship support. The Stay Well initiative also drew upon the expertise of the Trust's psychological therapies team and established a dedicated area on the QVH site where staff were able to go during particularly difficult times during their shifts.



NHS IMPROVEMENT NATIONAL PRIORITY INDICATORS

NHS England and NHS Improvement (NHSEI) use the following national access and outcomes measures to assess governance at NHS foundation trusts. 2020/21 was an extraordinary year due to the impact of the covid pandemic, however the review and monitoring of standards continued.

Performance for non-urgent care was significantly impacted through both the stand-down of routine activity and QVH mobilising as a regional cancer hub to support Kent, Surrey and Sussex patients during the pandemic. NHSEI national priority indicators for safety, effectiveness and experience can also be found in section 2.

QVH’s 2020/21 performance against these waiting time indicators is shown below.

NON-ELECTIVE WAITING TIMES – MINOR INJURY UNIT (MIU)

The MIU continued to deliver against the 4 hour standard. Attendances were lower than previous years. The number of patients leaving without being seen has improved from 1.46% in 2019/20 to 0.33% in 2020/21.

QVH TRUST PERFORMANCE		Performance		Quarterly trend			
		Target	QVH 2020/21	Q1	Q2	Q3	Q4
Minor injury unit access	Attendees completing treatments and leaving within four hours in minor injuries unit	95%	99.93%	100%	99.91%	99.89%	99.94%

DIAGNOSTIC WAITING TIMES

Diagnostic waiting times were initially impacted by the pandemic. However services recovered during quarters 3 and 4. Performance for reporting turnaround times has continued being greater than 95% reported within seven days throughout the period.

QVH TRUST PERFORMANCE	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	APR 20	MAY 20	JUN 20	JUL 20	AUG 20	SEP 20	OCT 20	NOV 20	DEC 20	JAN 21	FEB 21	MAR 21
Diagnostic waits < 6 weeks (DM01)	72.45%	28.09%	73.30%	84.95%	86.84%	92.08%	94.94%	98.13%	96.34%	98.84%	99.15%	98.92%
Diagnostic reporting complete within 7 days	99.03%	98.62%	99.40%	98.56%	98.66%	98.22%	98.66%	95.53%	98.45%	97.88%	98.39%	97.03%

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

During the year, 11,319 surgical cases were delivered and every effort is made to minimise cancelled operations. Work has continued to improve our theatre capacity and efficiency.

	How data is collected	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Operations cancelled on the day of surgery for non-clinical reasons and not rebooked within 28 days	Data collected from patient administration system and theatre system	4	4	14	14	16	2
Urgent operations cancelled for non-clinical reasons for a second or subsequent time	Data collected from patient administration system and theatre system	3	0	0	2	2	4

CANCER WAITING TIMES

Work has been ongoing to improve cancer waiting times for patients. An improvement plan is in place across all NHS Constitution standards and the Trust has made good progress in delivery of the new faster diagnosis standard.

QVH TRUST PERFORMANCE	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	APR 20	MAY 20	JUN 20	JUL 20	AUG 20	SEP 20	OCT 20	NOV 20	DEC 20	JAN 21	FEB 21	MAR 21
Two Week Wait (93%)	83.78%	89.50%	77.12%	84.53%	98.36%	99.70%	98.70%	99.43%	98.87%	90.67%	98.22%	98.80%
62 Day Referral to Treatment (85%)	90.91%	95.92%	88.24%	77.46%	91.25%	85.29%	81.82%	86.57%	85.56%	85.33%	87.50%	87.65%
31 Day Decision to Treat	98.21%	98.48%	93.06%	89.02%	93.90%	89.74%	92.22%	93.33%	92.78%	89.66%	94.81%	94.62%
Faster diagnosis (75%) (shadow reporting)	67.4%	79.9%	77.1%	82.5%	75.3%	67.8%	82.2%	75.1%	77.1%	73.7%	82.8%	83.2%

ELECTIVE WAITING TIMES

Prior to the mandated step-down of activity due to the covid pandemic, the Trust was on track to have no patients waiting 52 weeks or more (excluding patient choice deferrals) and deliver an improved RTT (referral to treatment) position. However, waiting times have been considerably impacted by the step-down of routine hospital treatment and the mobilisation of QVH as a regional cancer hub. The number of patients waiting for longer than one year has increased considerably while treatments have been prioritised according to clinical urgency.

QVH TRUST PERFORMANCE	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	APR 20	MAY 20	JUN 20	JUL 20	AUG 20	SEP 20	OCT 20	NOV 20	DEC 20	JAN 21	FEB 21	MAR 21
Referral to treatment times within 18 weeks (target 92%)	69.58%	59.22%	50.48%	42.16%	47.69%	55.61%	64.21%	69.60%	71.36%	71.06%	69.96%	70.22%
Patients waiting greater than 52 weeks	38	100	185	320	461	555	608	563	623	740	907	903
Total waiting list size	9,604	9,397	9,854	10,059	10,186	10,282	10,360	9,907	10,069	10,124	10,416	11,002

Sources: QVH information system.



# SERVICES WE PROVIDE

## Head and neck services

### Orthodontics

### Maxillofacial prosthetics service

### Radiology department

### Facial paralysis

### Therapies

### Sleep disorder centre

### Psychological therapies

### Skin cancer care and surgery

### Anaesthetics

### Simulation training

### Corneoplastic and ophthalmology services

### Hand surgery

### Breast reconstruction

### Burns service



## Head and neck services

QVH provides specialist head and neck cancer services to West Kent, Surrey and Sussex. Throughout 2020/21, the service has remained as busy as ever with a significant increase in the total number of major head and neck cancer procedures undertaken when compared to previous years (figure 1). In spite of the increased volume, the department continues to match or exceed the recognised national benchmark standards (figure 2).

This upturn in activity is likely due to multiple factors. A key component is the versatile response adopted by QVH and the head and neck cancer team during the covid pandemic. This allowed for the continuation of high-quality surgical treatment for head and neck cancer patients within the existing QVH referral base, while

of cases from the West Kent MDT selected for surgical treatment, as well as the ever-increasing multi-disciplinary expertise required to manage this complex patient cohort.

Coronavirus has also presented a number of challenges to surgical training. In response, a virtual reality in medicine and surgery training programme has been developed in collaboration with Brighton and Sussex Medical School. This multi-speciality training tool has successfully delivered virtual reality-based training to hundreds of delegates around the world.

Beyond the challenges and opportunities presented by the covid pandemic, the head and neck cancer team have continued to strengthen joint working with the world-renowned QVH maxillofacial prosthetic service. The use of stereolithographic models to guide surgical planning

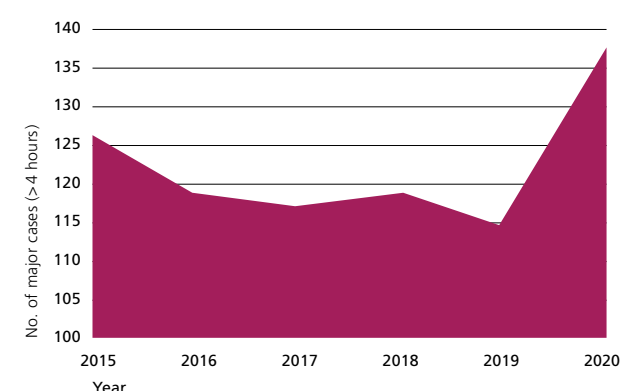


Figure 1: major head and neck cancer procedures undertaken, 2015-2020

also creating robust pathways to facilitate the referral of patients from other head and neck cancer units that were unable to provide surgical services during the peaks of coronavirus admissions. In recognition of these efforts, QVH was one of the first sites designated as a regional cancer hub by NHS England.

Furthermore, the Surrey and Sussex cancer alliance supported the upturn in activity by providing additional financial support for a further consultant head and neck surgeon and cancer pathway navigator. To inform other units of the approach adopted at QVH, the head and neck cancer team successfully published a manuscript detailing their experience in the British Journal of Oral and Maxillofacial Surgery.

A second factor contributing to the rise in major case activity in 2020 relates to an increase in the proportion of patients with complex oropharyngeal, laryngeal and hypopharyngeal cancers undergoing primary or salvage ablative surgery at QVH. A total of 20 cases within this category were performed in 2020, a 67% increase from 2019. This likely represents an increase in the throughput

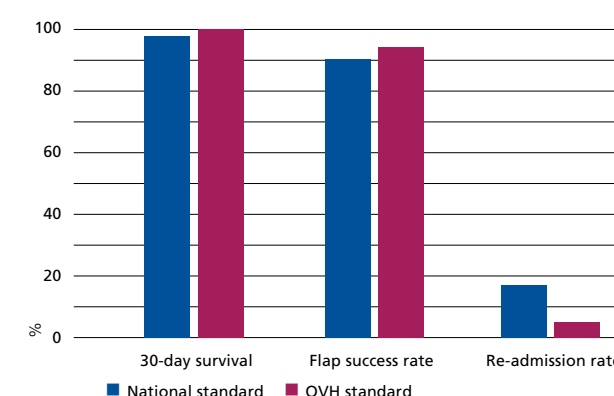


Figure 2: QVH compared to national benchmark standards

continues to increase and one of the head and neck cancer surgical team is now undergoing training to use the software available to provide comprehensive on-site virtual surgical planning for bony ablative cases, enhancing the standards of care for patients while significantly decreasing the costs incurred from outsourcing such activity.

The QVH head and neck cancer team also remain at the forefront of national planning and data collection. The QVH head and neck cancer lead is currently the British Association of Oral and Maxillofacial Surgeons (BAOMS) head and neck cancer special interest group lead, ensuring that QVH remains up-to-date with the latest developments within the specialty.

QVH continues to support the BAOMS quality outcomes in oral and maxillofacial surgery programme and has submitted an application to become one of the pilot units. If successful, this would support the pre-existing prospective outcome data collection through the provision of a cancer data co-ordinator, thus ensuring QVH remains central in collating data to help drive improvements in patient care both locally and nationally.





Orthodontics

In 2020, the QVH orthodontic department, like services elsewhere, sustained significant impact on clinical care as a result of the covid pandemic. The team concentrated on the transition from face to face clinics to virtual clinics to keep in touch with patients. Cases were, and continue to be, triaged according to their risk of harm as a result of inevitable delays to clinical care.

Where patients couldn't be instructed on how to manage their own emergency needs with instructional videos or verbal instruction, face to face emergency treatment continued and clinicians managed this with full PPE and barrier nursing. The orthodontic team went to considerable effort to repurpose the department, setting up one-way systems, reducing unnecessary contacts and adjusting how care was delivered to reduce the risk of covid transmission.

At the end of the first wave of the pandemic, the team were one of the first specialities in the Trust to get back to face-to-face working, putting into practice the new protocols to keep staff and patients safe and this process continued as the second lockdown was eased. As a result of the reduced patient throughput, however, the volumes of available outcome records in this calendar year has reduced and this is reflected in the data below.

Virtual 'walk in' orthodontic emergency service

The covid pandemic has required innovative thinking to adapt services to allow the continuation of patient care. With the introduction of virtual clinics, orthodontics has modified its service to introduce a virtual emergency service to replace the walk-in service provided prior to the pandemic. This new service allows existing QVH orthodontic patients in treatment to have a virtual consultation with a clinician and obtain advice on managing problems with their orthodontic appliances. Where patients are identified as requiring a face-to-face appointment this is made in a timely manner. This adaptation to the service will be audited, including obtaining patient feedback.

'Self-fit' retainer project and nurse-led follow up clinic

As a result of the challenges to departmental activity during the covid pandemic, a change in departmental protocol was implemented to allow patients completing orthodontic treatment to have their retainers posted to their homes to self-fit, with the introduction of a nurse-led follow up clinic to support the service. The new protocol links with the ongoing department patient information project, and the first QVH patient information video on self-fitting of retainers was created for the QVH YouTube channel. This new process is also being audited.

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

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

In 2020, 99% of our patients were assessed as 'greatly improved' or 'improved'. This is shown in the table below.

PAR score		
Percentage of patients achieving an outcome in the improved or greatly improved category	2020	99%
	2019	99.3%
	2018	99.3%
	2017	98.6%
	2016	98%
	2015	95%
	2014	95%
National Gold Standard: 70% in this category	2013	95%
	Data is produced one year in arrears	

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

In addition to PAR ratings, patients are asked about their satisfaction with treatment. Every patient who completes orthodontic treatment is asked to complete a confidential digital questionnaire. In 2020, 113 patients completed the questionnaire and the majority (99%) were completely satisfied.

Furthermore, 99% were happy that their teeth were as straight as they would have hoped; 100% reported improved self-confidence; 99% reported an improved ability to keep teeth clean; 99% reported improved ability to chew; and 98% reported improved speech.

A total of 98% 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 team use a variety of validated clinical and patient outcome assessments.”

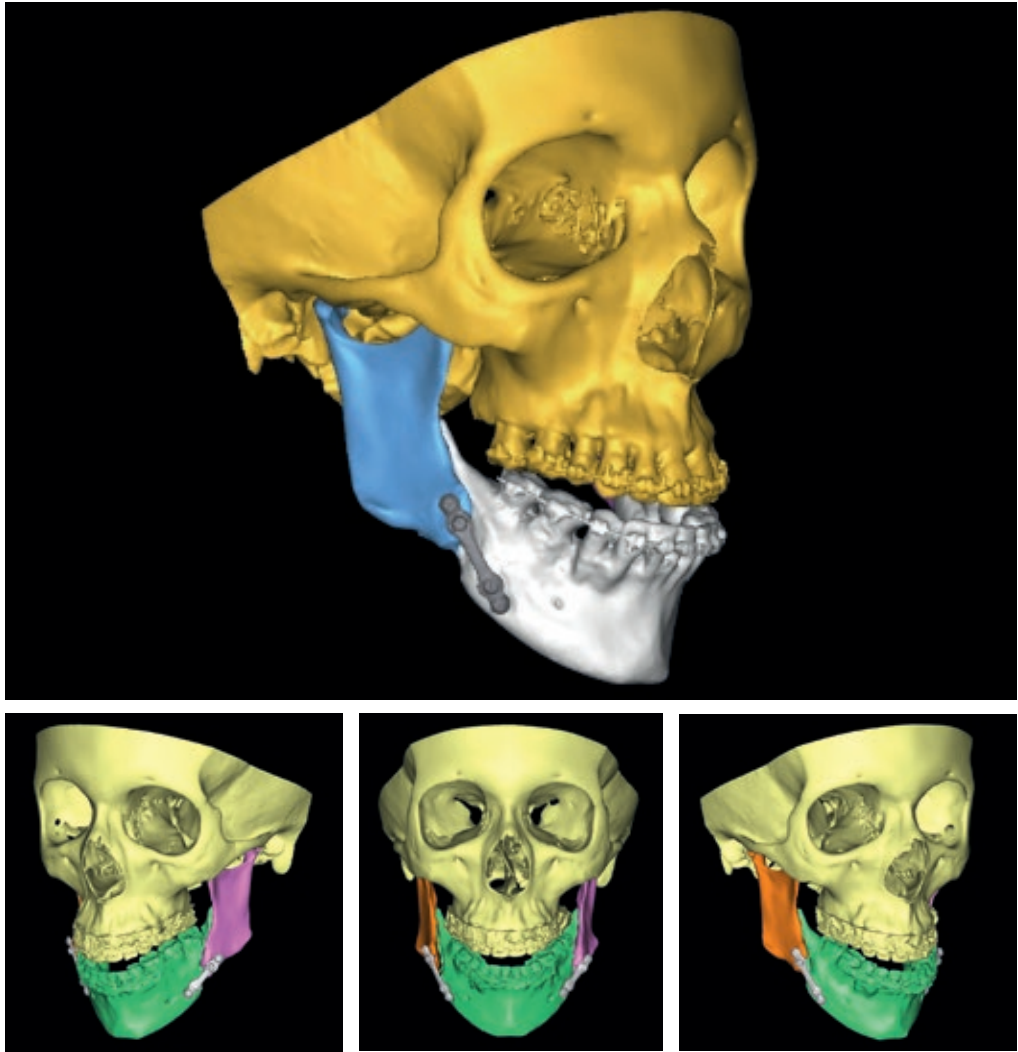


## Maxillofacial prosthetics service

**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. As such, it has government funded training posts under the modernising scientific careers: scientist training programme. While complying with current post-Brexit legislation concerning the manufacture and supply of medical devices, the department has sought to improve its in-house 3D surgery planning and device manufacturing capability.

3D computerised orthognathic jaw surgery planning



**“The service at QVH is one of only five accredited reconstructive science training institutions.”**

During the last 12 months, one staff member successfully completed an MSc (non-clinical) in 3D additive manufacturing. While still in the initial development stages for use with head and neck surgery cases at QVH, engagement with these new technologies has already assisted with surgery planning for head and neck cancer and congenital surgery cases. The in-house 3D facility has reduced theatre time and progressed the quality of perioperative devices resulting in improved postoperative outcomes.

## Radiology department

**The radiology department continues to provide general radiography, fluoroscopy, non-obstetric ultrasound, computerised tomography and cone beam computed tomography services on site.**

Throughout the early part of 2020 demand for these services initially fell as covid restrictions were initiated. However, as QVH was deemed a regional cancer hub, work commenced with community care hubs and integrated care systems to support surrounding trusts and primary care with MRI, CT and ultrasound capacity. This has helped improve patient diagnosis and meant patient have not experienced delays where they would have otherwise been seen in acute sites.

As we provided this service for patients who would normally have been seen at another hospital we sought patient feedback, with all patients reporting a very good experience, that QVH met their expectations, and overwhelmingly that they were reassured by QVH's infection control processes.

A collaborative and flexible working approach has been key to continued service delivery throughout the changes and challenges faced by health and care services during the pandemic. The radiology team have all learned enhanced PPE cleaning and fit testing to ensure strict infection control procedures have been adhered to. Clinic templates have been modified to allow extra time for deep cleaning of clinic space and, where possible, grouped appointment cohorts with the booking of vulnerable or at risk patient groups together to reduce potential anxiety about attending an onsite appointment and mixing with others in waiting areas.

The radiology department assistant team have contributed to staff swabbing and have focused on swabbing staff who work in isolated work groups or are frequent lone workers. Collaborative work with the theatre team has also allowed repatriated breast cancer cases to be treated at QVH. The radiology department has been instrumental to the integration of the PACS system and breast imaging equipment and the implementation of standard operating procedures to ensure standards of care are outlined and met.

The lead consultant radiologist played a central role in the introduction of on site testing and has also been working on regional programmes around strategic service delivery and diagnostics.

The national Getting It Right First Time (GIRFT) programme identifies examples of innovative, high quality and efficient services and also areas of unwarranted variation in clinical practice and/or divergence from evidence-based practice. A GIRFT review carried out in March 2019 at QVH found that the radiology department, and radiology department assistant (RDA) role in particular, stood out as excellent examples for role extension. This was also detailed in the Trust's CQC report. GIRFT cited our RDA role as an example of good practice in its National Speciality Report published in November 2020.



### Radiology GIRFT Programme National Speciality Report

by Dr Katherine Halford, Clinical Lead  
Dr Giles Maskell, Senior Clinical Advisor  
Lucy Beeley and Elaine Quick, Radiology Advisors

November 2020



To continue to build on this good practice, the radiology department wants to further develop the RDA role in 2021 to extend to the ultrasound pathway to increase the efficiency of the referral process. There is also potential for the department to further extend this pathway to vet MRI scans for the musculoskeletal service.

The department is looking to further upskill and develop staff by introducing a degree standard apprenticeship in diagnostic radiography. The first candidate will be eligible to enrol for study starting in September 2021.

The radiology department now offers ultrasound guided biopsies of the neck as standard. This is a neck biopsy procedure performed by a radiologist to take a tissue sample of an abnormality in the neck lymph node glands or thyroid gland. The biopsy is undertaken using an ultrasound scanner and a special biopsy needle. Following the implementation of this procedure, the service found there was no adequate patient focussed material or literature to give patients information on the procedure, aiding in informed consent and providing advice on what to expect or after care. The patient information group approved a leaflet on this subject in November 2020.

There is also appetite to produce and introduce patient information on sialogram and sialoplasty procedures and explore the use of patient information videos as the Trust develops more virtual means and technology to deliver patient information, this work will take place throughout 2021.



Facial paralysis

Scarless surgery in facial palsy

Over the past year, the QVH facial palsy team has incorporated a new technique to reanimate the face after paralysis with the use of nerve grafts with their own blood supply, placed within the patient’s mouth.

Facial pain clinics

Studies have shown a clear correlation between depression/anxiety and facial palsy. In extreme cases, facial pain also begins to set in. QVH is proud to have continued specialised clinics since restrictions began in March 2020, in order to treat those with intractable facial pain, for example after Bell’s palsy and even migraine. This has provided a lifeline for those severely afflicted by this condition.

Telemedicine clinics in facial palsy

With the arrival of the pandemic in 2020, the facial palsy team, which had been trialling remotes clinics since 2018, rolled out fully-fledged telemedicine clinics for both psychological and clinical assessments for all new facial palsy patients. NHS facial palsy patients from all parts of the UK can now be managed from the comfort of their homes. The map right illustrates the scale of QVH’s contribution to the treatment of NHS facial palsy patients nationally. This also translates into less time off work for our patients as well as reduced travel costs.

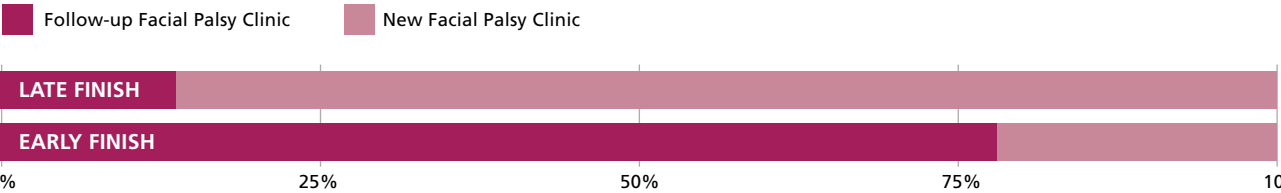
Concurrently, these virtual clinics have also helped QVH complete these facial palsy appointments within time, with a significantly lesser risk of late running clinics (as shown below). Audit analysis of clinical waiting times pre-covid and more recently have shown that clinics now finish over an hour earlier on average. This virtual clinic template now applies to 100% of new facial palsy/therapy appointments and 30% of follow-up appointments.

Future plans are to extend this service to Northern Ireland via a QVH-Belfast link, allowing decisions to be made in East Grinstead while the patient is simultaneously treated in Northern Ireland.

Virtual reality facial palsy therapy sessions

QVH Charity has recently approved the purchase of virtual reality technology developed at the University of Sussex for monitoring improvement in facial palsy patients treated at QVH. Using this device and a novel scale termed the East Grinstead Grades of Stiffness (EGGS) score, clinicians will be able to identify earlier those at higher risk of facial contractures and therefore surgery. This will translate into reduced long-term facial pain for QVH patients.

The success of the facial palsy team is attracting international recognition to QVH with invitations to global webinars in the field of cranial nerve surgery, virtual reality and facial therapy. Building on the legacy of Charles McLaughlin from the 1950s, QVH is recognised as the place where many of the principles of facial reanimation surgery were first discovered and today is recognised as an international centre of excellence in facial palsy. Members of the team have given numerous webinars and written landmark articles and books, continuing to build QVH’s legacy.



“QVH is recognised as the place where many of the principles of facial reanimation surgery were first discovered.”

Snail flap: a rotation flap in scalp reconstruction

The facial palsy team have developed a new technique of rebuilding the scalp in a quicker and more effective manner, without the need to sacrifice hair-bearing areas. This has been shown to heal faster and better than conventional skin grafts, with great benefits for future patients within the NHS and beyond.

Migraine surgery

Many facial palsy patients also suffer from nerve compression due to undue tightness in their facial muscles and this causes migraine headaches. In these patients, a blend of Botulinum toxin and steroid injections, and sometimes surgery, can be very effective. Using the template of the American Migraine Centre in Cleveland, QVH now offers a possible solution for the millions who suffer from migraine as well.

Ultrasound-guided injections

As part of QVH’s effort to combat facial pain and associated migraines, we have developed a novel technique of treating intractable jaw and neck pain in those suffering from Bell’s palsy, hemifacial spasms, and other conditions. Globally, these conditions were previously not always recognised or correctly treated. QVH now offers a much simpler, non-operative solution using ultrasound technology, for a debilitating problem.

Reducing costs

An analysis of over 850 facial palsy patients since 2016 in terms of blood and radiological investigations has allowed QVH to reduce the number of tests being done unnecessarily, while maintaining high levels of detection. This is important as most patients referred to us are very complex and may have been referred on from other hospitals.

Facial palsy therapy

The last 12 months have seen the delivery of facial palsy therapy change dramatically in response to the covid pandemic. The team have been able to change to offer patients both therapy and MDT appointments virtually. Delivery of patient courses posed a challenge but the team developed a new MDT course which not only combines psychology and therapy input for patients for the first time but was also successfully delivered remotely. The preliminary results have been outstanding, with great improvements in both psychosocial and physical outcome measures.

Therapy team members continue to work in extended roles offering medical advisory services to facial palsy charities and undertaking committee roles for the facial therapy specialists professional network, an international group. As chair of this group, our lead therapist has been working with an international team to set up guidelines for best practice in facial palsy therapy.







Therapies

The therapies department at QVH prides itself on providing safe and effective services delivered by a range of highly trained allied health professionals including physiotherapists, occupational therapists, speech and language therapists, dieticians and an orthotist. Therapists at QVH are an integral part of both our multiple disciplinary teams on site as well as providing access to specialist outpatient and domiciliary services for local patients.

Annual data and surveys demonstrate that throughout this year therapies has continued to meet its aims, maintaining its vision for the future and ultimately providing our range of services safely during the pandemic.

Alongside multiple other services at QVH, therapies successfully employed virtual/ telephone consultations to assess and treat over 13,000 patients. This ensured the continuation of treatment for a diverse range of acute and chronic conditions empowering patients with advice, education and rehabilitation programs. Over 90% of patients reported their virtual consultations were either highly or quite effective. Following this feedback clinicians continue to provide our patients the choice of virtual consultations within therapies.

Delivery of groups and educational courses for patients posed a significant challenge during the pandemic, however in response teams took the opportunity to collaborate. Clinicians at QVH continue to work in extended roles within specialist professional networks bringing up to date developments back to the therapies department to ensure we providing the high quality care. Specific examples of this benefiting facial palsy patients are described in the facial palsy section above.

Challenges and interruptions to accredited training programs have been widespread, having the potential to affect the next generation of therapists. At QVH the therapies department has organised, produced and delivered high quality training sessions and supervision remotely for undergraduate and postgraduate trainees. This educational work continues to provide joint learning experiences and enhances our partnership working for the future.

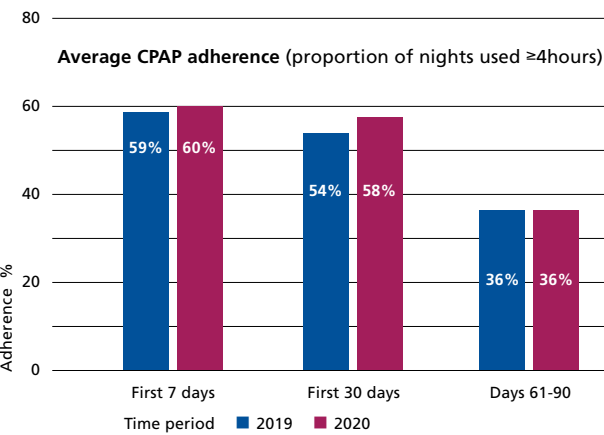
“Over 90% of patients reported their virtual consultations were either highly or quite effective.”

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 five consultant physicians, 12 technicians, administrative staff and secretaries. It 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 International Classification of Sleep Disorders (ICSD-3). These comprise insomnias; sleep disordered breathing; central hypersomnias; parasomnias; circadian rhythm disorders; and movement disorders including nocturnal epilepsies. Treatments for sleep disordered breathing include CPAP; non-invasive ventilation; adaptive servo ventilation; orthodontic services for mandibular advancement devices; and surgery including bi-maxillary osteotomy.

Coronavirus has presented a number of challenges during 2020. Changes in practice, including telephone consultations with remote monitoring and adjusting practice in line with infection control guidance, during the pandemic has allowed for the service to continue operating with both diagnostics and follow up support at near pre-pandemic levels. This has also allowed the department to support other trusts with their patient case load while their sleep services were suspended.



Where clinically indicated, patients are able to trial CPAP therapy on site having first tested negative for covid. This change in process has allowed the centre to continue with current capacity levels with scope to increase this into 2021 and a recent audit revealed this change in practice exhibited the same or better treatment outcomes for patients. Patient feedback was collected through the friends and family test shows positive patient feedback.

The centre is trialling the use of use of daytime trans-oral electric stimulation to improve CPAP adherence. This proposal was approved by the clinical governance group in summer 2020. Further work is underway for 2021 for commissioning approval and agreed tariff reimbursement.

Psychological therapies

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

The department includes clinical psychologists 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 MDT meetings.

During the pandemic the department continued to offer the full range of therapies to patients and staff. In response to an identified need for staff, a service was commenced and audited offering focussed support for staff to resolve trauma related issues that had been exacerbated by the pandemic using EMDR (Eye Movement Desensitization and Re-processing). Bespoke EMDR equipment was made available through the QVH charity. Participants were assessed using measures of depression, anxiety, psychological distress, general wellbeing, trauma and self-esteem. The findings are currently being evaluated. Data analysis will follow but initial findings are very positive with improvements seen across all measures.

Skin cancer care and surgery

The QVH 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, a consultant dermatologist and consultant histopathologist. QVH also provides specialist dermatopathology services for skin cancer and other conditions.

Basal cell carcinoma (BCC) 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 but 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.

This was an unusual year in so many ways and so it is perhaps not surprising that the total numbers of BCCs in 2020/21 are down from the previous year. QVH carried out 1,428 BCC excisions in 2020/21 compared to 1,939 in the year before. This is in line with the national picture for cancer treatment rates and illustrates the need for QVH to continue to support the national and regional cancer recovery plans. Presumably due to delays in seeking cancer treatment in the first lockdown, many patients have since presented with tumours which are more advanced than would normally be the case. As a result, the tumours are larger and deeper and the proportion of incomplete excisions is increased. In 2020/21, 120 were incompletely excised, giving an overall complete excision rate of BCCs at QVH in 2020/21 of 91.6%.

“The ‘see and treat’ service is a one-stop service for a patient...”

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.

For malignant melanomas there was also a hiatus of presentation during lockdown and so the overall numbers are down in 2020/21 at 293 compared to 396 in the previous year. The proportions of incomplete excisions has decreased, however, with 19 incompletely excised melanomas giving an overall complete excision rate of melanomas at QVH in 2020/21 of 98.9%.

The ‘see and treat’ service is a one-stop service for a patient to have a consultant appointment to evaluate a skin lesion and discuss and formulate a treatment plan. Where possible, if the skin lesion requires surgery, this will be offered on the same day under a local anaesthetic with a virtual post-operative follow up appointment.

Complete excision rates in basal cell carcinoma		Complete excision rates in malignant melanoma	
Target 98% and British Association of Dermatology guidelines		QVH target 100% NICE guidance 75%	
2020/21	91.6%	2020/21	98.9%
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%



Anaesthetics

The anaesthetic department at QVH includes 22 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.

During 2020, the anaesthetic department was at the forefront of the planning and delivery of the hospital's response to the developing covid pandemic. Anaesthetic cover was provided to an expanded service, which included the McIndoe Centre covering urgent and emergency trauma, as well as a continued clinical commitment to QVH as it took on cancer work from surrounding trusts. Anaesthesia for children who have suffered burns and traumatic hand and face injuries has also continued.

From early on in pandemic, the anaesthetists were on the front line of service delivery, working within rapidly developing guidelines, often in full PPE and where risk to personal safety was difficult to quantify. An extra rota to cover short notice leave was introduced so the service could be maintained throughout.

Critical care consultants worked to develop and plan for the expansion of ITU services while setting up a service to allow continued urgent cancer work for QVH and neighbouring trusts.

The anaesthetic department also led in providing simulation training in preparation for all the clinical challenges that arose during the pandemic.

Consultant anaesthetists were involved in planning for lockdown and later for the recovery and restoration of clinical services and a consultant anaesthetist also provided senior clinical leadership to the successful vaccination programme for QVH staff and other local health and care workers.

We were able to maintain the training for our anaesthetic junior doctors who all met their training targets, despite the pandemic severely affecting training elsewhere.

“We were able to maintain the training for our anaesthetic junior doctors who all met their training targets, despite the pandemic severely affecting training elsewhere.”

Pre-assessment clinic

The pre-assessment clinic is run by a dedicated team of nurses and anaesthetists. They adapted quickly to new working conditions, developing virtual clinics and telephone consultations so that patients could not only be assessed but also informed and updated about the changing situation.

They collaborated closely with clinics from neighbouring trusts to allow the visiting cancer services to develop safely and successfully and have continued to minimise the late cancellation of operations despite very difficult circumstances.

Critical care

QVH operates a specialist critical care unit (CCU) caring for patients after major maxillofacial and plastic surgical reconstruction procedures, burns injuries and maxillofacial and limb trauma. Over the last year we the service has reorganised to safely care for an increased number of cancer patients from an expanded group of local hospital trusts. This helped to ensure patients were able to receive their surgery while the impact of covid would otherwise have made this impossible. QVH has also, over the last year, made specialist CCU nurses and doctors available to several other hospitals to support the huge demands placed upon them by the covid pandemic.

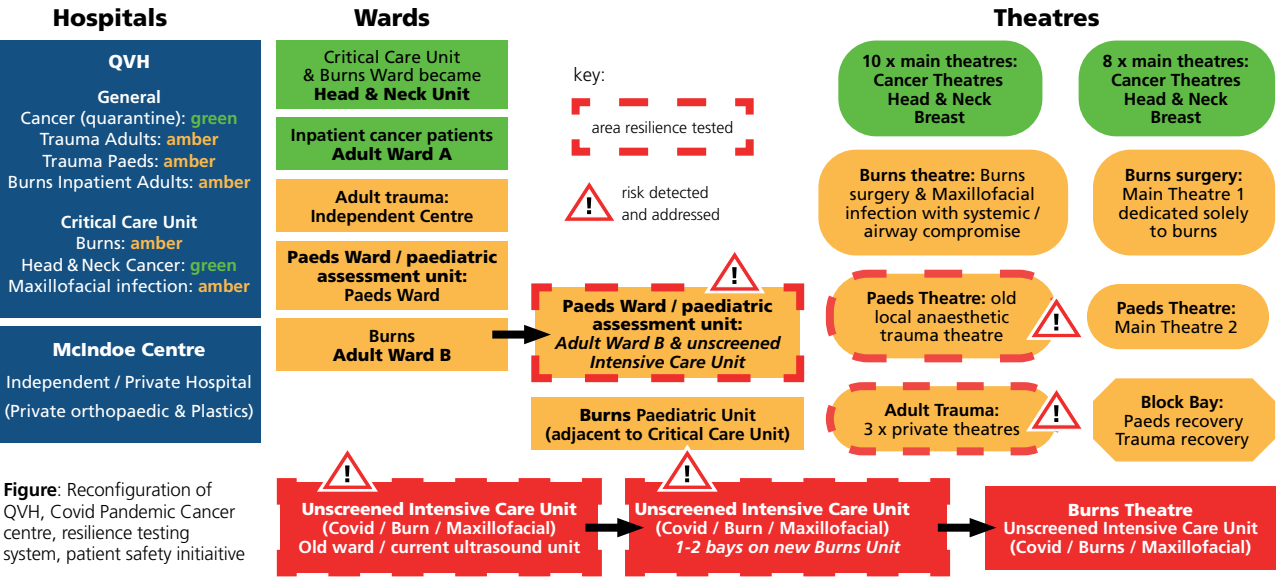
Pain

Over the last year, the pain team has meshed tightly as a team working well together through the pandemic. Led by a senior clinical nurse specialist and consultant anaesthetists, the team includes two development pain nurse specialists and a specialist pharmacist. Whilst trauma was at the McIndoe Centre, the team looked after patients on both sites and managed pain policies for both.

The team have run an increased number of regional and epidural study days after a period of none during the first wave and managed to hold seven half-day sessions in the last year. The team has contributed to the care of all patients with complex pain needs, managing the epidural, regional and PCA (patient controlled analgesia) patients. The pain team also liaises with the pharmacy team to ensure patients have correct medication on discharge and that patients have good quality information to manage their pain needs at home while ensuring that patients understand the need not to continue with acute analgesic medication. Advice and assistance is also frequently given to patients and staff in clinic settings.

Following an audit of pain during burns dressing changes in November 2019, the team trialled a virtual reality headset on both burns and Peanut (children's) wards. This was very well received by patients and staff and funding for two headsets was applied for from QVH Charity. The headsets are now available for patient use in burns outpatients and burns and Peanut wards.

Simulation training



Simulation training proved invaluable in preparing staff and clinical areas within the hospital for the new policies and procedures that were implemented during the pandemic. A multidisciplinary simulation team – led by anaesthetists and supported by nurses and operating department practitioners from theatres, the wards and CCU – delivered training in high volume to all professions and clinical groups to ensure PPE use was optimum, teaching new skills such as proning patients, building confidence and reducing stress.

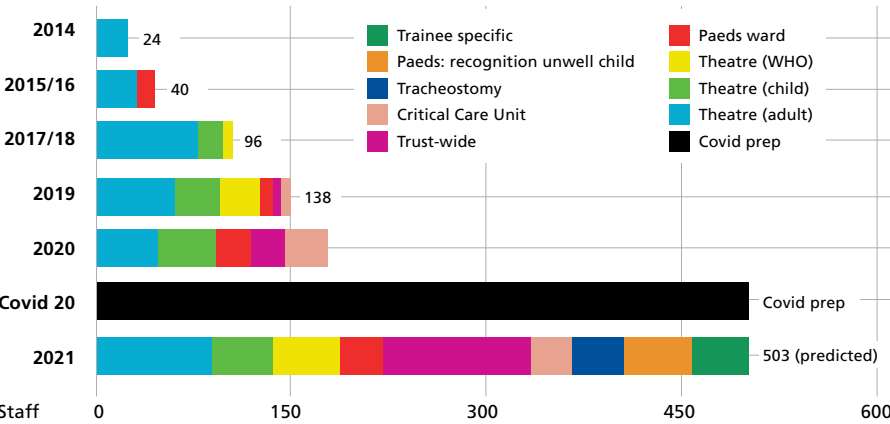
As part of the preparation for the Trust's role as a regional cancer hub during the pandemic, reconfigurations of hospital areas, including the McIndoe Centre, were devised to keep 'green' cancer and 'amber' emergency trauma pathways separate to minimise the risks of covid transmission. The simulation team recognised the inherent and often unknown risks associated with reconfiguration and suggested running simulated systems resilience testing in the new areas using manikins. This allowed the team to detect any unpredicted risks and modify them before the areas opened to patients.

This was recognised by Health Education England and the South East simulation training network as an innovative use of simulation to improve patient safety. The systems resilience testing is now embedded into the Trust's simulation programme as well as critical incident simulation training. There has been a significant increase in training that clinical staff can book into for the simulation team to resilience-test their areas of work and come up with solutions before problems even occur.

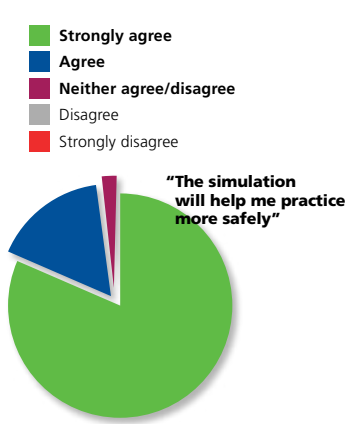
The simulation team, head and neck anaesthetists and nurse educator for CCU delivered enhanced 'up skill' training in tracheostomy management for staff on the newly formed head and neck unit. The team and the resuscitation officer now deliver simulation training in clinical areas across the Trust on the recognition of the unwell ward patient to ensure maintenance of clinical skills.

The Trust and its supporting charities have made significant investment in simulation training including a full repertoire of manikins to match the patient population it serves and a state-of-the-art simulation suite.

Below: number of staff trained using simulation at QVH



Below: simulation feedback











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 include Mohs micrographic excision for eyelid tumour management; facial palsy rehabilitation in the eyelid region as part of the largest facial palsy service in the UK; endoscopic dacryocystorhinostomy (including paediatric endoscopic dacryocystorhinostomy) for tear duct problems; and modern orbital decompression techniques for thyroid eye disease.

The QVH corneoplastic team are active in publishing and driving innovation for corneal and oculoplastic specialities. During the covid pandemic, new ways of treating patients were explored to reduce hospital attendance, including innovative methods of suturing so that patients could remove their own sutures. This has a threefold benefit: reducing the risk of covid transmission, allowing more patients to be treated, and reducing carbon emissions from unnecessary travel.

The cancer treatment pathway was maintained during the pandemic through telemedicine with new systems for emailing photographs and video consultations. This allowed the corneoplastic unit to maintain full capacity, providing a regional and national service to treat sight-threatening diseases and eyelid cancers and to become a super-regional unit for corneal and ocular plastic surgery. Inpatient care and emergency surgery were maintained throughout the pandemic for complex corneal ulcers, corneal melts, ocular perforations and sight-threatening ocular surface conditions as well as periocular cancers.

Scarless surgery has been introduced and pioneered for paediatric patients suffering from congenital ptosis (droopy eyelids). The unit also published papers on improving outcomes for patients with meibomian gland inversion – a condition that causes dry-eye and infection – through early identification of anatomical changes to the upper lid margin and providing surgery to address this.

The corneoplastic unit works closely with the QVH facial palsy team, and has introduced many innovations in facial palsy rehabilitation,

including the Malhotra platinum segments for upper adjustable eyelid loading. Recent work has been directed towards developing innovative ways to improve eyelid malposition in facial palsy. During the pandemic, the unit continued to publish papers on improving outcomes in facial palsy surgery, including modifications to the traditional direct browlift and re-grafting of skin at the time of direct browlift. The team have also introduced a new validated standard for measuring watery eye, based on their national research study TEARS, which will help to define and monitor treatments for this condition with better accuracy.

Nationally, the current demand for consultant-led clinics is exceeding capacity in all ophthalmic subspecialties. In response, during the past 12 months, the glaucoma service has rapidly increased the capacity of the glaucoma virtual clinic, resulting in many more patients being seen and consulted during the lockdowns. Patients attend for an appointment where measurements and images are taken by a technician and 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 glaucoma team offers the full range of investigations and treatments and specialises in minimally invasive glaucoma surgery.

The glaucoma service has continued to be very active in research with current projects focusing on quality of life and ocular surface comfort in glaucoma patients. The results of these studies will help the glaucoma team provide individualised care for each patient based on how their disease and treatment impacts on their lives.

QVH also performs routine and complex cataract surgery and takes referrals for general ophthalmology. Most cataract surgeries are carried out under a local anaesthetic with the eye numbed but the patient awake. This is a source of anxiety for many patients who are apprehensive about being awake whilst having a procedure. QVH has introduced a volunteering role, providing someone to talk to and hold the patient's hand during their procedure.

**“The team are active in publishing and driving innovation for corneal and oculoplastic specialities”**



Hand surgery

The hand surgery department serves approximately 5 million people in the South East, covering an area from Dover, Canterbury and Brighton to the outskirts of London. QVH provides four operating theatres for trauma surgery and 1.5-2 theatres for elective surgery on a daily basis, five days a week. Weekend services are provided in the form of two trauma theatres and a minor operations theatre.



Elective hand surgery comprises congenital hand deformities for which QVH is both a regional and national service. Hand trauma comprises fracture fixation, nerve injuries, tendon injuries, infections and reconstruction of burn injuries to the upper limb. Trauma in other forms like brachial plexus injuries and orthopaedic reconstruction of bony defects in the upper limb is also carried out jointly with orthopaedic surgeons, both at QVH and in a new spoke unit that has been established at Royal Sussex County Hospital, Brighton, to treat the complex upper limb injuries in conjunction with the orthopaedic surgeons.

Skin cancers, tumours of the hand, some bony tumours and nerve tumours are also treated in the hand surgery department at QVH. Treatment of arthritis and degenerative diseases of the hand is also a very important part of the regional hand unit. Nerve injuries requiring tendon transfers and rehabilitation of traumatised hands is a large workload.

Additional services in the form of prosthesis for amputated digits and limbs are also provided by the maxillofacial laboratory.

QVH trauma referral points

The team consists of six hand surgery consultants with the newest addition being part of the Brighton lower limb trauma team. This is supported by a very able hand therapy team which has 12 therapists, and has been augmented with the addition of two part time senior hand therapists.

New developments in the department

A new triage system for post-operative care has evolved, where a senior hand therapist will review all operating notes and triage and arrange appointments with therapists only or in the doctors’ clinics. This arrangement provides robust oversight of any problems that need to be flagged up to senior staff. We have conducted regular clinical harm reviews and prioritised patients accordingly.

Clinical effectiveness

Patients from across the wide geographical area served by QVH are now able to avoid journeys and benefit from video consultations.

Two therapy led trauma clinics have been established where therapists see post-operative trauma patients allowing more flexibility for patient appointments, increasing the number of post-operative appointments that are available to patients but also reducing the workload on the existing clinics, allowing for better time management and management of junior doctors. These therapy led trauma clinics are managed by senior therapists

Breast reconstruction

In 2020/21 QVH carried out 212 free-flap breast reconstructions without a single flap failure; a notable quality achievement and patient benefit.

The QVH breast reconstruction centre remains one of Europe’s largest providers of free-flap breast reconstruction. Additionally, we remain the sole provider of this service to the people of Kent, Surrey and Sussex and also provide specialist services to patients from across the UK and Channel Islands. We aim to strengthen our position as the regional plastic surgery service to Kent, Surrey and Sussex.

The complex reconstructive work undertaken at the unit is supported by a multidisciplinary team (MDT) delivering a safe, efficient, high-volume, high-quality service, and providing training to the next generation of free-flap breast reconstructive plastic surgeons.

The covid pandemic has caused significant disruption to the service over the last year. From March - July 2020 there was a national moratorium on breast reconstruction, supported by the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) and Association of Breast Surgeons (ABS). During this period, QVH was designated a regional cancer hub, allowing patients with high-risk breast cancers to receive appropriate timely treatment, while resources at their base hospitals were directed towards the management of covid. This enabled breast oncology patients from across Kent, Surrey and Sussex to be treated by their local MDT with surgery at QVH through the peaks of the covid pandemic. This situation was repeated during the December 2020 to April 2021 restrictions on services.

When able, QVH surgeons re-commenced free-flap breast reconstructions according to strict criteria to enable the safe resumption of services. Pathways of care were modified to enable more ‘normal’ practice.

We have pioneered virtual clinics enabling patients to securely upload relevant photographs and have telephone or video consultations. The virtual nurse-led clinic allows patients to access a specialist breast reconstruction nurse for advice, queries and concerns to avoid them having to travel to QVH. Key services such as the breast reconstruction seminars and breast reduction seminars are also now virtual events, allowing more patients to attend and avoiding patients having to travel long distances for an additional appointment.

Another innovation arising from the covid pandemic is that, where possible, immediate breast reconstruction patients are now seen in a ‘one-stop’ clinic. This enables them to have their consultation with a surgeon, pre-operative scans and pre-operative assessment in one day rather than attend the hospital on multiple occasions.

Further work for 2021/22 includes the development of pre-recorded procedure-specific video presentations and use of QR codes to deliver information digitally. These innovations give patients the flexibility to access information on a continual basis, including in advance of appointments and supports decision-making and informed consent.

Although we have been able to continue reconstructive services at the same time as mastectomy for disease and for risk-reducing cases, we have not been able to proceed with delayed breast-reconstruction for much of the year. This will have a significant impact on waiting times. We are working to restore services delivering immediate breast reconstructions at the time of therapeutic mastectomy on a 62-day pathway; immediate reconstruction at the time of risk-reducing mastectomy on an 18-week pathway; and delayed breast reconstructive surgery on a 52-week pathway.

assisted by a registrar and have increased the number of patients that can be seen.

A new hand consultant has started sessions in the trauma unit and will provide additional clinic cover and flexibility for elective operating. This has improved the patient experience with more options to attend follow up as well as benefiting the teaching and training of junior doctors. Patients will usually see the therapist on the same day, saving them a journey the next day for a splint and rehabilitation advice.

A new hand trauma unit has been set up in our day surgery area, allowing three theatres for local anaesthetic ambulatory management of acute hand injuries.

A hand workshop was held in the time between the two lockdowns to train junior doctors and new entrants in the basics of hand surgery, supporting consistent treatment and maintaining skills of junior doctors and consultants.

Virtual reality in medicine and surgery workshops have been established by a consultant maxillofacial surgeon at Brighton in collaboration with the University of Sussex. QVH consultants have organised 3D teaching sessions on two occasions to produce videos of cadaver dissections of flaps, different methods of fracture fixation and some elective surgery procedures. These videos can be viewed with the use of a simple headset by a worldwide audience on YouTube. These have been immensely popular and have been well attended sessions.

Our ability to provide better and timelier treatment has been improved by the acquisition of one new image intensifier and the acquisition further image intensifier is also in the process.

Flexor tendon audit

A new and more aggressive flexor tendon regime is being vigorously audited to reduce the already good, rupture rate for flexors tendons that we have but also to improve outcomes and possibly reduce the time splintage as we progress.

Wide awake local anaesthetic surgery

A large number of patients are now treated by wide awake local anaesthetic surgery resulting in a reduction of the amount of time and utilisation of anaesthetic personnel. This has also allowed for the use of different theatre complexes for many common procedures. We now have a plastic joint clinic at the Royal Alexandra Children’s Hospital in Brighton which assists the local orthopaedic surgeons with paediatric hand problems.



Burns service

The QVH burns service is renowned for providing world-class, multidisciplinary, specialist burns care for adults and children. It provides medical, surgical, wound and rehabilitative burns care to patients in Kent, Surrey, Sussex and parts of South London for a very wide range of burn types and sizes. This includes up to critical care level 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 and South East Burns Network (LSEBN) to ensure a consistent approach to the initial management and referral of patients with a burn injury.

In 2020/21, the QVH burns service accepted:

- 1,230 adult (>16 years of age) new referrals – a 11.44% decrease on the previous year – of which 162 needed inpatient care
- 791 paediatric (<16 years of age) new referrals – a 4.12% decrease in referrals.

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 LSEBN that have the appropriate facilities. The inpatient paediatric divert is a temporary measure while the service is being reviewed. This divert came into effect in August 2019.

During 2020, both the adult and paediatric burn services moved physical locations and adapted new working practices as a direct result of the covid pandemic. Greater use of telemedicine and the institution of virtual clinics (both video and telephone) occurred. Both have shown potential to be adapted and integrated into future permanent working patterns within the burns unit for the benefit of patients.

In 2020 there were no adult or paediatric mortalities. All patients are discussed at weekly multidisciplinary (MDT) meetings in addition to daily ward rounds so that any learning points can be identified. If further review is required, the patient's case is discussed at the quarterly burns governance meeting and at a joint hospital governance meeting. All burns mortality cases are peer reviewed at the annual LSEBN audit meeting, with any outlier cases taken to the national burns mortality meeting. Key burns performance indicators are recorded and analysed through QVH's active participation in the international burns injury database (iBID) programme. This compares QVH's performance with that of all other English burns services in relation to set quality indicators.

Overall in 2020, QVH achieved better than the national average for the six valid dashboard indicators for both adult and paediatric burns care. Several years ago, QVH initiated

AVERAGE TIME FOR BURN WOUNDS TO HEAL

Measured in days from date of injury

Target	2016	2017	2018	2019	2020
Paediatric <16 years wound healing within 21 days	11	11 (86%)	11 (85%)	11 (82%)	12 (85%)
Adults <65 years wound healing within 21 days	17 days	13 (73%)	15 (62%)	13 (54%)	16 (65%)
Adults ≥65 years wound healing within 31 days	28 days	18 (74%)	21 (60.5%)	20 (50%)	29 (54%)

LENGTH OF STAY – DAYS

	2016	2017	2018	2019	2020
Paediatric <16 years	2	2.4	1.7	2.2	n/a
Adults <65 years	8	5.8	6.3	5.4	5.9
Adults ≥65 years	14	8.7	11.3	9.5	12.8

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

Burns healing in less than 21 days are less likely to be associated with poor long-term scars, although new treatments such as enzymatic debridement appear to increase healing times and avoid surgery without detrimental effects on scarring. 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, better quality of life due to a shorter duration of wound care, surgery and prevention of infection. Average healing time is expressed in terms of the median average.

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 such as virtual reality headsets to reduce pain during dressing changes; telemedicine in patient care; and enzymatic debridement techniques and protocols. These projects will continue into 2021.

Innovation

We are now able to offer patients a unique form of pain and anxiety relief during burns dressing changes and other painful medical procedures. We have two virtual reality (VR) headsets that are available on the burns ward and paediatric ward. The paediatric set is available for use for patients aged eight and upwards.

The headsets are there for patients to use whenever they like but specifically to provide distraction during painful dressing changes. This project has been conducted in conjunction with our pain team and a patient satisfaction survey found patients reported experiencing less pain when using the headsets.

Responsive

Digital technology has become even more important in 2020 due to the pandemic. Enhancing patients' access to health care and information, we have rolled out an accelerated programme of virtual clinics during the pandemic. This has allowed us to deliver appointments with flexibility and to continue to treat vulnerable patients when traveling sometimes long distances would not be appropriate or clinically safe. Alongside virtual clinics the burns unit is building an educational video library as a staff resource for common procedures and occurrences within burns treatment.

Allograft is a cadaveric skin (harvested from a deceased donor) that is used as a covering for extensive burns, mainly deep dermal wounds. This is used as a temporary dressing that creates an environment for new tissue to form until the wound is fully healed. Following the successful roll-out of nurse-led enzymatic debridement, we are offering further skill enhancement and development to our nurses in the form of nurse-led allograft application.





# DIRECTORS' STATEMENT

## 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* (not published in 2020/21)
- 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 2020 to June 2021.
  - papers relating to quality reported to the board over the period April 2019 to 22 June 2020
  - feedback from commissioners dated 14 June 2021
  - feedback from governors dated 3 June 2021
  - 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 2020/21.*
- the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, expected publication August 2021
- the national patient survey published 2 July 2020
- the national staff survey published 11 March 2021
- 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.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

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

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

By order of the board



**Beryl Hobson**  
Chair  
17 June 2021



**Steve Jenkin**  
Chief Executive  
17 June 2021





# STATEMENTS FROM THIRD PARTIES

## Sussex NHS Commissioners

Thank you for giving Sussex NHS Commissioners the opportunity to comment on QVH quality account for 2020/21. The CCGs appreciate the on-going collaborative working and communication with the Trust's senior clinicians throughout the Covid-19 pandemic and would like to acknowledge that during these difficult and challenging times this collaborative working has been maintained and strengthened.

Recognising that because of the Covid-19 pandemic QVH had to pause work to finalise and implement key priorities, the CCGs acknowledge the positive quality and safety work which the Trust which has continued to focus on:

- **Safe Care:** Ensuring that Clinical Harm reviews have been well-established within the Trust, so that patients waiting longer than 52 weeks are continuously assessed for any harm and prioritised for their procedures.
- **Patient Experience:** Improving the hospital experience for patients with a learning disability by ensuring the right support and adjustments are made to aid a good recovery and to enhance their experience in hospital; identifying a Learning Disability lead within the Trust and developing a Learning Disability strategy alongside information and resources for staff and a dedicated LD intranet page.
- **Effectiveness:** Implementing and increasing the use of virtual hand surgery clinics, including for trauma, so patients are seen more quickly and can be assessed and treated with fewer appointments to improve their overall experience.

The CCG also acknowledges the ongoing participation in 11 national clinical audits and three clinical outcome review programs over the last year, as part of an ongoing quality improvement cycle. The CCG recognises specifically the priority given to the National Audit of Inpatient Falls and the adoption of a local auditing programme for falls and the continuing improving of practice to reduce the risk of falls.

Sussex NHS Commissioner recognises the importance of the priorities identified by the Trust going forward and the commissioners will continue to review the Trusts progress against these key priorities for 21/22, including:

- **Safe Care:** QVH will have no Never Events for 2021/22 and to support this will target a quarterly improvement or sustained compliance in observational audits within theatres.
- **Patient Experience:** Improving patient experience by continuing to replace face-to-face outpatient appointments with telephone and video calls where appropriate with clinicians, thereby reducing travel and travel time and expense and the need to arrange time off work or for childcare cover.
- **Effectiveness:** Offering supportive counselling (or formal therapy if appropriate) to staff to improve their wellbeing and experience of work, reduce absence and improve workforce retention and measuring success through psychometric testing.

NHS Sussex Commissioners look forward to the continued collaborative working over the coming year.

## Statement from QVH Council of Governors

**The Council of Governors welcomes the opportunity to comment on the Quality Account for 2020/21. To the best of our knowledge, the account is a consistent reflection of the services and activities of the Trust as observed by and reported to us. However, with the large majority of current Governors having been appointed only from February 2021, it is only to a limited extent that we can give a collective view.**

There was wholehearted agreement that the report sets out the brilliant specialist work and high quality of care that the Trust continues to provide, along with significant innovation in many spheres, including digital technology for both consultation and delivery of care. The following points are made in this overall context.

The section on virtual clinics and remote consultations described remarkable and innovative work. We would be interested to see in due course any data on which methods of contact patients prefer and whether this varies between types of patient.

We noted an apparent decreased compliance on equality and diversity incident reporting and duty of candour and would hope to see a clear plan as to how this is to be addressed.

A suggestion for a future target was made regarding the answering of telephone enquiries from patients, to cover phones being answered after a maximum number of rings and/or an automatic system under which patents may leave messages.

Regarding Elective Waiting Times, more detail on the strategy to get back to pre-pandemic levels of waits, and particularly of eliminating waits of over 52 weeks, would have been of interest.

In the section on giving advice to GPs and nurses, we noted the excellent telemedicine system that allows images to be sent to a central hub for review by the hospital teams and we look forward to developments to make this process even easier, e.g. through the use of an 'app'.

In sum, we commend the Quality Account for 2020/21 as demonstrating the hard work and quality of care provided by the hospital staff and their continued efforts to maintain high standards. The staff have, yet again, shown how good the care at QVH is 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.

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

**Thank you for offering the Health & Adult Social Care Scrutiny Committee (HASC) the opportunity to comment on Queen Victoria Hospital NHS Foundation Trust (QVH) Quality Account for 2020-21.**

HASC agreed in 2016 that formal responses from the committee to Quality Accounts (QA), from that year onwards, would only be forwarded to NHS providers where HASC had undertaken formal scrutiny within the previous financial year. Therefore, as the committee did not scrutinise any services directly provided by QVH in 2020-21, the committee will not be making any comments this year.

## Healthwatch West Sussex

**The National Quality Board are currently undertaking a review and we (through the National Director of Healthwatch) have strongly recommended that the review takes into account the views of all those who provide scrutiny for QAs (local Healthwatch, OSCs, commissioners).**

### HW England 2020

Having clarified that the structural layout of the document remains unchanged, and assuming that this will continue to create a quality account that remains inaccessible to people outside the NHS, we will not be reviewing any Quality Accounts this year. We have historical fed back on the inaccessibility of the language and structure of information but over more recent years, we have put forward a statement that our resources need to be used in a more productive way and that we would not review these when the document format and style is inaccessible to most.

### Healthwatch West Sussex 2021







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](http://qvh.nhs.uk)

Queen Victoria Hospital  
NHS Foundation Trust  
Holtye Road  
East Grinstead  
West Sussex RH19 3DZ

T : 01342 414000  
E : [qvh.info@nhs.net](mailto:qvh.info@nhs.net)  
W: [www.qvh.nhs.uk](http://www.qvh.nhs.uk)