

Quality Report 2021/22

Part 1: Statement on quality from the chief executive of Queen Victoria Hospital NHS Foundation Trust

Quality, safety and the experience of patients are at the forefront of everything that we do at Queen Victoria Hospital (QVH), and this quality report sets out both the progress we have made over the last year and our plans for the coming year.

The quality of our services is reflected in feedback from patients which continues to be exceptionally good, with 99% of inpatients stating their experience was 'very good' or 'good'. This reflects both the quality of clinical care and the way staff treat every patient as an individual, taking the time to listen to what matters to them.

Our increasing focus on health inequalities also involves considering those who do not access our services so easily or in a timely way. It is essential that we consider the avoidable, unfair and systematic differences in health between different groups as we plan and deliver our services. Some elements of this are well established, such as alternative pathways and additional support where needed for patients with learning difficulties or dementia. In some areas we are still improving our data collection and the analysis to improve our understanding of what it tells us, such as the levels of later referrals for men with head and neck cancer compared with women. A monthly report is produced and presented at the Trust's cancer board, focusing on deprivation, age, gender and ethnicity looking at patient cancellations, non-attendances and diagnosis to see if any trends can be identified. As in so much of our work, there is a system approach to health inequalities and we are learning from other healthcare providers and building on best practice where possible.

Quality data is also essential in clinical coding; there is real skill in translating information about the journey through the hospital of every patient, so that there is an accurate, detailed, nationally-comparable record of diagnosis, treatment, length of stay and so on. The QVH clinical coding team were highly commended in the Data Quality – Specialist Hospitals category of the national awards this year, which was well deserved recognition of the way our clinicians and coders work together to get this right.

That multi-disciplinary, team approach underpins much of our work here, including our work on research and innovation. Through participation in research QVH makes a contribution well beyond our size, and that brings positive returns for clinical staff staying abreast of the latest treatment possibilities and for patients receiving high quality, evidence-based care.

I am confident that in 2022/23 QVH will continue to provide high quality, safe and effective services, and that our approach to quality will ensure that we continue to deliver excellence in all that we do.



Steve Jenkin
Chief Executive
7th June 2022

Part 2: Priorities for improvement and statements of assurance from the board

Quality Priorities for 2022/23

Our quality priorities for 2022/23 are built around our ambitions to deliver safe, reliable and compassionate care in a transparent and measurable way. They have been developed in collaboration with staff and the council of governors, and take into account progress on previous priorities and patient feedback.

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.

Progress against these priorities is monitored by the Trust's quality and governance committee on a bi-monthly basis.

Updates for each priority are detailed below.

Patient Safety

Prevention and reduction of inpatient falls through the use of NICE guidance, falls risk assessments, falls training and after action reviews.

Across 2021/22 the QVH has noticed a small increase in the number of inpatient falls. A formal internal investigation revealed the following:

- Staff were not receiving training around falls prevention
- Current risk assessment documentation was out of date
- Current risk assessment documentation did not comply with all NICE guidelines
- Inconsistent approach to reviewing falls

What will success look like?

- QVH will target a quarterly improvement in the reduction of falls.
- To achieve this mandatory training will be rolled out in the Trust to all patient-facing staff.
- All documentation related to falls will be reviewed and redesigned to comply with NICE guidance.
- National audit of inpatient falls and local falls audits will be completed to monitor compliance.
- After action reviews will be rolled out within the inpatient areas.

Clinical Effectiveness

QVH to develop an inter-professional education programme across the core and sub specialties to support staff in the delivery of high quality care.

This quality priority recognises the expertise QVH staff have within their specialties and to share this knowledge across our staff groups.

It recognises the world class services and care QVH staff deliver to our patients. The focus is to make available inter-professional sustainable training and development programme to QVH staff.

The education programme will support staff continued professional development (CPD) and revalidation requirements

What will success look like?

- Quantify the current QVH inter-professional training sessions within the core services.
- Review training programme evaluations and based on feedback begin to review aims and learning outcomes for each programme.
- Deliver QVH specialist training programme to 50 staff per year.
- Introduce the core training programme into the preceptorship process for nursing and AHP staff.
- Recognise quality of training using a formal CPD accreditation process for 2 training programmes.

Patient Experience

Roll out and embed high quality shared decision making (SDM) conversations between clinicians and patients.

What will success look like?

- Identify all decision-making tools currently used in each clinical team.
- Recruit trust-wide SDM champions from all staff groups.
- Include SDM data in the metrics reported at Clinical Governance Group.
- Embed SDM training and e-training for new staff and at trainee induction.

Quality improvements for 2022/23

The QVH is exploring a quality improvement methodology to be rolled out over 2022/23. The use of Patient First from University Hospital Sussex is in the early stages of development.

Performance against 2021/22 quality priorities

Our quality priorities for 2021/22 were influenced by national and local reports and audit findings, along with the views of QVH governors, patient feedback and suggestions from staff across the organisation.

End of year progress against our three 2021/22 quality priorities was as follows:

Patient safety:

Our quality priorities and why we chose them.

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

Targeted outcome...

Multidisciplinary bi-monthly safer surgery simulation training for theatre staff. The training is split into two sessions, one which has poor practice/distraction and one showing good practice.

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

Did we achieve this in 2021/22?

Yes.

Doctors' induction simulation training continues with positive evaluations, auditing of the step 5 'debrief' is completed, with action plans produced if necessary. Full compliance is noted with all steps.

Clinical Effectiveness:

Our quality priorities and why we chose them.

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.

Targeted outcome...

To reduce 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-19 pandemic were given a series of formal therapy sessions. All cases were assessed to measure any improvement.

Did we achieve it in 2021/22?

Partially.

All questionnaires and psychometric tests were gathered and scored. There were 16 staff members who had been adversely impacted by Covid-19 who undertook EMDR (eye movement desensitisation reprocessing). The pre- and post-therapy results showed an improvement in the measure of psychological distress, anxiety, clinical depression, levels of wellbeing and measures of traumatic impact. The psychological therapies department hope to continue with staff support in line with our Trust guidelines and recommendations. The team are working towards the publication in a relevant journal of the audit, outcomes and recommendations.

Patient Experience:

Our quality priority and why we chose them.

During the Covid-19 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 leaving their own home. This enhances patient experience by reducing travel time, travel expense and the need to arrange time off work or childcare cover, etc.

Targeted outcome...

To ensure that patients are informed that this is exactly the same as any other appointment with their hospital consultant, clinical nurse specialist or other member of their team.

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

Did we achieve it in 2021/22?

Yes.

Clinic templates were amended to include video and telephone appointments as well as face-to-face. A virtual receptionist was recruited to help meet the national target of 25% for remote consultations. Patient feedback remains positive with further focus on Patient Initiated Follow Ups (PIFU) and guidance to reduce follow up appointments by 25%.

Safeguarding and Mental Capacity Act

QVH recognise that working as a team is the safest way to support our most vulnerable patients. The safeguarding team work hard across the trust to support teams to strive to achieve the best outcomes for our patients and their families, by applying legal frameworks, continual improvement and person centred care.

- The safeguarding team are linked into many different forums where best practice, policy and learning are exchanged, both locally and nationally. Recently, the team have utilised this network by rolling out a flow chart across QVH which supports practitioners to identify who may hold parental responsibility for children.
- Plastics team commitment to improving application of MCA processes informed by clinical judgement. The Plastics medical team supported by pre-assessment unit have been striving to ensure all MCA processes are started early and robustly recorded. The Plastics team see many elderly frail patients from across the region and were keen to make sure they were properly supported and valid consent was obtained. They have also been working closely with the Learning Disability link nurse to make alongside value consent all reasonable adjustments were put in place.

Practice Quality

- Using Datix to manage oversight of safeguarding activities in the hospital. QVH has been using this system for a number of years, the safeguarding team effectively capture all aspects of safeguarding activities and produced monthly Board metrics. This approach is now well established and effectively provides the trust with robust information regarding staff training and risk management requirements.
- Annual MCA workshop for medical staff facilitated by an expert barrister. We now have in place a workshop for medical staff to help them update their knowledge and understanding of MCA. Case law has developed since the enactment of MCA in 2005. This workshop allows clinical staff to discuss cases and situations they have been considering and managing.

Areas for continuous improvement

- The safeguarding team continues to strengthen paediatric unit safeguarding competencies by regularly attending team meetings to discuss wider safeguarding issues and specific cases where learning has been identified. There has also been

training needs identified from audit, which will be addressed with a bespoke session this year.

- Continue our MCA application improvement programme. MCA continues to be a practice improvement priority. The trust wants to ensure this legal framework is used legally and to best effect for all concerned. We know a change is coming regarding the change from DOLS to LPS, when responsibilities and accountabilities will change for the trust as a provider of care.

Using audits to share learning:

Audits are an important aspect of quality improvement and the safeguarding team engage in a variety of different audit with a rolling audit programme.

- Children not brought for appointments audit was undertaken during 2021 and learning was shared in a variety of forums including the Joint Hospital Governance committee to ensure the widest possible audience. The audit led to a change in the child not brought to appointments protocol. The orthodontic department are undertaking work to look at their processes in line with the British Dental Association pathway.
- Organisational Safeguarding children section 11 and Adult safeguarding self-audits are undertaken bi- annually. These not only inform NHS commissioners about trust safeguarding arrangements but also facilitate organisation reflective assessments on progress against set safeguarding expectations and standards.

The safeguarding team has been building links with the Brighton Medical School. Working in collaboration with University Hospitals Sussex (UHSx) paediatricians, burns teams and the safeguarding children named nurse; two medical students are undertaking a thematic review of burn injuries where there have been safeguarding concerns raised. The intention is to understand the types of injuries and demographics of children, which are more likely to raise concerns in children and compare these to the national data already available.

Shared learning regarding burns safeguarding practices with students at University of Brighton. Staff at Queen Victoria Hospital work with academic staff at the university to provide education around burn injuries, including safeguarding assessment.

Publication ambitions regarding safeguarding. One of our consultants has submitted an article for publication in relation to safeguarding tracing. She worked closely with a colleague and the safeguarding team. We are hopeful she will succeed in achieving this ambition in the coming year.

Guardian of Safe Working

The Guardian of Safe Working (GOSW) role was established as part of the contract settlement for junior doctors in 2016. The roles' aim is to support juniors in working safe hours, have good working conditions and to provide assurance to the Board that doctors are working within national targets. An online set process is in place for junior doctors to report when these standards are not met.

Dr Joy Curran (Consultant Anaesthetist) was appointed to the role in October 2018. As Guardian she submits quarterly reports to the Board of exception reporting, breaches of hours involving fines and gaps in the rota. The Guardian is responsible for convening the Junior Doctors Forum (JDF), which meets quarterly and promotes safe working at the Trust's inductions for doctors. He/ she is mandated with authority to intervene in rota design,

management and hours issues. The JDF reports into the specialty Local Faculty Groups (LFG), the Local Negotiating Committee and the educational board. Also the Guardian produces quarterly reports from the Allocate exception reporting software and information from Human Resources team for these groups. An annual rota gap and consolidated yearly report is written by the Guardian for the Quality Accounts and presented to the Board. Our current rota gap average is 2.66% which compares favourably with national figures. The Guardian and Medical education department will be conducting a survey into exception reporting in the next few weeks to look at trainee awareness and use of the system.

Nationally, in 2019/20 all NHS trusts were given £30,000 Fatigue and Facilities funding. Larger Trusts received £60,000. At the QVH the JDF made the decision to spend the fund refurbishing current relaxation areas and making a new one. During the pandemic remaining funds were carried over to end of March 2021 and again to March 2022.

The money has been spent in many areas; in this last year with the help of the Trust the Maxillofacial Staff club (which was the name for the original doctors' mess) has been refurbished. We have modernised to a high standard all the areas while maintaining the sense of history and tradition of the QVH. It is now a welcoming place for all doctors at any time of day and houses the original desk of Sir Archibald McIndoe (which we paid for refurbishment) and other memorabilia.

The JDF has remained a vibrant and active group raising issues with rotas, leave and accommodation. We are currently working hard to improve the management of the onsite accommodation that the Trust has outsourced some years ago.

Several evening events have been held in the past few months to 'christen' the refurbished Mess, which we have called "Bobs' Mess" in honour of the long-time bar keeper Bob Marchant. Bob came and reopened the Mess for us late in 2021.

We held a very successful ultrasound education evening recently for Anaesthetists and Plastic Surgeons.

We hold junior doctor awards twice a year (because about half our juniors rotate after six months) and award these at the JDF with gift token prizes funded by the Consultant body. The trainee with the most votes overall is presented with the Junior Doctor of the Year, Sandy Saunders Award. Sandy Saunders was one of the original guinea pig club members who went on after the injuries to study medicine and become a GP. He sadly died in 2017 and this award is in his memory.

Statements of assurance from the board of directors

Services

During 2021/22, QVH provided 38 NHS services including burns care, general plastic surgery, head and neck surgery, maxillofacial surgery, orthodontics and corneoplastic surgery as well as community, paediatrics, sleep and rehabilitation services. QVH has reviewed all the available data on the quality of care in all of its NHS services. 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, but the Trust also undertakes a range of non-surgical research, for example, the national SIREN covid study, which continues to inform the government's decisions on how to manage the pandemic.

QVH has established collaborative work with the University of Oxford 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. The Trust is grateful for the ongoing support of its local clinical research network for core research infrastructure, and its contribution 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 2021/22 was 575 with QVH taking part in 23 studies. Of these participants, 535 were National Portfolio recruits. The National Portfolio is administered by the National Institute for Health Research (NIHR), and is a national register of research for the NHS. Only high-quality research is accepted for registration, therefore this research is deemed to be the most prestigious that the NHS undertakes.

The Trust's participation in research demonstrates its continued commitment to improving the quality of care it offers and to making a valid contribution to wider health improvement. Participation helps QVH's clinical staff to stay abreast of the latest treatment possibilities and enables the Trust to deliver improved patient outcomes.

The QVH teams continue to publish in peer reviewed journals. Our library team have been monitoring our activity during the pandemic and can confirm that our clinical staff have continued to be very productive, publishing 84 articles in 2020-21 and 100 in 2021-22, which compares very well to 81 in 2019-20.

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 2021/22, 13 national clinical audits and seven clinical outcome review programmes (previously known as confidential enquiries) covered health services that QVH provides.

The Trust engaged in 72% of eligible national clinical audits and 86% of eligible clinical outcome review programmes. The tables below include the percentage of registered cases required by the terms of that audit or review programme, where appropriate.

Programme / work stream (A-Z)	Eligible for QVH participation	QVH Participation	% of cases submitted
1. Child Health Clinical Outcome Review Programme¹ - Transition from child to adult health services	Yes	Yes, Organisational submitted, 15 cases identified, not yet required for submission.	N/A
2. Falls and Fragility Fracture Audit Programme^{1, 2, 3} :			

b. National Audit of Inpatient Falls	Yes	Yes, Organisational	N/A
c. National Hip Fracture Database	Yes	No, no hip fractures to report in period	N/A
3. National Adult Diabetes Audit ^{1, 2, 3, 4}			
d. National Inpatient Diabetes Audit, including National Diabetes In-patient Audit – Harms	Yes	Yes, organisational, no harms to report	N/A
4. National Audit of Care at the End of Life ¹	Yes	Yes, organisational, staff and patient questionnaires, 2 cases	100%
5. National Audit of Dementia ^{1, 2, 4}	Yes	Yes	
6. National Child Mortality Database ^{1, 4}	Yes	No, no child mortality to report	N/A
7. National Early Inflammatory Arthritis Audit ¹	Yes	No, insufficient resource	0%

Footnotes:

¹ National Clinical Audit and Patient Outcomes Programme (NCAPOP)

² Programme participates in the Clinical Outcomes Publication (COP)

³ Programmes with multiple work streams are listed in HQIP's [The Directory](#)

⁴ Programmes supporting covid data flow

Participation in clinical outcome review programmes 2021/22

Project name	Eligible for QVH participation	Participation comments	% of cases submitted
Breast and Cosmetic Implant Registry (BCIR) Breast Implant – Cosmetic Augmentation and Breast Reconstruction With Implant Including Revision And Removal	Yes	Yes	100%
BTS Audit Programme – Smoking Cessation	Yes	No, missed deadline	0%
FGM Datasets	Yes	No, no FGM to report	N/A
Learning Disabilities Mortality Review Programme (LeDeR)	Yes	No, no learning disability mortality to report	N/A
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	Yes	Yes	100%
Mandatory Surveillance of HCAI	Yes	Yes	100%

NAP7: ACCC-track: Anaesthesia and Critical Care COVID Activity Tracking Survey	Yes	Yes, Organisational participation in 3 rounds.	100%
NAP7: Perioperative Cardiac Arrest	Yes	Yes, Organisational and patient specific participation	100%
National Ophthalmology Audit (NOD)	Yes	No, insufficient resource	0%
NHSE & NHSI Learning Disability Improvement Standards Project	Yes	Yes, Organisational, staff and patient questionnaires	N/A
Perioperative Quality Improvement Programme (PQIP)	Yes	Yes	163 cases (14/2/22)
UK Parkinson's Audit	Yes	Yes, registered for participation, no data supplied to date.	N/A
UK Registry of Endocrine and Thyroid Surgery	Yes	No response from QVH clinicians, audit closed locally.	0%

National clinical audit

11 national audits, and six - Getting it Right First Time (GIRFT) work stream projects were reviewed by the Trust in 2021/22. The three most relevant were:

NHSE & NHSI Learning Disability Improvement Standards Audit

Although QVH does not provide specific learning disabilities services, the Trust does care for patients with learning disabilities. This audit provides an opportunity to review the quality of the care provided to patients with additional needs. The audit benchmarks organisational performance, patients' and carers' perceptions of the quality of care and staff views on care delivery, capacity and training requirements.

National Audit of Inpatient Falls (NAIF)

As part of the Falls and Fragility Fracture Audit Programme (FFFAP), the Trust participates in the National Audit of Inpatient Falls work stream. This is a continuous national audit and audits patients who have fallen in hospital and sustained a hip fracture, and reviews organisational falls prevention activity. The audit aims to improve fall risk reduction practice for inpatients. QVH has established a Trust-wide MDT to review and continue to improve practice to reduce the risk of falls.

Saving Lives

The SAVING LIVES Initiative was launched by the NHS in 2009 and was designed to tackle the increasing MRSA infections noted in hospitals. It continues to be an important tool in monitoring compliance with evidence based practice and guidelines when undertaking a clinical procedure. The bundle of reviews of high impact intervention activities are audited continuously within QVH to demonstrate that infection prevention and cleanliness are an integral part of quality assurance.

Local clinical audits

The reports of 55 completed local clinical audits were reviewed by QVH in 2021/22. Examples of audit projects undertaken across QVH, their findings, and actions taken as a result are set out below.

Pre-op anaemia incidence (Project 607)

International consensus guidelines state that anaemia should be investigated and treated prior to major surgery where there is an increased risk of blood loss. Perioperative anaemia is associated with poor outcomes including increased risk of blood transfusion, infection, and delayed recovery. The aim of this audit was to assess how many patients at QVH undergoing major elective surgery are anaemic pre-operatively.

A retrospective audit was undertaken reviewing pre-operative haemoglobin levels for patients having surgery during a two-week audit period. There were 38 patients having a major procedure with an increased risk of blood loss, and we found five of these (13%) were anaemic. None of these patients had investigation or treatment of their anaemia prior to surgery, as there was no treatment guideline or referral pathway in place.

This information has been used to develop a new guideline for the management of peri-operative anaemia and to set up an IV iron service at QVH to treat iron deficiency anaemia. The first patients received IV iron in October 2021 and eligible patients are offered IV iron at our new weekly IV iron clinic.

All patients receiving IV iron are followed up and preliminary outcomes are very positive. We plan to repeat our audit of pre-operative haemoglobin levels later this year and we expect to find a significant improvement in optimization of anaemia before major surgery.

Topical Fluticasone use in the Maxillofacial Unit at QVH (Project 579)

Fluticasone is a medium/potent steroid used widely in oral medicine units nationally and internationally to treat conditions such as Pemphigus, Pemphigoid, Recurrent Aphthous stomatitis and oral lichen planus. Unfortunately, there is not a standardised treatment regime due to the nature of these conditions – they are immunological mediated disorders with great individual variation in terms of symptoms and response to therapy.

A common approach is the use of fluticasone topically (nasal spray or nasules used as a mouthwash) 4 times a day for 4 weeks. When patients report a satisfactory response to this therapy then the topical steroid is used as maintenance or as response to flare-ups. Once symptoms are controlled patients are then discharged back to the referring dentist (or asked to register with a dentist) for monitoring of the condition. Fluticasone used topically in this way is an off-label use of the medication.

The aim of this quality improvement project was to monitor the use of topical fluticasone in the Maxillofacial Unit at QVH. This medication is currently under review at the West Sussex area prescribing committee as this medication has recently (January 2020) been added to QVH formulary and requested to be prescribed in primary care.

31 new and current patients utilising fluticasone attending the weekly oral medicine clinic held at QVH were included in the audit. Of those patients, 71% were being treated with fluticasone for oral lichen planus / lichenoid reactions. 61% said their symptoms were improving with the treatment. In light of shared care principles, the GMP was asked to provide a monthly supply of fluticasone going forward for 71% of cases.

The findings of this audit highlight that fluticasone 400microgram used topically as a mouthwash 4 times a day for a minimum of 4 weeks seems to be a successful therapeutic

management regime for patients with autoimmune/inflammatory conditions of the oral cavity. This conclusion provides assurance that patients attending the oral medicine clinic at QVH are receiving effective and informed care for these often difficult to treat conditions.

Appropriateness of Referrals for TMDS Received by the Queen Victoria Hospital (Project 413)

The majority of temporo-mandibular joint (TMJ) or jaw joint problems can and should be managed in primary care. Primary care practitioners should follow guidelines published by the Royal College of Surgeons (RCS) when making referrals to specialist units like the Maxillofacial Department at QVH. It was noticed that the department was receiving a high number of inadequate or inappropriate referrals, putting pressure on the clinics and causing a challenge in managing the high patient volume.

The aim of this audit was to assess the quality and appropriateness of all TMJ referrals received by QVH to examine whether patients are receiving the most appropriate care. 260 patient referrals and records were analysed against the RCS guidelines, spanning over a three-year period.

Most referring clinicians were general dental practitioners (51.8%), followed by GPs (41%). The majority of referring clinicians did not follow the recommended guidelines for assessment of TMJ patients. A large group of patients (85.6%) did not have any investigations prior to referral. 42.6% of referring clinicians did not start any form of conservative management and only 41.2% provided information about conservative management. 51.8% of patients were referred with a duration of management of less than 3 months, while the guidelines recommend at least 6 months of conservative management before referral. 77.6 % of referrals did not meet any of the clinical criteria to refer patients.

With this in mind, a new referral pathway for GDPs and GPs that aligns with the RCS guidelines has been produced and shared with referring clinicians. Good quality, appropriate referrals should improve the patient pathway and the care patients receive, ultimately improving clinical outcomes. Re-audit is planned for summer 2022 after the dissemination of the new referral pathway.

Fixed retainer failures in the QVH (Project 637)

Retention maintains teeth in their corrected positions following orthodontic treatment. Fixed bonded retainers (BRs) prevent relapse and overcome compliance issues associated with removable retainers. Disadvantages include long-term maintenance and cleaning difficulties. A BR may fail due to wire fracture, partial bond failure or total loss. Following discharge, patients incur maintenance costs under private contract. Auditing QVH BR outcomes highlights opportunities to improve procedure, teaching and cost-effectiveness; while providing more accurate information to patients.

The primary aim of this audit was to analyse both failure rates and types of failure for all BRs fitted in 2019, over a 12-month follow-up period. Secondary aims were to investigate incidence of failure per staff grade, quality of record keeping and attendance at emergency vs routine clinic. An overall failure rate of 10% or less during the post-debond 12-month follow-up was regarded as acceptable. This standard has been adopted by similar published UK-based audits.

It was found that within one year, 72.5% of BRs (290) did not require any intervention, while 27.5% (110) experienced failure. 3% of BRs (12) failed multiple times. The average time to

failure was 5 months. 73.8% of failures were due to partial bond failure; 6.6% to wire fracture; 12.3% to total wire loss; 0.8% to trauma; while 5.8% had no documented cause. Of the failure cases, 50% were bonded by registrars, 31.1% by therapists, 18.9% by consultants and 0.8% by specialist orthodontists. Of the successful BRs, 47.6% were bonded by registrars, 32% by therapists, 15.9% by consultants and 4.8% by specialist orthodontists. 25 emergency appointments in 2019 were attributable to bonded retainer failures.

This audit has shown failure rates higher than the set standard. Partial bond failure accounted for the majority of BR failures. Success and failure rates were similar amongst operator grades. Clinicians often failed to record teeth bonded or unwanted tooth movement. The results of this audit were presented to the orthodontic department; and a new Standard Operating Procedure was created. Re-audit will be carried out in 2022 to assess for a change in BR failure rates and highlight any further areas for improvement.

Blood Transfusion in Burns – A Closed Loop Audit (Project 1174)

Trust guidelines produced in 2013 stated that all patients undergoing surgical management for burns were to have group and save blood samples taken, regardless of the size of the burn. In addition, all of these patients with burns with a total body surface area (TBSA) of over 10% were to have two units of red blood cells cross-matched in case a blood transfusion was required. However, the treatment of burns changed within the Trust since these guidelines were introduced, with enzymatic debridement (ED) becoming commonplace.

Cycle 1: The sample included data from 47 patients undergoing surgical debridement or ED from April 2019 – October 2020. Within the ED group, there were eight patients in the 10-20% TBSA group and four in the 20-30% TBSA group. None of these 12 patients required a blood transfusion. Within the surgical debridement group, 20 patients fell within the 10-20% TBSA group and six each in the 20-30%, and 30-40% TBSA groups. In the surgical group nine patients (19.1%) required a blood transfusion (three, two and four patients required transfusion from the 10-20%, 20-30% and 30-40% TBSA, respectively). Based on these findings, the guidelines were adapted to include patients undergoing enzymatic debridement.

Cycle 2: The sample included 24 patients undergoing surgical debridement or ED from May – October 2021. They were divided into two groups, 13 patients in the 5-10% group and 11 patients in the over 10% group.

In the <10% group, two patients had co-morbidities. Four patients (30.76%) had group and save. None of the patients with co-morbidities had cross-matching despite the guidelines stating that all patients in this group should have cross-match requested. Despite that, the mean Hb for this group was 118.4g/L. Based on NICE guidelines, none of these patients required blood transfusion.

For the 11 patients with >10% TBSA burns, four patients (36.36%) had correctly labelled group and save. Two patients had a group and save sample rejected by the laboratory due to insufficient labelling. Moreover, none of the patients had cross-matching despite the guidelines stating that all patients with >10% TBSA burns should have cross-match requested. Therefore, the outcome was poor compliance with the guidelines. The average Hb after the intervention was 123.66g/L. None of these patients required blood transfusion.

In summary, in comparison to the first cycle, there was a slight improvement in group and save requests for patients (27.7 % in the first cycle compared to 33.33% in the second cycle). There was no change between the first and second cycles regarding cross-matching requests. The audit shows 100% compliance with NICE guidelines regarding blood transfusion. However,

more education regarding the guidelines is needed to ensure high compliance. A checklist is being implemented for use when clerking patients to provide a prompt for appropriate blood requests according to the guidelines. Education and awareness of the checklist has been shared in departmental meetings and re-audit is planned for summer 2022.

Patient outcomes following a break in Botox therapy during the COVID-19 pandemic (Project 535)

The Corneoplastic Unit at the Queen Victoria Hospital (QVH) offers botulinum toxin treatment for benign essential blepharospasm (BEB), hemifacial spasm (HFS), and aberrant facial regeneration (AFR, or synkinesis) (often collectively referred to as facial movements disorders), and also in the management of crocodile tears. During the first wave of the COVID-19 pandemic, all botulinum toxin treatments were considered “non-essential” and postponed. Anecdotally, this negatively impacted many of our long-term patients. The audit evaluated the impact that this recent break in treatment had on our patients’ quality of life, as assessed using various patient-recorded outcome measures / disease rating scales. 72 patients had treatment both before and after the break.

There was increase in all patient-reported outcome measurements from the pre-break appointment to the post-break appointment, indicating a greater level of symptoms and deterioration on quality of life. Patients with AFR were worst affected. If a further break in service were ever required

patients with AFR should be prioritized (due to the potential impact on their quality of life caused by stopping treatment), patients with crocodile tears / epiphora are likely to tolerate a break in treatment better, given that treatment effect lasted the longest (4.9 months) in this group and the change in TEARS score caused by a delay in treatment was comparatively low.

Skin Cancer Re-Excision Preoperative Photography (Project 414)

QVH has a high volume of patients who are referred for skin cancer excision. In the literature, it is found that up to 25% of patients and 6% of surgeons incorrectly identify planned skin cancer sites after biopsy. The incidence of wrong-site excision may increase when patients return for a re-excision procedure of an incompletely excised lesion, or when they have multiple lesions. Taking accurate pre-operative photographs may decrease the incidence of wrong-site excision. The aim of this audit was to identify the number of patients undergoing surgery for skin cancer at QVH who had pre-operative photographs taken of their lesion.

45 patients were identified as having an incomplete skin cancer excision during a period of one year. Of those, 11 (24%) patients had a diagram drawn in their medical records pre-operatively. 17 (38%) patients had a photograph of their lesion taken pre-operatively, of which, only four (24%) were marked.

As a result, teaching has been delivered at the local plastic surgery governance meeting to highlight the importance of taking accurate photographs of skin lesions pre-operatively. Work is also underway to add a tick-box check on patient Evolve notes to act as a prompt for clinicians when assessing patients with skin lesions. It is hoped that the new prompt and shared learnings from this audit will lead to an increase in the number of patients with pre-operative photographs and a decrease in the incidence of wrong-site excision – resulting in improved surgical outcomes and patient care. Re-audit will be carried out when the tick box on Evolve has been live and in use for 6 months to assess for any change in practice.

Prospective evaluation of Hydrus Glaucoma stent (Project 530)

Hydrus stent has recently been approved for use at QVH as Minimally Invasive Glaucoma Surgery (MIGS), following FDA approval in 2018. The prospective consecutive audit collected clinical efficacy and safety parameters for all patients treated with the Hydrus stent for the first 6 months of its use. Patients had mild to moderate primary open-angle glaucoma (POAG) and visually significant cataract. Parameters measured at pre-op and 6 months post op include visual acuity, intra-ocular pressure, medication usage, central endothelial cell count and any intra-operative or post-operative complications. 27 eyes underwent combined phacoemulsification +IOL+ Hydrus microstent at QVH from January 2021 till October 2021 and 3 month post-op follow up. Early results show the Hydrus glaucoma stent is both safe and effective. A re-audit is planned when a larger number of patients with a longer follow up period has been completed.

A comparative study between routine and telemedicine clinics for new facial palsy patients at QVH (Project 597)

Prior to the COVID-19 crisis, new facial palsy patients were referred to multi-disciplinary facial palsy clinics, where they were seen by psychologists, facial therapists and plastic surgeons but the advent of COVID-19 necessitated the extended use of telemedicine technology to see new facial palsy patients. The common problem with the clinics prior to this was extended waiting times for patients and delays. This audit aimed to assess whether the virtual clinics we now run for all new facial palsy patients have improved the efficiency of our facial palsy clinics, whilst at the same time maintaining clinical standards.

Two separate three-month periods were assessed – one before the COVID-19 pandemic and one during. Clinic start and end times were recorded for both periods, as well as the number of patients seen. Where patients had to travel from was also recorded for the period assessed before the pandemic.

It was found that telemedicine clinics reduced staff costs as only one nurse is required to run three clinics, as well as patient costs due to no requirements for travel to the hospital. Staff were also required to do less overtime as telemedicine clinics ran late less frequently than face to face clinics. Telemedicine clinics continue to be utilised in the QVH facial palsy service as this audit has highlighted their benefits in terms of efficiency, patient comfort and cost-saving for the hospital and patient alike.

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 2021/22 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
MIU	Good	Good	Good	Good	Good	Good

Overall	Good	Good	Outstanding	Good	Good	Good
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Compliance in practice inspections

In 2021, QVH successfully reinstated the bi-annual Compliance in Practice (CiP) quality improvement initiative after a period of disruption caused by the Covid-19 pandemic. Clinical and non-clinical staff, as well as Non-Executive Directors, helped carry out in-person inspections across the 12 areas of the Trust throughout August, September and October 2021. The CiP programme is structured around the Care Quality Commission's (CQC) key lines of enquiry, and includes questions and observations on a range of areas including equality and diversity, infection control, patient experience, safe staffing, safeguarding, safety measures and systems, incident reporting, duty of candour, information governance and training and development. The inspections help departments to identify areas of good or outstanding practice as well as areas that need improvement, in line with the CQC's rating system. With support from the CiP lead, heads of departments are encouraged to produce targeted action plans based on their inspection results to remedy any areas of poor performance.

The 2021 reinstatement of CiP saw the Trust achieve an overall rating of "good", with nine of the 12 individual areas achieving a rating of "good" and three achieving "outstanding". Compared with the last pre-pandemic CiP inspection in early 2020, the 2021 reinstatement saw a reduction in key areas rated as "requiring improvement". In 2020, four key areas received this rating while in 2021 only "patient experience" received this lower score. This was due to the lack of patient experience information on display in public areas. Action plans have been devised and work is currently being undertaken in departments, supported by the Patient Experience Manager, to update the patient experience information displayed in patient waiting rooms and other public areas. The three key areas achieving a rating of "outstanding" were "infection prevention / uniform", "safety measures and systems" and "staff friends and family test".

As the CiP programme has now been reinstated, work is being undertaken to ensure the next round of inspections continues to generate meaningful data while remaining sensitive to the ever-evolving pandemic climate. Adapting some of the questions and expanding the sample size is being explored as a way of ensuring that CiP remains a useful tool for the Trust to utilise in its rigorous monitoring and improvement of services to its patients.

Hospital episode statistics

QVH submitted data during 2021/22 to the Secondary Uses Service (SUS) for inclusion in the hospital episode statistics. The data below is the actual percentage reported for 2021/22 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	99.8%	99.8%	99.3%
	Nationally	99.7%	99.8%	87.5%
Percentage of records which include the patient's valid general medical practice code	QVH	99.5%	99.5%	99.9%
	Nationally	99.7%	99.6%	95.9%

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.

All mandatory requirements were met meaning that the Trust gained a 'standards exceeded' grade for the 2021/22 submission. One of only a few Trust's in England to achieve the highest rating.

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 March 2022, QVH successfully renewed its Cyber Essentials accreditation and is on track to renew Cyber Essential PLUS accreditation in May 2022. 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 2021/22 assessed the work of the clinical coding team. In recent years, and following the loss of experienced staff and a drop in coding audit results, QVH launched a recovery project which included the following:

- Procurement of a support package from an external supplier to support with training, auditing, back-fill coding and the daily support of a senior clinical coder
- Implementation of encoding software
- Support for two members of the team to complete further coding qualifications and achieve Accredited Clinical Coder status
- Improvement of clinician engagement
- Implementation of robust departmental processes
- Monthly internal audits

The success of the project is shown by the audit results and comments from the auditor who said it was the highest scoring audit he had ever been part of. The report states that 'the overall standard of coding at QVH is of an exceptional standard. QVH and its coders should be very proud of this truly excellent result'. The results are as follows:

Area	2017/18 Audit	2018/19 Audit	2019/20 Audit	2020/21 Audit	2021/22 Audit
Primary Diagnosis	98.4%	89.0%	86.0%	84.50%	98.0%
Secondary Diagnosis	97.2%	93.9%	87.3%	91.11%	98.32%
Primary Procedure	98.4%	95.5%	92.2%	94.71%	98.82%
Secondary Procedure	98.8%	98.4%	92.4%	96.80%	98.63%

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

The team were also named 'highly commended' in the Data Quality - Specialist Hospitals category of the CHKS 2022 awards. CHKS is a leading provider of healthcare intelligence and quality improvement services in the UK and the data quality award is an award for excellence in data quality based on clinical coding. The CHKS Top Hospitals Awards have been running for 20 years and are highly regarded across the NHS and private health sector, in the UK and internationally. The shortlists and winners are decided based on analysis of publicly available data.

Improving Data Quality

Data quality (DQ) is a measure of the condition of data based on factors such as accuracy, completeness, consistency, reliability and timeliness. At QVH, there is a Data Quality Improvement Group (DQIG); a cross departmental group with an invitation list of 23 staff who meet on a monthly basis. The DQIG is updated by the DQ lead and these updates are informed by a DQ sub-group who meet fortnightly to progress projects agreed by the DQIG. Examples of these projects are as follows:

- Improve ethnicity data capture
- Implementation of recording of patient deaths to ensure compliance with new guidelines
- Standardise management of patient activity episodes
- Review recording and processes related to bed occupancy

The DQ lead works with operational teams and key stakeholders to assess the scale of the issue, identify risks, map as-is processes, map to-be processes, implement changes and support with training. Once a project is transferred to 'business as usual', measures continue to be monitored and returned to the group by exception.

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 2021/22 four QVH inpatients died. The number of patients who died per quarter is shown in the table below.

	Q1	Q2	Q3	Q4
Number of deaths	2	1	0	1

The four cases were subject to structured judgement reviews (SJR). As a result of each 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 occurring off-site, but within 30 days of 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 pre-determined format in their quality reports. This enables readers to compare performance across organisations.

For each statutory indicator, the Trust's 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 is a requirement for inclusion.

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 or inpatient admission 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 ascertained and shared
- All deaths are noted and, where necessary, presented and discussed at the bi-monthly joint hospital governance meetings

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
In-hospital mortality	0.032%	0.005%	0.020%	0.026%	0.005%	0.015%	0.022%
In-hospital deaths	6	1	4	5	1	2	4

Source: [QVH information system](#)

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

Emergency readmission within 28 days of discharge

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

- QVH has a process in place for collating data on patient readmissions to hospital
- Data is collated internally and patient episode details are submitted to 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, or delays in surgery
- We monitor all readmissions as a means to ensure our complication rate is acceptable and is reviewed for learning

	2016/17			2017/18			2018/19			2019/20			2020/21			2021/22		
	<16	16+	Total	<16	16+	Total	<16	16+	Total	<16	16+	Total	<16	16+	Total	<16	16+	Total
Discharges	2264	18222	20486	2261	18166	20427	2206	17629	19835	2008	17729	19737	1538	15094	16632	2036	17532	19568
Emergency Readmissions within 28 days	39	346	385	42	414	456	37	329	366	37	316	353	50	344	394	53	350	403
28 day emergency readmission rate	1.72%	1.90%	1.88%	1.86%	2.28%	2.23%	1.68%	1.87%	1.85%	1.84%	1.78%	1.79%	3.25%	2.28%	2.37%	2.60%	2.00%	2.06%

Source: QVH information system

QVH ensures that patient readmissions within 28 days of discharge of concern are identified and are discussed at speciality mortality and morbidity meetings and reviewed at the Clinical Governance Group 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. We undertake analysis using statistical process control methodology.

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 and link group members
- All colleagues working across the Trust are encouraged and empowered to have ownership of infection control and to integrate its core principles within their departments and roles
- 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. A record is held of non-compliant individuals and those who frequently do not comply will be managed formally by the Infection Control team and their line manager

	Target	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Hand hygiene (washing or alcohol gel use)	95%	98.4%	99.1%	99.4%	99.2%	96.6%	93.4%	95%	98.7%

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

QVH ensures that hand hygiene remains a priority as it is associated with a reduction in hospital-acquired infections. The Trust is 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.

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.

Clostridium difficile rates	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Trust apportioned cases	2	0	0	2	7	2
Total bed-days	14278	14242	14063	15518	8882	10482
Rate per 100,000 bed-days for specimens taken from patients	14	0	0	12.89	78.8	19.08

aged two years and over (Trust apportioned cases)						
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Source: Health and Social Care Information Centre data July 2019

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

QVH has seen Clostridium Difficile rates back in line with previous years after a dramatic increase last year although rates are still above the current target of zero. Nationally, antibiotic prescribing rates are still high due to the pandemic and the increase in Clostridium Difficile rates nationally reflect this.

All QVH policies and procedures are linked to evidence-based practice and NICE guidance and they 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 one case was within 72 hours of admission from another NHS Trust and therefore is attributable to them. The other case was a patient who had received numerous antibiotics within a referring Trust due to the patient's condition. Undoubtedly, these antibiotics would have been a contributing factor in the development of Clostridium Difficile. The infection prevention and control team is working closely with wards and clinical teams to ensure compliance with Trust and national guidance. As a Trust, the QVH has focussed on tackling the root of the antibiotic prescribing issue to ensure judicious use of antibiotics. This has involved a task and finish group and working with the medical director to engage prescribing clinicians. 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.

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 but was postponed due to the Covid-19 pandemic. Some work has been progressed on the new system during 2021/22.

The annual cut-off date for reporting patient safety incidents occurring 1 April 2021 to 31 March 2022 for inclusion in the official NRLS national statistic publications due to be released in September 2022, is on the 31st May 2022.

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.
- The NRLS data table shows an increase in reported patient safety incidents (raw data and per 1000 bed days) – this reflects an increase in reporting from some identified lesser-reporting areas.

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21
Patient safety incidents	01/04/15 - 30/09/15	01/10/15 - 31/03/16	01/04/16 - 30/09/16	01/10/16 - 31/03/17	01/04/17 - 30/09/17	01/10/17 - 31/03/18	01/04/18 - 30/09/18	01/10/18 - 31/03/19	01/04/19 - 30/09/19	01/10/19 - 31/03/20	01/04/20 - 31/03/21
Total reported patient safety incidents	381	492	412	295	294	355	262	311	387	366	575
Incident reporting rate per 1,000 spells	52	69	57	42	41	49	34.9	46.61	55.2	55.7	66.2
Incidents causing severe harm or death	0	1	2	1	0	0	0	1	0	0	0
Percentage of incidents causing severe harm or death	0%	0.2%	0.5%	0.3%	0%	0%	0%	0.3%	0%	0%	0%
Acute specialist trust benchmarks	01/04/2015 - 30/09/2015 (per 1,000 bed days)	01/10/2015 - 31/03/2016 (per 1,000 bed days)	01/04/2016 - 30/09/2016 (per 1,000 bed days)	01/10/2016 - 31/03/2017 (per 1,000 bed days)	01/04/2017 - 30/09/2017 (per 1,000 bed days)	01/10/2017 - 31/03/2018 (per 1,000 bed days)	01/04/2018 - 30/09/2018 (per 1,000 bed days)	01/10/2018 - 31/03/2019 (per 1,000 bed days)	01/04/2019 - 30/09/2019 (per 1,000 bed days)	01/10/2019 - 31/03/2020 (per 1,000 bed days)	01/04/2020 - 31/03/2021 (per 1,000 bed days)
Lowest national incident reporting rate	15.9	16.05	16.34	13.67	14.82	17.6	19.0	20.48	23.0	19.1	15.2
Highest national incident reporting rate	104.45	141.94	150.63	149.7	174.59	158.25	142.8	140.62	184.1	177.0	185.2
Lowest national % incidents causing severe harm	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

	2015/16		2016/17		2017/18		2018/19		2019/20		2020/21
Lowest national % incidents causing death	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Highest national % incidents causing severe harm	0.6%	0.4%	0.3%	1.4%	1.6%	0.6%	0.4%	0.3%	0.3%	0.2%	0.4%
Highest national % incidents causing death	0.8%	0.2%	0.3%	0.5%	0.2%	0.7%	0.4%	0.5%	0.2%	1.1%	1.9%
Average national % of incidents causing severe harm	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%
Average national % of incidents causing death	0%	0%	0%	0.1%	0%	0.1%	0.1%	0.1%	0.04%	0.08%	0.4%

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

QVH staff are required to report incidents as soon as they occur. Throughout the pandemic staff have been encouraged and supported to complete timely investigations, 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.

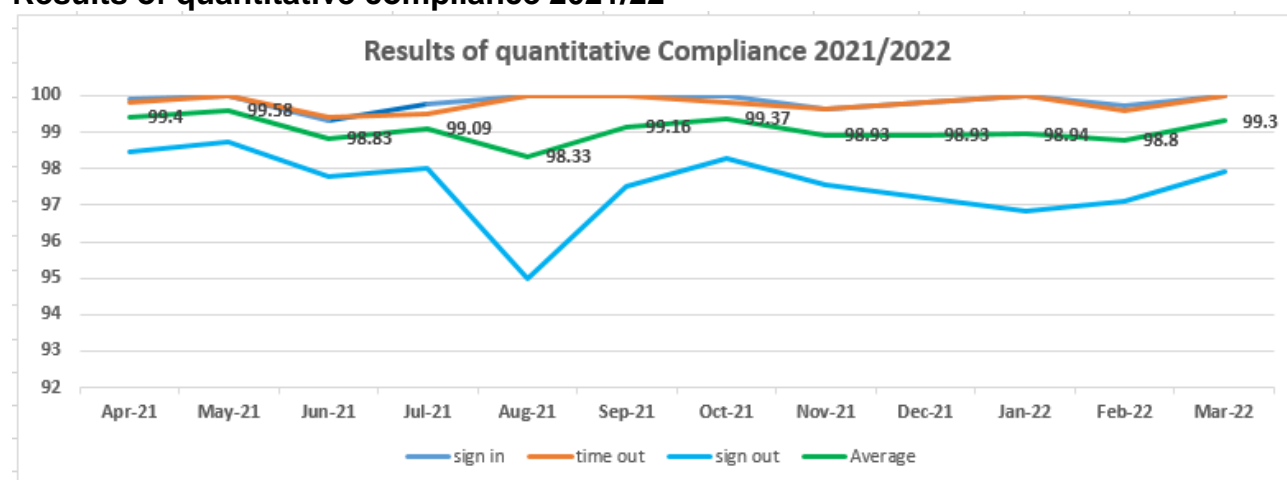
WHO safe surgery checklist

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, the corneoplastic unit and the maxillofacial unit has been completed and learning objectives set for the teams in each area.

Results of quantitative compliance 2021/22



Month	sign in	time out	sign out	Average
Apr-21	99.91	99.82	98.48	99.4
May-21	100	100	98.74	99.58
Jun-21	99.32	99.4	97.79	98.83
Jul-21	99.75	99.5	98.03	99.09
Aug-21	100	100	94.99	98.33
Sep-21	100	100	97.5	99.16
Oct-21	100	99.82	98.29	99.37
Nov-21	99.63	99.63	97.55	98.93
Dec-21	99.81	99.81	97.19	98.93
Jan-22	100	100	96.84	98.94
Feb-22	99.71	99.61	97.1	98.8
Mar-22	100	100	97.92	99.3

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. The importance and rationale of the safety checklist is also presented at the junior doctor's induction.

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 reasons:

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

VTE assessment rate	Q1 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	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22
QVH	98.67%	98.22%	98.26%	97.42%	96.54%	97.71%	96.87%	95.2%	92.70%	97.80%	96.50%	96.50%	98.3%	98%	98.3%	98.2%
National average	95.63%	95.49%	95.65%	95.71%	95.63%	95.47%	95.33%	QVH continue to submit data, but national benchmarking data was not provided due to Covid 19								
National average specialist trusts	96.66%	96.78%	96.33%	96.69%	97.02%	97.24%	96.52%									
Best performing specialist trust	99.86%	99.82%	99.82%	99.92%	99.82%	99.89%	99.89%									
Worst performing specialist trust	92.28%	90.56%	90.56%	92.63%	93.46%	93.53%	80.58%									

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

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.

Pressure ulcers

Hospital acquired pressure ulcers were reported for 7 patients during April 2021–March 2022:

- 9 were category 2 (of which 6 were device/equipment related and 3 were on sacrum or buttock)
- 0 were category 3
- 0 were category 4
- 0 were un-stageable pressure ulcers occurring in patients admitted without skin damage
- 0 were deep tissue injury

Moisture associated skin damage was reported for 4 patients:

- 2 were incontinence associated skin damage
- 2 were other moisture associated skin damage

All moisture associated skin damage improved with skin care and did not lead to any pressure damage.

QVH has a robust process for collating the incidence of pressure ulcers (category, anatomical site of pressure damage or if related to a type of device or associated with a type of moisture). It highlights any recurring types and requirement to understand and change practice. The tissue viability nurse acts as a clinical link between risk and the clinical areas to aid in the assessment of tissue damage.

All pressure ulcers category 2 and above are thoroughly investigated and root cause analyses are presented internally to share and implement the required learning and change in practice.

Use of photographs and liaison with the reporters assists with accurately categorising the damage and ensures any damage that is non-pressure related, is reported correctly. The tissue viability nurse offers support and guidance to staff and patients with pressure ulcer prevention and management.

The tissue viability nurse has been revising pressure ulcer guidelines and has been delivering virtual and increased face-to-face group training for link nurses and as part of the Care Certificate and Preceptorship and for all clinical staff. Training has raised awareness about patient risk factors and medical device related pressure ulcers, skin care to manage moisture associated skin damage and skin inspection for all skin tones.

Following a baseline audit the tissue viability nurse, with support from link nurses and senior staff in clinical areas, have implemented changes to pressure ulcer prevention documentation. This includes a change in the validated pressure ulcer risk assessment tool with increased sensitivity to identify risks for our surgical patients and national framework in preventative care plans. The tissue viability nurse plans to re-audit and identify any learning requirements.

Pressure ulcer development in hospital is collected and the results are monitored internally through the tissue viability nurse, clinical governance group and quality and governance committee.

Pressure ulcers

	Target	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
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)	0.5 (total=8)*

*For 2021/22 all pressure ulcers were grade Two or below

NHS friends and family test – patients

Friends and family Test (FFT) results are used 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.

Full FFT data submissions and reporting has been available throughout the 2021/22 financial year. It is acknowledged that the continuing impact of the pandemic has, however, reduced the opportunity for patients to provide FFT feedback face-to-face or as a written submission. Where patients wanted to share 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. Patient feedback throughout the year has been very positive, especially our inpatients with 100% of respondents likely or very likely to recommend us to their friends and family each month between June 2021 and January 2022.

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.

Feedback is collected 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.

The average inpatient FFT 'very good/good' rate was 99%. For patients reporting a positive experience, the quality of care and value placed on interactions 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 details are published on the QVH website about how many people completed the FFT and what they thought about their care.

NHS FFT scores (from patients)	Minor injuries unit						Acute inpatients					
	2016/17	2017/18	2018/19	2019/20	2020/20	2021/22	2016/17	2017/18	2018/19	2019/20	2020/20	2021/22
% extremely likely/likely to recommend	95%	96%	96%	96%	97%	94%	98%	98%	99%	98%	99%	99%
% unlikely/extremely unlikely to recommend	2%	2%	2%	2%	2%	3%	0%	0%	0%	0%	0%	0%
Response rate	27%	24%	23%	18%	29%	23%	46%	43%	42%	39%	30%	38%

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 a 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	2017/17	2018/19	2019/20	2020/21	2021/22
Complaints per 1,000 spells (all attendances)	0	0.4	0.3	0.3	0.27	0.26	0.34	0.26	0.26
Complaints per 1,000 spells (inpatients)	0	4.1	2.8	2.6	2.5	2.9	3.5	2.8	2.7

Between April 2021 and March 2022, we received 56 formal complaints and 92 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.

	Target	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Failure to deliver single sex accommodation (occasions)	0	0	0	0	0	0	0	0

QVH is committed to providing every patient with same-sex accommodation to ensure privacy and dignity is safeguarded when patients are often at their most vulnerable. Segregated accommodation has been maintained during 2020/21 through the use of single rooms and the appropriate planning of patient admissions.

Freedom to speak up guardian

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' Chief Nurse email account that is available to all staff and a quarterly staff survey which seeks staff views. Where appropriate, the Trust has acted on whistleblowing information and taken formal disciplinary action.

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

Feedback received through the NHS website and Care Opinion website

The Trust has a system in place to monitor feedback posted on two external websites - the NHS website (previously NHS Choices) and Care Opinion. Feedback is sent to the relevant service/department manager for information and action. QVH aims to provide a timely response 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

The Trust is very aware of the need to attract a diverse workforce into the senior roles, and the annual equalities and diversity report also sets out how QVH is addressing the workforce race equality standard and workforce disability equality standard. The Trust is signed up to the Government Disability Confident Employer scheme to support and encourage applicants with disabilities to apply for roles. An Equality and Diversity Action Plan is monitored at the Trust's Finance and Performance Committee and a number of significant milestones have been achieved during 2021/22.

With the increasing use of e-workforce systems, the Trust continues with its deployment of electronic rostering systems and leave management which has been widely used and has been an excellent resource to draw upon during the pandemic. There is more visibility of what activities employees are undertaking at any one time and a clearly defined approach to annual leave. Workforce has started to deploy all Medical and Dental staff onto the rostering and rota management systems to work towards a more focused deployment of staff and ensure a safe skill mix within clinical areas such as theatres.

Wellbeing

QVH has a health and safety group, 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 external occupational health and employee assistance providers and the internal physiotherapy service. Data on this is also included in workforce reports to the board and board sub-committees. Since June 2019 the Trust's occupational health service has been provided by Cordell Health with dedicated occupational health advisors for self-referrals and management referrals on site three days a week. Staff are able to self-refer to the internal physiotherapy service provided on-site at QVH.

The employee assistance service is provided by Care First and provides all staff and their immediate relatives with a range of personal and professional support including confidential counselling and legal advice for both work related and non-work issues, stress management, advice to staff on injuries at work and a 24-hour service providing comprehensive advice for all staff and access to an online wellbeing portal.

Since March 2020, the Advisory team have taken a leading role in supporting the staff health and wellbeing through a programme of initiatives and information. The QVH Stay Well initiative has continued to ensure staff have access to support and resources on a range of topics with input from the Trust's Psychological Therapies team. In 2021, 30 Mental Health First Aiders were trained and the Healthy Workplace Allies Network was established which will develop with staff with other diverse needs such as disability and women's health.

NHS England and 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. 2021/22 continued to feel the impact of the covid-19 pandemic, and 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 2021/22 performance against these waiting time indicators is shown below.

Non-elective waiting times – minor injuries unit (MIU)

The MIU continued to deliver against the four hour standard. Attendances have increased significantly over the past year as a result of limited services in local GP surgeries.

			Performance			Quarterly trend			
			Target	Annual	RAG	Q1	Q2	Q3	Q4
Experience	Minor injury unit access	Attendees completing treatments and leaving within 4 hours in minor injuries unit	95%			99.58%	99.48%	99.45%	99.78%

Source: QVH information system

Elective waiting times

In 2021/22 waiting times continued to be severely impacted by the Covid-19 pandemic. QVH stepped up as a cancer hub supporting breast, skin and head and neck oncology services across Kent, Surrey and Sussex during the pandemic. This provided vital surgery for cancer patients but also had an impact on QVH-specific waiting lists.

The total number of patients waiting longer than one year for treatment increased substantially as capacity was utilised for the management of cancer and other patients prioritised for their clinical need.

The trust is maintaining 0 patients over 104 weeks, and has made achievements in reducing the number of patients waiting over 78 weeks. The trust has maintained the number of patients over 52 weeks, however this is a particular challenge for the trust due to the volume of patients, patient choice delays, and continued challenges around COVID, both staffing and patient positive challenges.

All the patients on the waiting list have been assessed for clinical priority and this information is used to manage the scheduling.

	Quarter 1 2021/22			Quarter 2 2021/22			Quarter 3 2021/22			Quarter 4 2021/22		
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Referral to treatment within 18 weeks	71.20%	74.14%	77.59%	76.08%	75.52%	73.53%	71.80%	70.31%	67.82%	68.10%	67.16%	65.40%
Target 92%												
Patients waiting greater than 52 weeks	715	534	370	310	272	225	213	206	229	192	197	198
Total waiting list size	10583	10487	11032	11524	11242	11224	11211	11438	11541	12241	12711	13544

Cancer waiting times

During 2021/22 QVH continued to improve waiting times for cancer patients. The Trust has made good progress in delivering the new faster diagnosis standard and sustained performance delivery on the 62-day standard.

The number of late referrals received by the Trust and the increase in complexity of cases made achieving the trajectory set out for the 62 day and 104 day waits challenging.

The two-week wait standard (maximum time from urgent GP referral for suspected cancer to first hospital assessment) fell in quarter one due to the need for patients to self-isolate in advance of treatment but has recovered well throughout the remainder of the year.

Patients with cancer are prioritised using our validation system and this feeds into the clinical harm review process if there are delays.

	Quarter 1 2021/22			Quarter 2 2021/22			Quarter 3 2021/22			Quarter 4 2021/22		
QVH Trust Performance	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Two Week Wait	97.83%	98.48%	97.00%	91.21%	89.25%	89.66%	90.21%	88.76%	94.79%	93.04%	93.90%	91.20%
62 Day Referral to Treatment	87.50%	89.23%	89.33%	88.41%	91.67%	91.67%	85.54%	88.00%	87.65%	92.31%	90.70%	95.15%
31 Day Decision to Treat	95.45%	97.33%	97.96%	96.70%	95.59%	96.00%	96.51%	94.90%	94.05%	95.29%	96.70%	95.58%

Diagnostic waiting times

Diagnostic waiting times for Radiology have returned to pre-pandemic levels. Performance for reporting turnaround times has continued being greater than 95% reported within seven days throughout the period.

	Quarter 1 2021/22			Quarter 2 2021/22			Quarter 3 2021/22			Quarter 4 2021/22		
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Diagnostic waits < 6 weeks (DM01)	98.88%	97.51%	94.07%	90.76%	86.89%	86.24%	87.88%	91.06%	87.60%	89.70%	92.02%	89.88%
Diagnostic reporting complete within 7 days	96.78%	99.13%	97.24%	97.03%	97.05%	98.09%	97.19%	95.43%	95.74%	98.00%	94.95%	98.69%

Operations cancelled by the hospital on the day for non-clinical reasons

Work has continued during the year to understand and mitigate the reasons for non-clinical cancellations on the day. All non-clinical cancellations on the day are reviewed weekly to identify any learning and to share with the wider multidisciplinary team. Every effort is put in place to ensure the delivery of safe surgical care resulting in 10,179 cases being delivered for 2021/22.

	How data is collected	Target	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Minor injuries unit patients leaving without being seen	Data collected from PAS in the minor injuries unit	5%	1.62%	1.30%	1.67%	1.46%	0.33%	1.56%
Operations cancelled on the day of surgery for non-clinical reasons and not rebooked within 28 days	Data collected from PAS and theatre systems	0	4	14	14	16	2	15
Urgent operations cancelled for non-clinical reasons for a second or subsequent time	Data collected from PAS and theatre systems	0	0	0	2	2	4	2

Equality of service delivery to different groups

All Trust policies are subject to an equality impact assessment to ensure no adverse impact on patients or staff with protected characteristics. In line with the public sector equality duty, the Trust also works to reduce or remove the disadvantage suffered by people because of a protected characteristic, for example ensuring alternative pathways for patients with learning difficulties or dementia who often cannot tolerate a nose and throat Covid-19 swab. We review patient feedback in both the national friends and family test and the annual national inpatient survey by gender, age, disability and ethnicity, checking for any emerging issues requiring action. Work continues to increase the comprehensiveness of information on patients' protected characteristics, including ethnicity coding, in order to monitor equality of access.

The Trust has improved its reporting on health inequalities especially in relation to cancer. A monthly report is produced and presented at the Trust's Cancer Board, focusing on deprivation, age, gender and ethnicity looking at patient cancellations, non-attendances and diagnosis to ascertain if any trends can be identified and an action plan produced to monitor

improvement. This information is shared across primary care within the Sussex system. Similar reporting has also started for long waiting patients on non-cancer pathways.

Services we provide

Anaesthetics

The anaesthetic department at QVH includes 23 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 2021, the anaesthetic department was again at the forefront of the planning and delivery of the hospital's response to the evolving Covid-19 pandemic and the demands of the recovery and restoration plan. The rapid increase in case numbers as services returned to normal in the summer of 2021 was complicated by the new variant, meaning that we had to adapt again to cover short term shortages of staff and the department re adopted a second tier on call rota as Omicron became dominant .

Members of the Anaesthetic Department continue to provide senior management roles and the Anaesthetic department lead in providing simulation training for theatre and ward staff to prepare them for managing clinical emergencies and Covid-19 patients.

A consultant Anaesthetist has been seconded as lead for physiological investigations and pathways to the QVH CDC (Community Diagnostics Centre) project. This centre aims to bring greater access to investigations to more patients, more rapidly in order to reduce health inequalities and achieve earlier diagnosis and treatment for patients. It is part of a national drive to develop such centres, with QVH as an early adopter in Sussex.

We continued to make the training for our anaesthetic junior doctors a priority. Despite significant staffing issues they all met their training targets. In the regular GMC survey of trainees the Anaesthetic department received no red flags and 5 out of 19 criteria were rated green, making the department a strong positive outlier nationally and with the best results of any department at QVH.

Pre-assessment clinic

A dedicated team of nurses and anaesthetists run the pre-assessment clinic. The clinic continued to evolve to meet the demands of the service through the latter waves of the pandemic with a hybrid clinic - seeing some patients in clinic, but also seeing a considerable number virtually. The department continued to make sure that all patients were screened well so that their treatment was smooth, complications were rare and late cancellations were kept to a minimum.

Critical Care

QVH continues to provide a specialist critical care unit (CCU) for patients undergoing major plastic and maxillofacial surgical reconstruction procedures, as well as receiving complex head and neck trauma, burns injuries and limb trauma. Over the course of the last year, despite the intermittent nature of the Covid-19 pandemic, it has supported the South East Cancer Network in providing primary cancer operations and their post procedural reconstruction, as well as adapting to self-managing recurrent surges of novel waves of the virus.

CCU has been essential for the training and development of skills required for the stepping down and continued management of patients on the expanded Head and Neck Unit. Its introduction since Covid-19 and continued utilisation has enabled complex and advanced cases to be undertaken safely and efficiently, with a clear pathway for post-operative recuperation alongside a dedicated multi-disciplinary team.

Whilst some of the nurses in CCU have been promoted to other areas of the hospital, this is a testament to their own dedication, in conjunction with the development they have gained through working in CCU, and we wish them all the best in their new roles. For the existing members of the team, their hard working nature combined with a friendly and compassionate demeanour, remains one of their greatest assets and we will look forward to introducing new faces into CCU over the coming year to continue in this vein.

Post Anaesthetic Recovery Unit.

QVH had one of the first recovery units in the country. Today we run one of the only local nurse led extubation services which is supported by the Anaesthetic department with training and mentoring of staff. We have recently expanded this service to older children.

Research

Since the last report, QVH has recruited the largest number of patients compared with all trusts in Kent, Surrey and Sussex into the NIHR's flagship PQIP Study. Within the PQIP study we are now focussing on analysing outcomes after breast reconstruction surgery. In addition we recruited 45 patients into the SNAP 3 study that aims to examine complications in frail, elderly patients. We have also collaborated to examine the link between facial expressions and the perception of pain in people having hand operations.

Pain

The pain team consists of three pain nurse specialists and one anaesthetic consultant. Between them they cover every day of the week and occasional Saturdays or bank holidays when there are complex patients on the wards.

We have continued to enhance our non-opioid methods of prescribing over the past year. The two virtual reality kits, purchased with a burns charity donation, have been very successful on Peanut Ward and with adult burn patients. Between these two cohorts, we have recorded over 300 uses in around 18 months. The kits provide distraction and decrease anxiety in a fun, engaging way.

We have also reintroduced an old drug (ketamine) to the wards to be used in low doses orally when opioid drugs are not effective. This was approved at the Medicines Management and Optimisation Group last autumn and is now embedded in both Ross Tilley and Margaret Duncombe wards. We previously only used it intravenously on CCU. It has really helped in the management of chronic pain for patients who are having surgery and are already taking high doses of painkillers.

Last summer a snapshot audit was carried out looking at every patient for five days, checking on the rate of regular analgesia prescriptions (did everyone have a regular prescription for basic analgesia?), whether pain scores reflected top-up analgesia given and if the effect of this analgesia was recorded. The results were positive, with an increase in rates from the previous audit in all areas. Every post-operative patient and the majority of pre-operative patients had regular analgesia prescribed. E-observations enabled more accurate follow up of pain scores and patients reported that the majority of nurses did check that their analgesia had been effective.

The paediatric team is introducing intranasal fentanyl for painful procedures on Peanut Ward and the pain team has supported them with this. We have used this successfully before in a pilot and are now introducing a permanent change.

The latest project is an effort to reduce opioid use after breast reconstruction with the use of long acting local anaesthetic. This formulation was licensed in Europe last October and we are just about to start a pilot study of 30 patients.

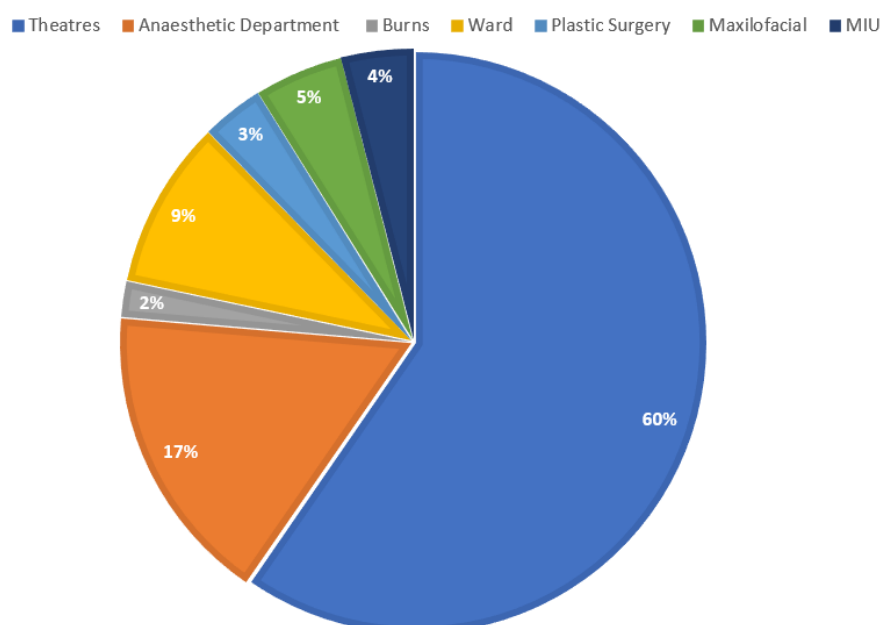
The “Green” agenda

The anaesthetic department have been collaboratively involved in getting the hospital's "Green Plan" up and running. We have already exceeded national targets for reducing waste anaesthetic gases, but are currently striving to do even more. As a department we are committed to making our patients operative journey as safe as possible, while also minimising the carbon footprint associated with this journey. There are many ideas currently being worked on and we will unveil and celebrate these as they come to fruition.

Simulation training

The large expansion in simulation training necessitated by the Covid-19 pandemic has resulted in widespread recognition by clinical and non-clinical staff of the benefits offered by a hospital simulation programme, both to patient safety and staff confidence. A summary of the sim programme developments in 2021/22 include:

EXPANSION OF TRUST WIDE SIMULATION TRAINING 21-22



Return to work sim

Simulation training was delivered to medical staff returning to work after shielding from Covid-19. The benefit was obvious and was further extended to staff returning from maternity leave and long-term sick leave.

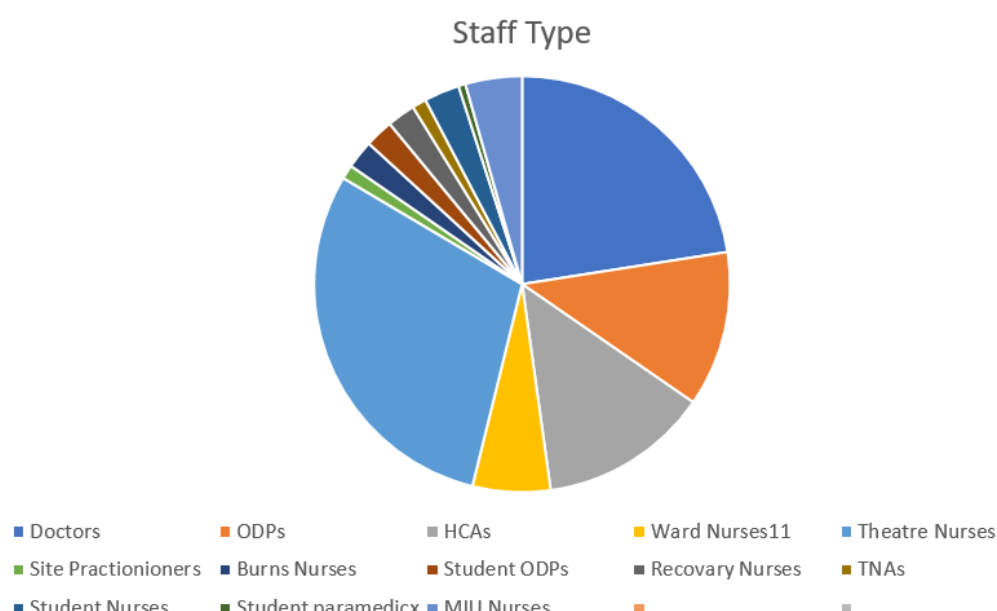
Clinical skills and drills added to in- situ human factors training

Staff feedback highlighted that alongside the non-technical skills focus (human factors) there was a desire to receive specific clinical skills training. The sim team made changes to the *in situ* simulation training format, incorporating clinical skills and drills stations pertinent to the emergency scenarios being delivered.

Staff selected scenarios

The training scenarios the sim team were requested to deliver were often in response to clinical emergencies that actually occurred. Staff recognised that running a simulation of the same emergency soon after maximised interest, relevance and learning.

Multidisciplinary simulation training QVH work in teams, train in teams



Medical trainee targeted simulation

Core dental trainees have received simulation training as part of their induction for several years. The simulation programme has expanded in the last year to include half-day training for the anaesthetic trainees once every three months (focusing on QVH-specific airway scenarios), and half-day training for core plastic trainees once every six months (focusing on recognition of the surgically unwell patient).

Anaesthetic department targeted training

It was recognised by the anaesthetic department that simulation skills and drills training would be an efficient way of keeping staff up to date in essential but infrequently used emergency skills. The simulation faculty delivered training once every four months that was open to the whole department as part of governance (and extended to CCU and theatre staff). This

included chest drain insertion training, scalpel cricothyroidotomy, tracheostomy related emergencies management and intraosseous needle insertion.

Sim faculty development programme

During Covid-19 all non-essential face to face training across the NHS halted and external access to sim faculty courses was no longer possible. The sim team looked to develop their own sim faculty development programme, with 4-6 half-days per year for faculty to book onto. The inaugural half-day included training on effective debriefing and the role of the surgical faculty.

Sharing QVH expertise

An electrochemotherapy for cutaneous malignancies masterclass was run by QVH for external staff. Simulation was employed to demonstrate standard procedure and offer an opportunity for subsequent practice by external candidates.

Simulation investment agreed by QVH Executive Board

To ensure simulation based training is embedded in all clinical areas and to build resilience into simulation delivery, the Trust has agreed funding for two substantive part time AHP roles.

In addition, the Trust are looking at creating a part time developmental AHP role, with a nominated staff member from each clinical area working with the sim team, rotating on a four-month basis. Embedding simulation based teaching within everyday clinical practice across the Trust is a key objective over the next few years.

Simulation investment from the education department, HEE and QVH Charity

The QVH Charity funded the acquisition of a task trainer for practicing chest drain insertion skills and airway emergencies, both relevant to the specialist surgery QVH undertakes. Over 40 members of staff have benefited from training using this manikin to date. The education department has funded additional front of neck access and intraosseous access training models, as well as specialist kit to allow the development of airway fire related scenarios.

The high fidelity Sim Man 3G manikin owned by HEE that is situated in the region's Dental Skills Lab (on the QVH site) is utilised by the sim team to enhance the delivery of training across the trust.

Nursing and AHP education and workforce development

The provision of education and workforce development continued throughout 2021/22.

The introduction of the QVH Education Steering Group brought together the education and training leads from across the trust with a focus on current and future workforce development for QVH. The group is representative of all QVH staff, both clinical and non-clinical.

The delivery of specialist training continues at QVH. New inter-professional training was introduced for ophthalmology, osteotomy surgery and hand trauma during the last 12 months. The Trust continues to deliver established training programmes such as the burns management study day which is now virtual and has been accessed by over 100 external professionals from across the region. The focus for 2022 is to develop further the QVH training programmes for both internal staff and external professionals to meet the needs of patients.

QVH has invested in new roles for the simulation faculty and Health Care Support Workers (HCSW). This role started at the beginning of 2022. They support new HCSW from interview to induction, working alongside them in clinical practice. They deliver training and offer career development advice for this group of staff. In 2021 eight HCSW were awarded the Care Certificate.

Supporting HCSW through apprenticeship career development opportunities saw QVH first Registered Nurse Degree Apprentice (RNDA), they started their training in September 2021. They were quoted in the Nursing Times describing their journey from HCSW to RNDA at QVH. We are supporting our 2nd RNDA from September 2022. In the last year QVH had three Nursing Associates registered with the NMC and have four Trainee Nursing Associate out in practice.

There are four Operating Department Practitioners apprentices on their degree pathway with another two to start in September 2022. QVH supported new specialist apprenticeships in ophthalmology and radiology for HCSW career and workforce development. New apprenticeship opportunities in radiology and physiotherapy are being reviewed for possible introduction in 2022/23.

QVH supported HCSW staff who held an overseas nursing professional qualification to register with the NMC and work as registered nurses. This initiative will be extended to HCPC professions during 2022/23.

Throughout the pandemic QVH has supported pre-registration student clinical placements for all nursing programmes, radiology, ODP, therapies paramedics and other allied health professionals. This has enabled these students to meet their programme outcomes and go on to register with their respective professional bodies. QVH has employed students who have had a positive experience, particularly in Canadian Wing.

QVH has invested in education through the upgrading of the A-Wing lecture theatre by using Covid-19 training recovery money received from Health Education England (HEE), purchasing simulation equipment and funding new roles to support the delivery of education at QVH. Staff have accessed funding through the funding panel for post-registration education in oncology and ITU and leadership level 6 and 7 modules. Staff have attended conferences, workshops and training opportunities to support their ongoing Continued Professional Development (CPD).

Medical and Dental Education

In Medical and Dental Education, funding was used to improve the facilities for the provision of virtual reality training as well as other simulation equipment. COVID training recovery funding was also used to free up plastic surgery registrars to attend theatre lists, providing additional educational opportunities. Staff and Associate Specialist grade doctors (SAS) CPD funding was used to give a variety of SAS doctors development opportunities. Face to face teaching and training sessions have been reintroduced in all specialties, with regional training also now being delivered on site. The potential of the Dental Skills Lab, funded by HEE, is also starting to be realised with a variety of CPD courses for dental staff at all levels being delivered in conjunction with HEE.

Facial paralysis

CARING

Destigmatising facial palsy

Thanks to the work of the great Sir McIndoe and his team on the Guinea Pigs, East Grinstead has been known as *'the town that never stares'*. We have always understood the value of destigmatising those traumatised by scars and deformities. In that tradition, the QVH facial palsy team utilises advanced techniques to hide scars during facial reanimation and deformity surgery. These scars are not visible and reduce the burden of these stigmata. This also helps with the psychological rehabilitation of our patients. With the help of the QVH clinical psychology team, we provide holistic well-being and mindfulness clinics for our facial palsy patients.

Foot sensation-preserving nerve harvest

With the help of Imperial College London, our team now uses an alternative method of harvesting nerves with their intrinsic blood supply for those afflicted by facial palsy. This is important as this method preserves heel sensation - a vital tool in those with balance issues, often found in facial palsy patients with brain tumours. This has minimised the collateral damage that these patients suffer from because of facial reanimation surgery and has significantly improved their lives. This has also gained global kudos with one of these cases being recognised as one of the best examples of reconstructive microsurgery in the world in 2021 by the World Society of Reconstructive Microsurgery (WSRM).

EFFECTIVE

The legacy of the Covid-19 era: virtual clinics

While the Covid-19 crisis will always be remembered for lost lives and the never-ending lockdowns, at QVH there was a silver lining: virtual clinics. With a nationwide reach, the QVH facial palsy team sees over 2000 patient episodes per year with two consultants, four facial therapists and two psychologists in addition to regular pathways to the oculo-plastic and corneoplastic teams at QVH. 100% of our new referrals are now seen online, which allows our patients to start their treatment from anywhere in Britain with approximately a third of our follow ups being virtual. This has improved patient experience while reducing costs for both the NHS and patients. The QVH facial palsy service is now among the top telemedicine clinical services within the NHS - a model that we are sharing with other facial palsy services within the NHS.

Surface EMG service: avoiding the need for unnecessary surgeries

Over the past year, we have integrated the surface EMG device into our service. Patients who now have access to these devices can with our specialist facial therapists, avoid the need for unnecessary surgeries in conditions like psychological suppression of facial emotions. This particularly afflicts those with previous facial trauma having a post-traumatic stress disorder (PTSD) component as well as those who have been bullied. This is part of QVH's holistic approach to these injuries and has helped avoid potentially unnecessary and sometimes, stigmatising surgeries.

Simpler surgeries with better outcomes.

FINT-7 which stands for Fascicular Ipsilateral Nerve Transfer of the Facial nerve (VII), is an emerging concept in facial reanimation wherein we can borrow nerves from the same side of the facial nerve; the nerve which controls facial expression, to improve patient's ability to express themselves emotionally. Building on this concept from Japan, QVH has been utilising this to improve patient's ability to express themselves with less invasive operations.

Novel Supermicrosurgery Skills Training

During the numerous lockdowns recently, when very few patients were physically seen, the QVH facial palsy team took the opportunity to work on improving surgical techniques in the laboratory setting. This is particularly important in facial reanimation surgery as every tiny nerve branch down to 0.1 mm is repaired for maximum benefit. A drawback of this is the

previous need to go abroad to train in these field. At QVH, we have developed a simple, cheap, and effective way of training the next generation of supermicrosurgeons here at QVH using our existing facilities. Since 2019, we have successfully run specialist microsurgical training examinations for our trainees so that QVH's legacy will continue unabated, for the benefit of all. There are plans to expand this model to the national level.

RESPONSIVE

New treatment pathways

It is now well-recognised that dental health can be a sequelae of facial palsy patients as they cannot access their teeth, particularly on the affected side when it is tight. The incidence of dental caries etc., is higher than normal and the QVH facial palsy team is in the process of setting up a referral pathway for all new patients with dental complaints to the QVH orthodontic service. This is an example of how at QVH, we build cohesive teams across boundaries for the benefit of our patients.

Earlier restoration of facial function after cancer surgery

As part of the collective approach to facial palsy, the QVH facial palsy unit has been for many years, supporting our head & neck oncology teams in Maxillofacial surgery and ENT to rebuild faces after extensive cancer surgery. Previous data from top centres in the USA have shown that only 10% of cancer victims with facial paralysis have any attempt to reverse this at the time of their original surgery. This is a similar situation in the UK. QVH's experience shows that immediate surgery to reattach these damaged nerves should be undertaken in all instances of cancer patients necessitating sacrifice of their facial nerves or muscles. We are global leaders in this field and through our TIG fellowship and other training programmes, are instilling this approach in the next generation of surgeons. It is our vision that by 2030, this will be standard global practice.

WELL-LED

Setting global trends

During the recently concluded 14th International Facial Nerve Symposium, which is the world's premier facial palsy meeting, QVH cemented its position of one of the major international centres in facial palsy along with the likes of Harvard and the Mayo Clinic in the USA. We had a total of 29 presentations, 7 symposium lectures and one invited keynote lecture. This was a great honour for QVH to be recognised in this way, which was capped off by winning the best presentation award at this meeting. Newer concepts such as MEPI (Motor End-Plate Innervation), the East Grinstead Grades of Stiffness (EGGS) and the 'Second-Child' effect were shared with the global audience. This was well received and QVH hopes to share this with future generations of surgeons via its McLaughlin and TIG facial fellowship programmes.

Breast reconstruction

The breast reconstruction unit at QVH is one of Europe's largest providers of autologous breast reconstruction (using the patient's own tissue). 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. In 2021/2022 QVH surgeons performed 354 free flaps in 264 breast reconstruction patients, with only one flap failure.

Our aim is to deliver a safe, efficient, high-volume, high-quality service, and provide outstanding training to the next generation of breast reconstructive plastic surgeons via our microsurgical fellowship posts. The complexity of our work is increasing, and in 2021 for the first time we performed ground-breaking "four flap" reconstructions (using both sides of the abdomen and both thighs) for two patients requiring bilateral breast reconstruction. These patients recovered well and had successful outcomes. The complex reconstructive work undertaken at the unit is supported by an oncoplastic multidisciplinary team (MDT) meeting held jointly with breast colleagues from Royal Surrey County Hospital, which has recently expanded to include Sussex breast surgeons. We hope to welcome additional input from Kent in the near future.

The Covid-19 pandemic has continued to cause significant disruption to the service over the last year. Fortunately we have moved on from the national moratorium on breast

reconstruction, which was in place during the first wave of the pandemic in early 2020. During this period, and again during the second wave, QVH was designated a regional cancer hub, allowing breast oncology patients from across Kent, Surrey and Sussex to be treated by their local MDT with surgery at QVH. This enabled patients with high risk cancers to receive appropriate timely treatment, while resources at their base hospitals were directed towards the management of Covid-19. Fortunately, for the whole of the 2021-22 year we have been able to continue to provide our immediate free flap breast reconstruction service, although our delayed reconstruction work has been impacted at times.

Some useful modifications since the pandemic have included 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. Key services such as the breast reconstruction seminars and breast reduction seminars have also been offered virtually, allowing more patients to attend and avoiding patients having to travel long distances for an additional appointment. Another innovation arising from the Covid-19 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.

Our current challenges include increasing demand for immediate breast reconstruction, and long waiting times for our delayed reconstruction patients. In the latter part of 2021, the demand for immediate reconstruction slots outweighed our capacity and we had to briefly close to referrals. We established a working group with representatives from NHS England, the Commissioning Groups and our referring breast surgeons to increase capacity for immediate reconstruction and ensure that we are using theatre capacity as efficiently as possible.

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 3 operating theatres for trauma surgery and 1.5-1 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 five hand surgery consultants with the newest addition being part of the Brighton lower limb trauma team. There has been one resignation due to early retirement. 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 modular theatre is being built on site and this will be available to the hand service from July 2022 onwards.

Clinical effectiveness

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

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

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

Large numbers 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. 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 2021/22, the QVH burns service accepted:

- 1,310 adult (>16 years of age) new referrals – 6.5% increase on the previous year - of which 111 needed immediate inpatient admission
- 727 paediatric (<16 years of age) new referrals – 8.09% 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 2021, 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 2021/22 there were four adult mortalities in service. There were no 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 2021, QVH achieved better than the national average for the six valid dashboard indicators for both adult and paediatric burns care. Several years ago, QVH initiated an innovative programme of continuously monitoring healing times. There is, as yet, no recognised programme to collect and compare healing times at a national level. Patients who appear likely to exceed QVH targets for healing have their cases reviewed by a consultant and discussed by the 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 including 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 have continued into 2022. We have commenced additional innovative projects such as integrating SpinCare into our practice as a spray-on dressing for partial-thickness burns and skin graft donor sites as well as introducing QR codes to provide easy access to digital versions of our patient information leaflets.

Average time for burn wounds to heal (measured from date of injury)

Target	2015	2016	2017	2018	2019	2020	2021
Paediatric (<16 years) wound healing within 21 days	11 days	11 days	11 days (86%)	11 days (85%)	11 days (82%)	12 days (85%)	Not available yet
Adults <65 years wound healing within 21 days	17 days	17 days	13 days (73%)	15 days (62%)	13 days (54%)	16 days (65%)	16 days (62%)
Adults ≥65 years wound healing within 31 days	24 days	28 days	18 days (74%)	21 days (60.5%)	20 days (50%)	29 days (54%)	29 days (53%)

Length of stay

	2016	2017	2018	2019	2020	2021
Paediatric (<16 years)	2 days	2.40 days	1.7 days	2.2 days	N/A	N/A
Adults <65 years	8 days	5.8 days	6.3 days	5.4 days	5.9 days	4.8 days
Adults ≥65 years	14 days	8.7 days	11.3 days	9.5 days	12.8 days	5.8 days

Innovation

SpinCare is an innovative spray-on dressing suitable for partial thickness burns and skin graft donor sites. The Burns team have undertaken an evaluation and trial of the product with increased patient comfort reported compared to standard burn dressings along with good ease of application. We are now integrating SpinCare into our dressing armamentarium within burns and look forward to improving our patient experience.

QVH has also been involved in the pilot study across the UK to develop a national set of burns patient reported experience measures (PREMs). The initial pilot has been completed, and we are awaiting the report and further development of this project.

Responsive

Our latest digital project has been the development of QR codes for our burns patient information leaflets. Our patients can now use their mobile phones to scan the QR codes in EBAC and have immediate access to the information leaflets that they need without needing to carry paper versions. We are very pleased with this project and look forward to expanding its scope.

On the burns ward, we have developed 'Room 5' into a treatment room suitable for larger ward based or outpatient dressings to take place in. This allows us to have a better working space for staff undertaking the dressings, hold the appropriate stock and set up the space better for patients during long dressings that also require substantial analgesic support.

The day case pathway for patients with smaller burns requiring surgery has been streamlined and is allowing us to utilise our ward beds more effectively while still treating smaller burns in a timely manner.

Well led

We support full professional development and advancement of skills within our nursing team. They have already shown themselves to be leaders within the UK for enzymatic burn debridement. Some of our senior nurses are now undertaking training on sharp debridement in burn and other wounds. We encourage additional skill development in the unit, as the patient benefits have always been very clear and our nursing team very innovative.

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, immunomodulators, 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.

QVH made a significant contribution to the cancer recovery work of the region and despite the continuation of the Covid-19 pandemic QVH carried out 1,552 BCC excisions in 2021/22. This is higher than the year before and QVH will continue to support the national and regional cancer recovery plans. In 2021/22, 94 were incompletely excised, giving an overall complete excision rate of BCCs at QVH in 2021/22 of 93.9%.

	Target	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Complete excision rates in BCC	98% and British Association of Dermatology guidelines	92.5%	94.1%	96.8%	90.2%	93.5%	94.4%	95.7%	91.6%	93.9%

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 the overall numbers are up in 2021/22 at 271. The proportions of incomplete excisions has decreased, however, with 1 incompletely excised melanomas giving an overall complete excision rate of melanomas at QVH in 2021/22 of 97.8%.

	Target	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Complete excision rates in malignant melanoma	QVH target 100% NICE guidance 75%	96.5%	96.1%	98.4%	94.4%	94.6%	89.2%	97.2%	98.9%	97.8%

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.

Corneoplastic and ophthalmology services

The Corneoplastic Unit, including our eye bank, is a specialist centre for complex corneal problems, oculoplastic and glaucoma conditions.

The specialist cornea service is a tertiary referral centre for complex corneal cases nationally. These include high-risk corneal transplantation, as well as innovative partial thickness corneal transplants (lamellar grafts) where a layer as thin as 15 micron is transplanted to restore the clarity of cornea and thus improve patients' eyesight. Furthermore, our programme on stem cell transplantation for ocular surface rehabilitation has helped tens of patients from across the nation to restore the gift of sight.

The unit provides specialist Keratoconus treatment to the region as well as southwest England: corneal collagen cross linking for stabilising Keratoconus; and corneal implants (inlays) together with laser or lens-based surgery to restore vision. We use sophisticated lasers to correct vision in patients who are intolerant to glasses or contact lenses or those referred to us with refractive surprises after cataract surgery.

Our visual rehabilitation service with special contact lenses, corneal (intracorneal ring segment implantation) and intraocular interventions (phakic intraocular lenses) are up to the highest standards and are unique in the country, with our patients benefiting from access to advanced technological equipment (femtosecond laser) by a highly specialised surgical team. During the COVID pandemic we have adopted one stop see and treat Corneal cross-linking pathway which helped many patients especially those travelling from far.

We have our own renowned eye bank (almost 70 years old) who produce serum eye drops for complex eye surface disease and severe dry eye patients, process corneal grafts and procure other transplant tissue for ocular surgery. The eye bank services are extended to help other eye departments across England.

The cornea service has also been organising teaching activities and Grand Rounds with a national and international audience attending, highlighting the reputation of the department which is a reference point for ophthalmologists across the world. The team is known for teaching internationally, including corneal transplant courses.

In our forward planning we focus on sustainability and reducing carbon emission.

Cataract Service

QVH 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 is 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 cataract service has been provided consistently, aiming to maintain a short waiting time from consultation to first eye surgery despite the pandemic impact. The vast majority of patients that need cataract surgery to both eyes, have this completed in less than 6 months from their first consultation, enjoying a clearer vision in a short period of time. The high quality of the service is regularly audited, and we pride ourselves with a complication rate that is well below the national average. Moreover, patient's feedback has been exceptional.

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. In the post-covid era, the unit continues to expand upon new ways of treating patients to reduce hospital attendance. It has embraced remote video and telephone consultation technology and continues to modify surgery minimise early post-operative follow-up, including innovative methods of eyelid suturing so that patients could remove their own sutures. This allow more patients to be treated and helps reduce carbon emissions from unnecessary travel.

The cancer treatment pathway that was maintained during the pandemic through telemedicine and new systems for emailing photographs and video consultations continues. The Corneoplastic Unit is now returning to full capacity to help clear the backlog of patients waiting for elective surgery, providing a regional and national service to treat sight-threatening diseases and eyelid disorders and to become a super-regional unit for corneal and ocular plastic surgery. Inpatient care and emergency surgery were maintained throughout the pandemic and post-pandemic period for complex corneal ulcers, corneal melts, ocular perforations and sight-threatening ocular surface conditions as well as periocular cancers.

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. The unit continues to publish papers on improving outcomes in facial palsy surgery. 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. The Corneoplastic Unit, alongside the facial palsy team is recognised internationally as a leading centre for facial palsy care and innovation. This is evident by over 20 presentations at the recent International Facial Nerve Symposium in Korea.

Nationally, the current demand for consultant-led clinics continues to exceed 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

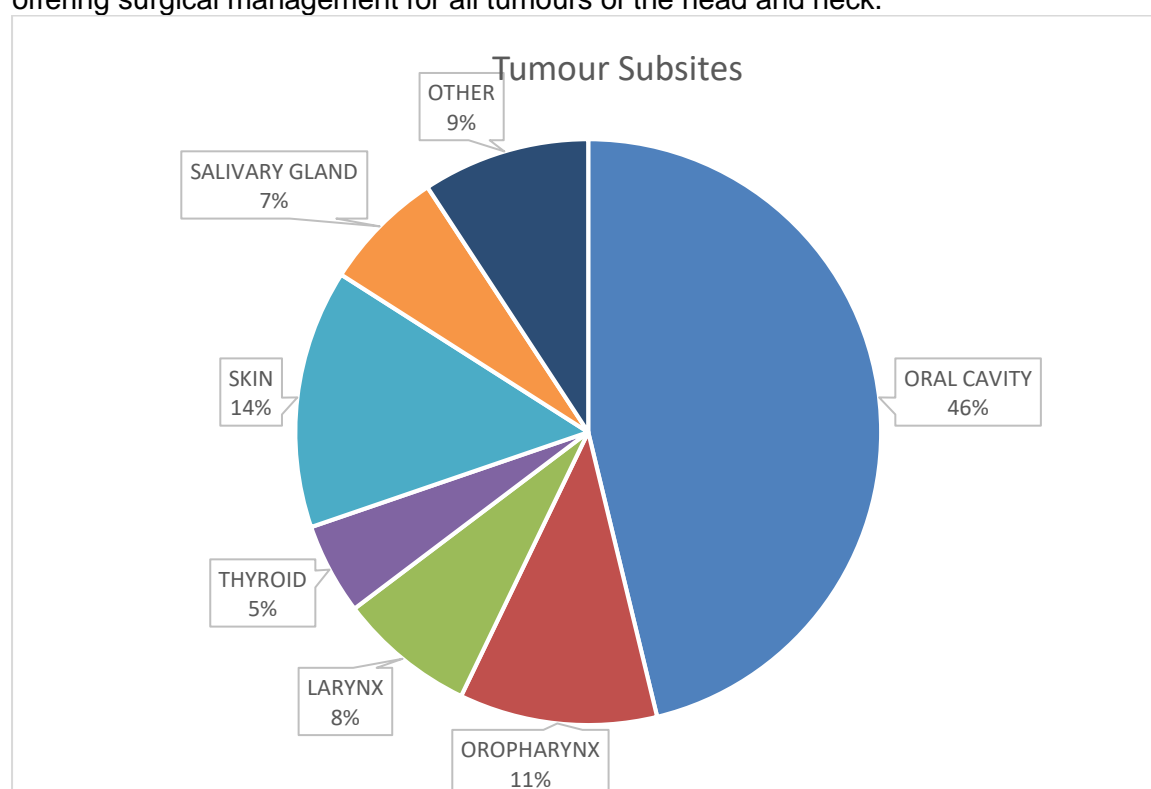
measurements and images are taken by a technician and the data is reviewed later by a doctor. This reduces the time patients need to be at the hospital and supports efficient use of consultant time. It has proved very successful with high rates of patient satisfaction. The glaucoma team offers the full 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.

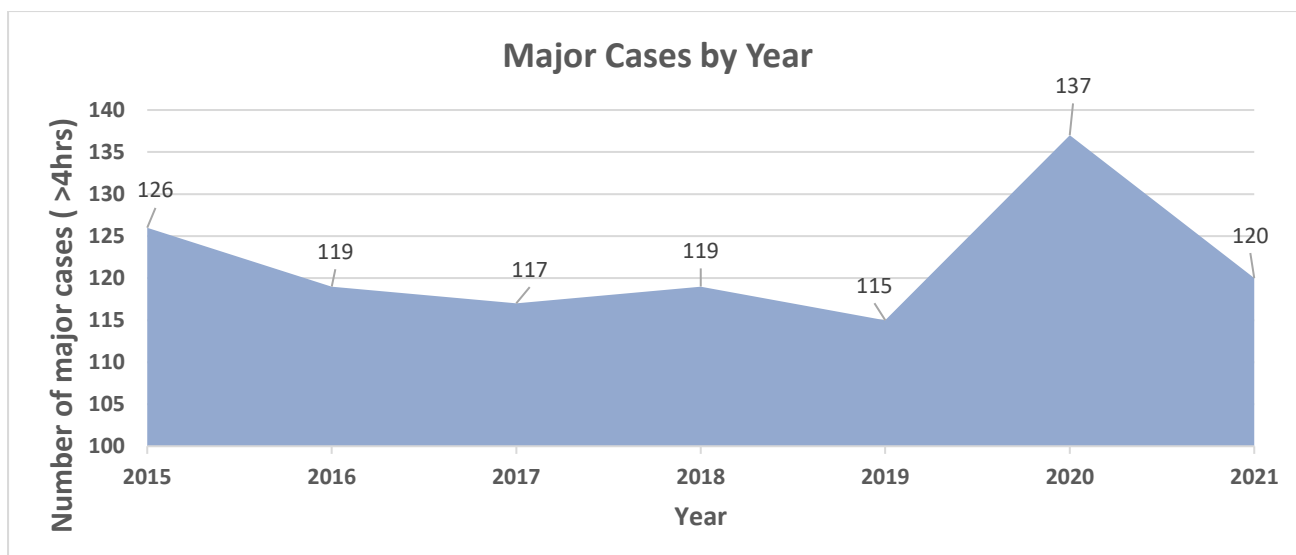
QVH also performs routine and complex cataract surgery and takes referrals for general ophthalmology. Most cataract surgeries are carried out under a local anaesthetic with the eye numbed but the patient awake. This is a source of anxiety for many patients who are apprehensive about being awake whilst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

Head and Neck Cancer Services

The combined Head and Neck Department at Queen Victoria Hospital Foundation Trust continues to provide a high volume, specialist service to West Kent, Surrey and Sussex, offering surgical management for all tumours of the head and neck.

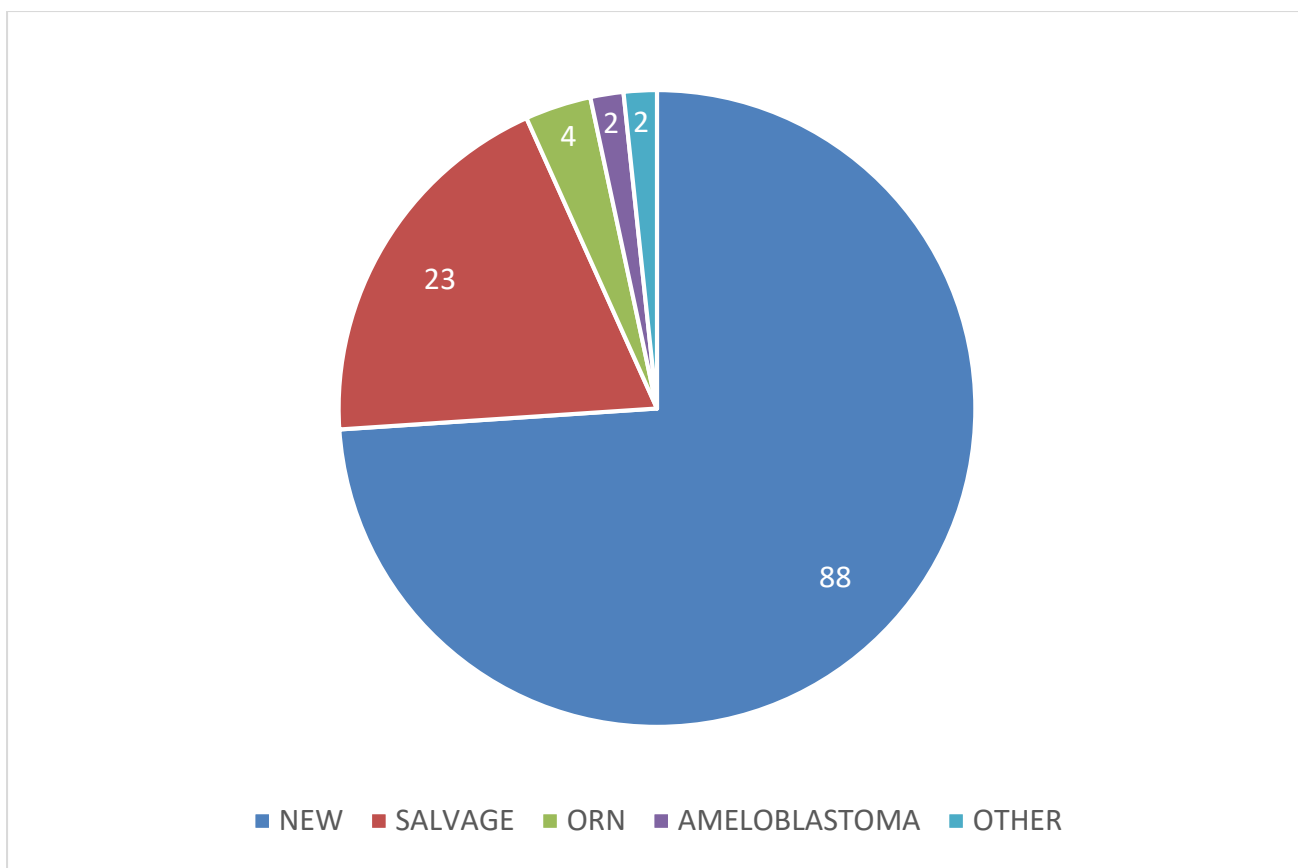


The previous high volume trends seen throughout the COVID pandemic have continued with QVH becoming a Cancer Hub for the third time in December 2021. This has kept major case operating, including complex free flap reconstruction, at a persistently high level.



These trends, seen throughout the pandemic, are well-documented and continue to offer challenges to the unit, which is now well versed in managing two to four major cases per week.

In addition to high volume, QVH offers a complexity of surgery that is beyond the national standard. We have treated a higher number of the largest and most locally invasive tumours (T4 grade tumours) than compared to the UK average and more recently have experienced an increased number of cases with regionally advanced disease (N3, most advanced spread to neck lymph glands). This is on the background of performing operations in the salvage setting in nearly a quarter of all cases, where surgery is being repeated or is following chemo radiotherapy to treat persistent or recurrent disease. Additionally we continue to offer a very high number of free flap reconstructions, which require the transplant of a piece of bone, muscle or skin into the resulting tumour defect and repair of the inflow and outflow blood vessels to allow this transplant to survive. Each cancer operation requiring free flap reconstruction takes between 8-16 hours to perform and is dependent on expert post-operative care for 5-14 days. In 2021 we performed sixty free flaps, including fibula, iliac crest, medial sural artery perforator, latissimus dorsi, radial forearm and anterolateral thigh flaps.



Despite our high volume, the outcomes for our patients remain excellent. Our 30-day readmission rate is 1.7%, survival within 30 days is 99.2%, which is equivalent to the highest performing units in the country and our mean length of stay is lower than the national average at 12.9 days for major cases. Regarding reconstruction, the introduction of a bi-monthly Reconstructive MDT and the continued expert efforts of our CCU and Head and Neck Ward staff have resulted in free flap survival being the highest yet recorded in our service at 96.7%. We continue to offer highly complex variations of standard free flap reconstructions, involving combinations of bone, muscle and skin, to best serve our patients both functionally and aesthetically. Included within this is a move towards more nerve transfers and vascularised nerve reconstructions for our patients undergoing facial nerve sacrifice, allowing restoration of function of the face with time.

Many of the excellent outcomes achieved over the last year have been boosted by the ever-improving, dedicated, dynamic and expert Head and Neck Unit developed and introduced during COVID 2020/2021. The unit offers world-class and expertise head and neck care. It has grown from strength-to-strength and if not for occasional staffing challenges due to sickness in the Trust, the unit could be a global flagship example of exemplary head and neck oncology care. We would hope that as we learn to live with Covid-19, this challenge will be resolved.

Outside of clinical activity, the team as a whole continues to provide an academic contribution to national and worldwide research and literature. This year we have been actively involved in recruiting to the national SAVER trial for precancerous lesions. In collaboration with multiple centres, the QVH Maxillofacial Team is in the process of presenting and publishing work on centralising pathology services for oral cavity sentinel node biopsy to improve access to this treatment nationally. Additionally, a multi-centre, retrospective cohort study is underway investigating the features of Adenoid Cystic Carcinoma of the Head and Neck, which promises

to provide the largest such cohort published. A plethora of additional smaller studies in parotid imaging, mandibular reconstruction and the use of intra-parotid Botox before major cancer resection are also underway.

Orthodontics

Introduction

In 2021 the QVH orthodontic department team saw around 950 new and 12,050 follow-up orthodontic patients. We also run multidisciplinary clinics with both our cleft and maxillofacial surgical colleagues and our restorative colleagues as well.

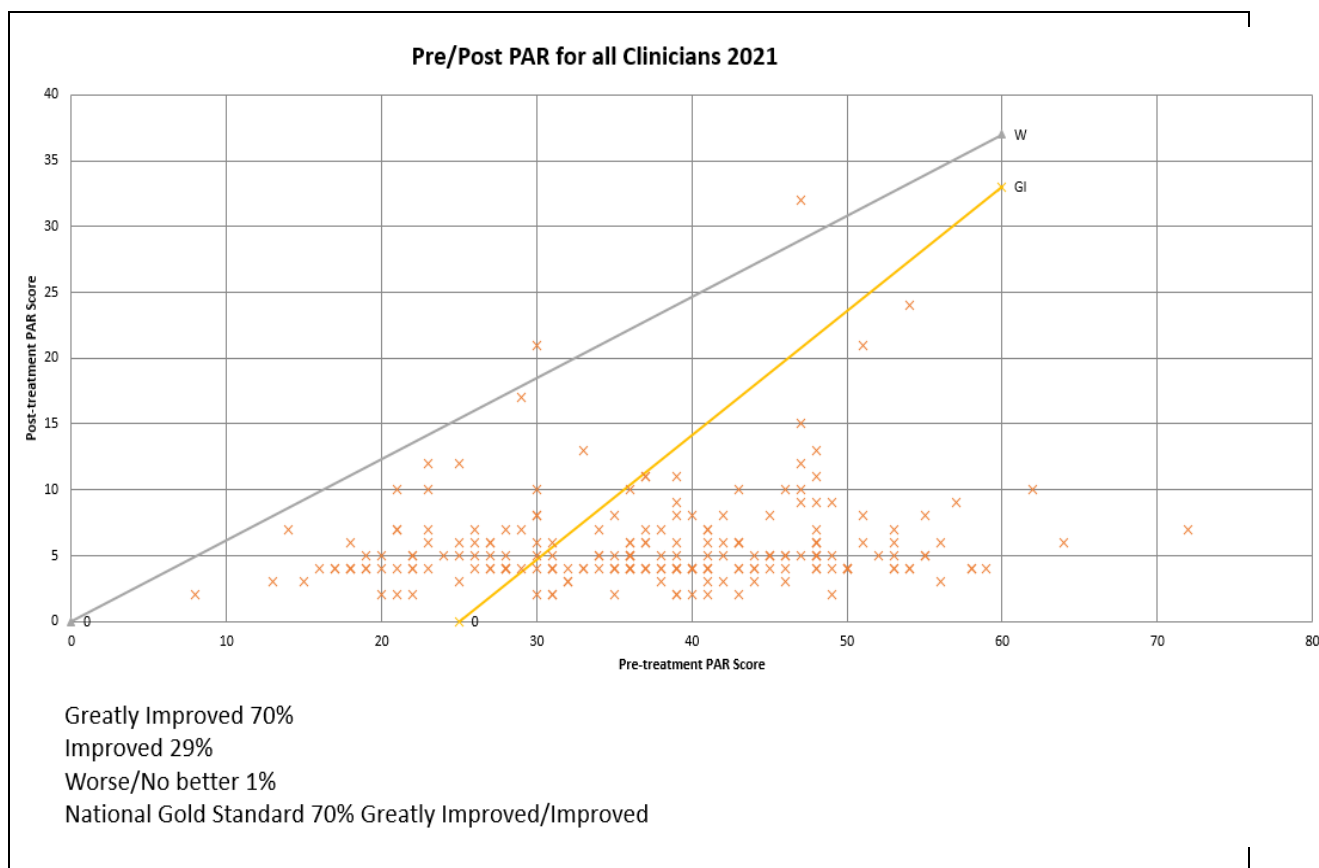
Outcomes for Patients Receiving their Care in the QVH Orthodontic Department

PAR (Peer Assessment Rating) Index provides an objective measure to assess the improvement gained by orthodontic treatment. The higher the PAR score, the poorer the bite / occlusion. At the QVH, data continues to be prospectively collected by our blinded calibrated technicians on all our orthodontic patients following active treatment.

The graph produced from the results splits the data into three clearly defined categories: greatly improved, improved and worse/no different. With respect to interpreting the results, a mean PAR score improvement of greater than 70% represents a very high standard of treatment.

In 2021, the QVH team produced results indicating that 99% of our patients were assessed as improved and greatly improved; 70% were in the greatly improved category. These results are well in excess of average figures demonstrating very good outcomes at the QVH orthodontic unit.

The team investigates the patients whose outcomes don't improve as we'd like, and a root cause analysis of how to prevent the same happening to other patients is undertaken. We continue to investigate this on an annual basis.



Patient Satisfaction in Orthodontics

Patients who have had orthodontic treatments

Questionnaires are completed by every patient who has completed orthodontic treatment. The aim of this rolling prospective audit is to measure the level of patient satisfaction following completion of orthodontic treatment. Our patients do this privately and digitally directly into our outcomes kiosk on completion of their care.

Further technical issues continued following the pandemic meaning that 142 patients completed a satisfaction questionnaire in 2021.

The majority of patients (82%) were completely satisfied with the result of their treatment, and 100% were satisfied or completely satisfied.

100% of patients felt that they were given sufficient information regarding their proposed treatment demonstrating a good rapport between patients and those providing their care.

99% of patients were happy with the appearance of their teeth after treatment; 99% reported improved self-confidence; 99% reported an improved ability to keep teeth clean; 99% reported improved ability to chew and 99% reported improved speech.

Patient Feedback for the QVH Hypodontia Service

The QVH Orthodontic team runs a multidisciplinary service for patients with developmentally absent teeth in a condition known as hypodontia.

This is a challenging area of our work where we work with our restorative colleagues to determine how best to restore / manage the condition of missing teeth.

Feedback questionnaires are completed for all patients attending this clinic. Outcomes from March 2021 confirmed that:

100% of patients left the clinic with an understanding of the proposed treatment plan for their or their child's treatment.

100% of families reported their child was included in the decision-making process.

Patient Satisfaction of Treatment of Sleep Disorders with Mandibular Advancement Splint

Background

The Queen Victoria Hospital has one the largest dedicated sleep centres in the U.K. responsible for the treatment of sleep-disordered breathing. There is close liaison with the sleep centre and the orthodontic unit who receive up to four hundred referrals for the provision of potential treatment. Treatment involves a non-invasive intra-oral appliance (mandibular advancement splint - MAS) which has been known to improve the quality of sleep in mild to moderate sleep apnoea. This brings the lower teeth and jaw forwards, thus opening up the airway at the back of the mouth, keeping it patent so air is able to flow unrestricted and reduce the patient's experience of breathing problems (hypopnea/apnoea).

Over the years, our referral base has increased as patients continue to experience a positive outcome to their apnoeic symptoms. Patients are screened before their referral to the orthodontics department to assess their suitability, with reported success rates from previous audits, of 86%.

We continue to prospectively audit our patient's satisfaction an aim to identify those patients who are most likely to benefit from a sleep splint by identifying clinical parameters that will indicate those most likely to respond positively to this treatment modality.

Results

Following on from the previous year's audit, the results for the MAS service are as follows:

- 84% of patients are wearing the splint at least 4 nights a week or more
- 74% of patients claim that their apnoea has resolved
- 73% of patients claim that their sleep quality is better than it was before
- 68% of patients claim that their daytime sleepiness is better than before
- 89% of patients of claim their general well-being is better than before following the splint fitting

After requests from patients for written instructions to supplement the verbal advice given in the clinic, the department has produced a patient information leaflet which reinforces the details given. Patients have commented positively on this supplemental information and we will continue to provide this when fitting a MAS for all patients.

Conclusion

Did the department meet the standards set from the previous year?

- In 2019, 76% of patients stated that their sleep quality had improved and this parameter was broadly the same at 73% in 2021
- It is also important to highlight that 89% of patient's report an improvement in their general well-being after the MAS was fitted compared to before treatment.

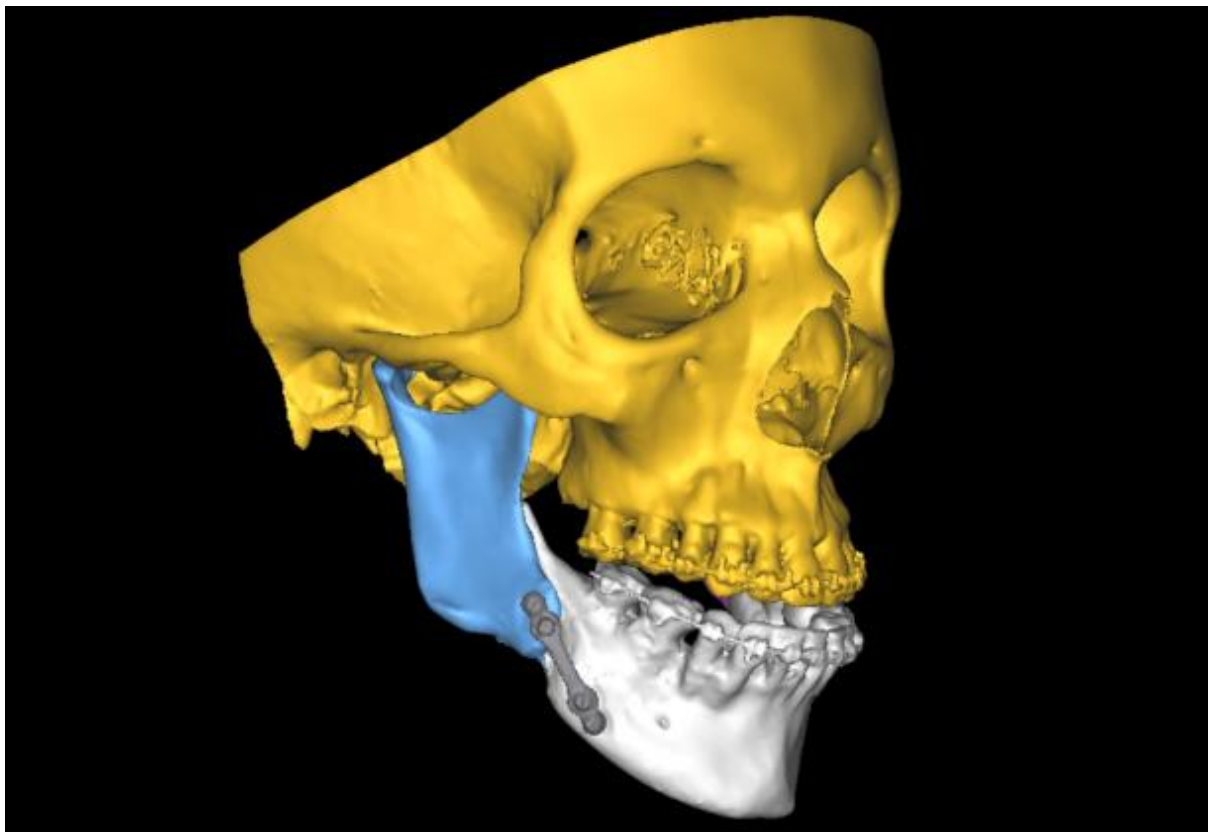
- 79% of patients were sharing the same room with their partner with 58% reporting their partner's sleep quality also improving.

The provision of MAS by the orthodontic department has a clear benefit to the quality of life of patients suffering from sleep apnoea/hypopnea and supports the high quality outcomes of the clinical work undertaken in the orthodontic unit at the QVH.

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. 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.



3D computerised orthognathic jaw surgery planning

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 consultant physicians, physiologists, technicians, administrative staff and secretaries. It is one of the largest services in the UK, receiving around 4,000 new patient referrals per year with referral rates increasing at a significant rate. 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.

2021 was an extremely challenging year due to a combination of the on-going pandemic and long term absence of medical and clinical staff. The service recruited several locum consultants who provide appointments remotely via the video and telephone platforms. The service underwent an independent peer review towards the end of the year and a comprehensive action plan has been developed to implement a range of recommendations arising from the review. The service has appointed a new clinical lead and instigated a recruitment plan, in conjunction with Epsom & St Helier, to bring new consultants on board. We have also recruited a principle pharmacist to oversee prescribing and use of medications and this has been welcomed in a positive manner by patients and colleagues. We have supported two of technician team to undertake a formalised apprenticeship with St George's and will seek to expand on the learning from this in future years.

Minor Injury Unit

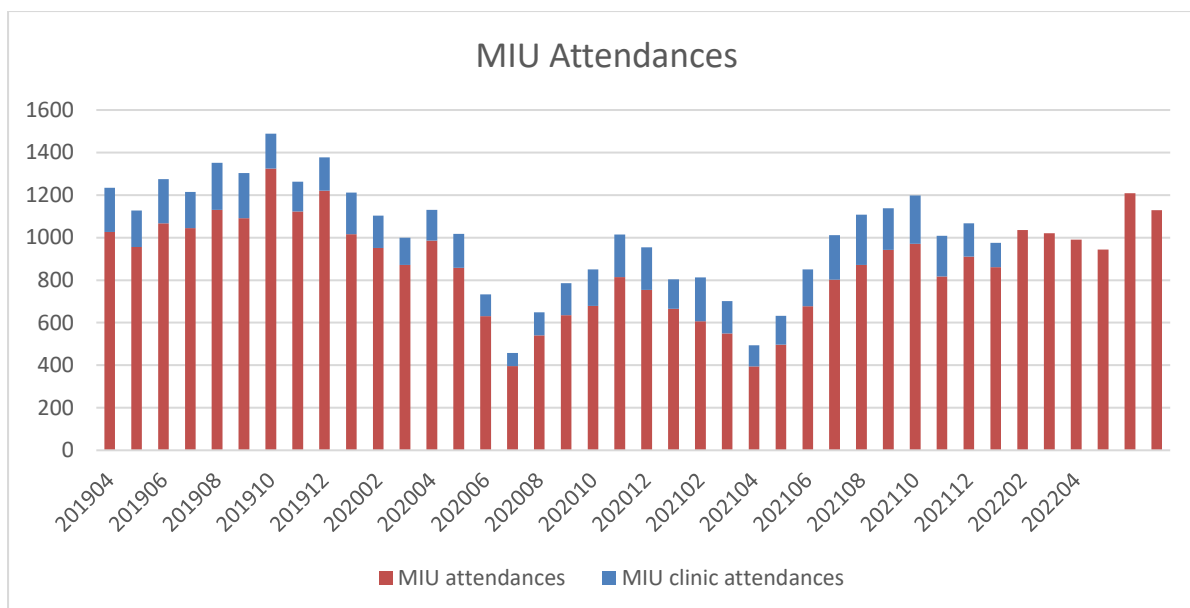
The Minor Injury Unit serves the community of East Grinstead and the surrounding areas with services running from 8am to 8pm daily including weekends and all bank holidays. Throughout the pandemic, the MIU has remained busy, and seen a significant rise in attendances particularly over the last 6 months. In the financial year 2020/2021, 9009 patients attended MIU for treatment and in 2021/2022 there were 13,836 attendances. The current average daily attendances in MIU is between 40 to 50 patients.

The MIU team currently consists of nine Emergency Practitioners, and four Receptionists and the team are proud to continuously deliver and provide safe and effective care to all patients. The MIU is nurse and paramedic led, and each practitioner is a highly trained and experienced specialist who assess, diagnose, treat and manage a vast number of minor illnesses, minor ailments and minor injuries in adults and children over the age of 1 year. There are three Practitioners on the team who are non-medical prescribers and one practitioner is currently undertaking the MSc Advanced Nurse Practitioner programme.

Covid-19 Pandemic

During the pandemic the MIU has supported acute and primary care services, thus allowing patients to have face to face consultations. Like many areas in health care, the MIU team faced the challenges of the pandemic, however endeavoured to ensure that patients continued to receive acute medical care.

The ability to see patients face to face was embraced by the community, especially those seeking medical assistance during such an uncertain time. The MIU Team were able to provide support the primary care services as well as other health settings especially when the availability of post-operative dressing care from other agencies was less accessible. The chart below shows the number of patients seen and treated in MIU over the last 2+ years.



The chart represents the number of patients seen for dressings as well as those for initial clinical presentation and treatment of minor injuries and illnesses.

In January 2021, the Covid-19 vaccine roll-out commenced nationwide, and the Minor Injuries Team were called upon to join with QVH colleagues to support the staff Vaccination programme at QVH. Everyone embraced the historical opportunity with great anticipation and pride. The MIU team were also proud to a part of the QVH representative workforce in supporting the Crawley Hospital Vaccination Hub when it opened to the public in March 2021. All during this time, the MIU Practitioners continued to provide the much needed acute services to patients in the local area and beyond. The team supported the Crawley Hub for 2 months until patient footfall in MIU increased and full workforce was required.

Throughout the pandemic, there have been services improvements introduced in the MIU. Through further collaboration of some of the specialty services teams, such as hand trauma and therapy, maxillofacial and plastics, the Practitioner Team have been able to maintain the Key Strategic Objectives of the Queen Victoria Hospital in delivering excellence and enhancing patient treatment pathways. Additionally, the MIU team were able to continue with regular training, journal clubs and teaching sessions alongside excellent patient care. The continued educational and professional development has resulted in the ability to maintain a positive patient experience which remains above the national standard as represented below.

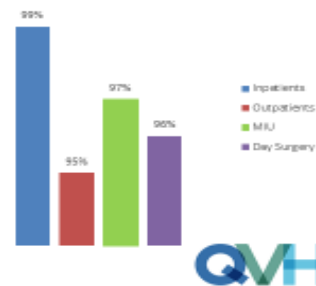
Friends and Family Test Results

The following are the figures that show the number of patients that are eligible to respond and the actual number of patient that did, together with the response rate.

	Total number eligible to respond	Total number of responses	Response rate	National Results (February 2022)
Inpatients	536	160	30%	94%
Outpatients	8956	1368	15%	93%
MIU	1083	251	23%	83%
Day Surgery	1398	316	23%	-

The chart below shows the percentage of patients who are very likely or likely to recommend us to family and friends..

FFT Results



www.qvh.nhs.uk

New Developments in MIU

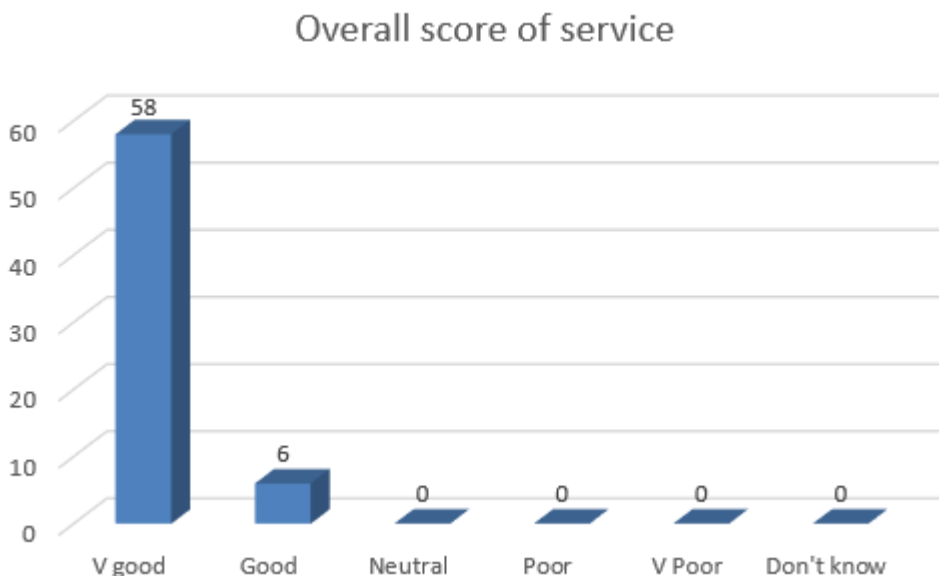
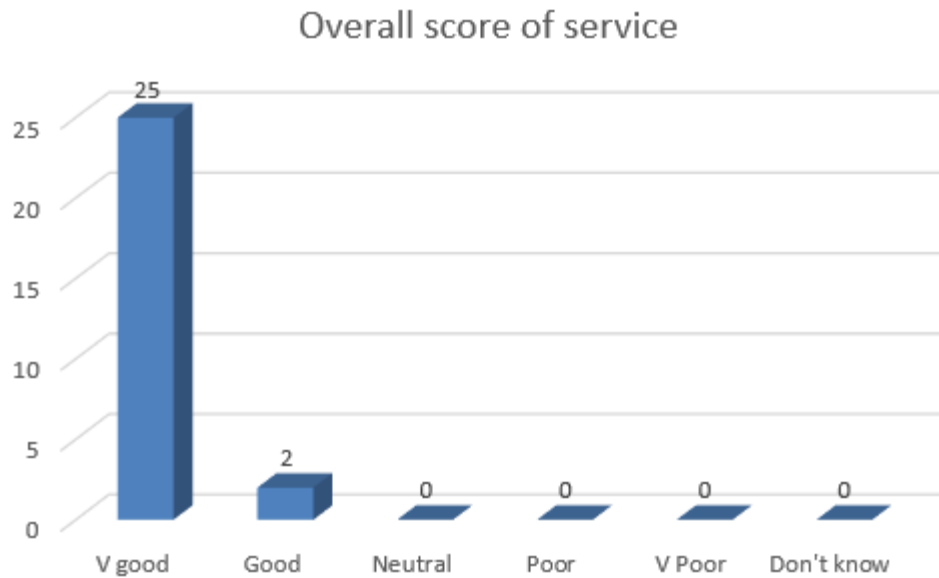
At the beginning of September 2021, a new digital booking system to allow patients to be booked in to MIU directly was introduced in the Minor Injuries Unit. The booking system allows the team to be able to know in advance of a clinical referral to MIU thereby allowing for prioritisation of clinical urgency.

In May 2022, Practitioners attended a minor surgical skills course in London which will enable the team to assess, treat and manage a small number of minor surgical conditions in MIU. This will be an exciting venture for the MIU team, as one of the main aims is to avoid patient treatment plan disruption, therefore ensuring the MIU remains a one stop service for patients.

Radiology

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

QVH were deemed the Sussex 'early adopter site' as a Community Diagnostic Centre. QVH received financial support from NHSE to expand its US rooms and increase service provision. QVH has been supporting surrounding trusts with their local CT and US backlogs. The patients whom have visited have been grateful for their care and have given good feedback. See snapshot from ESHT patient CT survey and SASH patient Surveys. QVH have been delivering some out of hours lists for US/MRI to ensure patient wait times did not breach and support regional CDC support.



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.

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 breast surgery was again re-patriated to QVH during 2021-2022 and the established system worked well once again.

There has been a great deal of collaborative working during 2021-2022 with the creation of a new CDC breathlessness pathway. Clinical teams from radiology/out patients and Dr Matt Lees have worked together with Moatfield GP practice to pilot this new pathway meaning patients will be able to gain faster diagnosis and have all relevant tests and specialists

assessing their findings. This pilot will shape new pathways moving forward and assist with health equity and faster diagnosis.

More collaboration has been seen in audit and quality improvement. Janet Dark has worked with medical physics team at MTW, theatre ODP staff and QVH recent registrars (Alexandra Khoury/Raouf Ahmed) on a quality improvement project for surgeon safety whilst using x-ray guidance for theatre cases. The audit was started by Janet and subsequently taken on by the ODP team and Alex as local results proved extremely positive with a reduction of surgeons exposing their hands to radiation during theatre procedures. This project and findings have resulted in the project being approved to be presented at the International Federation of societies of surgery of the Hand.

Allied health professions has been an area with more collaborative working with the creation of the Sussex AHP faculty and council. There is a drive for regional stratification around shared issues such as recruitment and retention, careers promotion, establishment of careers ambassadors, student placement expansion and apprenticeships. At a trust level we have representation from therapies/ODP/Radiology and nursing working together with HR to create reports, correct ESR. As a collaborative we making meaningful inroads to ensure there is cohesion in terms of things like student paperwork, induction packs, stratification of business case around apprenticeships etc.

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.

Janet Dark won the 2021 trust audit prize for quality improvement. The project was around the screening of lead aprons rather than using traditional screening methods.

The Richards review highlighted the shortage of radiology clinical staff and showed a gap analysis for assistant practitioners, radiographers, reporting radiographers and radiologists by 2024. In response to this HEE have provided funding for courses. QVH has successfully managed to get 1 person on the Reporting Radiographer post graduate course during 2021 and also an assistant practitioner apprentice on the foundation degree course from February 2022. The department is looking to further upskill and develop staff by introducing a degree standard apprenticeship in diagnostic radiography linked to Sussex University. The first candidate will be eligible to enrol for study starting in September 2022.

The trust is looking forward to an entirely new PACS system with regional image sharing meaning less need to have images sent here from surrounding trusts. This will be rolled out later in 2022 and will give QVH direct access to UHS, ESHT, ASPH, Royal Surrey. This will improve patient care and reduce possible delays for MDT, treatment planning and onward care management.

Parkinson's disease Service

We are a specialist team consisting of a Consultant geriatrician and PD Nurse Specialist providing a multi-disciplinary approach to our local population. We are supported by our therapy team who play an integral part to the care of our patients. We are extremely fortunate to have a community based PD nurse as this allows certain patients to be visited at home for specialist advice who otherwise would not get seen. By way of a regular MDT meeting, all members of the team looking after the patient are regularly informed to provide the best care for the patient. We also have links to the local hospice as well as neurologists at neighbouring trusts should we need further expertise to support the care of the patient.

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 psychologists. 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. We have a Specialist Clinical Psychologist for Cancer Services and a Specialist Complex Assessment and Referral Psychologist who is currently offering support to the Orthognathic Department.

The department continues to offer the full range of therapies to patients and staff. A combination of individual and group therapy. Therapeutic approaches included CBT (Cognitive Behavioural Therapy), CBTi (Insomnia), EMDR (Eye Movement Desensitisation and Reprocessing), Solution focussed Brief Therapy, ACT (Acceptance and Commitment Therapy) and Mindfulness.

Part 3: 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 2021/22* and supporting guidance *Detailed requirements for quality reports 2021/22* (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 2021 to March 2022
- papers relating to quality reported to the board over the period April 2021 to March 2022
- feedback from commissioners June 2022
- feedback from governors June 2022
- 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 2022
- the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, expected publication August 2022
- the national patient survey – publication expected Autumn 2022
- the national staff survey published 30 March 2022

- CQC inspection report dated 23 May 2019

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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
- 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



Anita Donley
Chair
29th June 2022



Steve Jenkin
Chief Executive
29th June 2022

Statements from third parties

Sussex NHS Commissioners

Thank you for providing the CCGs the opportunity to comment on the quality account for 2021/22. We appreciate the ongoing collaborative working, open communication with the Trust's senior clinicians throughout the COVID-19 pandemic and subsequent recovery period. There has been continued strengthening of collaborative working and this has been strengthened over the past twelve months.

We congratulate the Trust for the positive approach to quality improvement. Some highlights noted include:

- 99% of inpatients stating their experience was 'very good' or 'good'. This reflects both the quality of clinical care, and the way staff treat every patient as an individual, taking the time to listen to what matters to them.
- The increasing focus on health inequalities, improving data collection and the analysis to improve intelligence, such as the levels of later referrals for men with head and neck cancer compared with women. A monthly report is now produced focusing on patient cancellations, non-attendances and diagnosis and is reported against deprivation, age, gender, and ethnicity.
- The QVH clinical coding team were highly commended in the Data Quality – Specialist Hospitals category of the national awards this year, which was a well-deserved recognition of the way Trust clinicians and coders work together.
- The Trust's significant participation in research demonstrates its continued commitment to improving the quality of care it offers and to making a valid contribution to wider health improvement.

The Trust achieved many successes in 2021/22, most notably:

- Improvements for patients who have virtual appointments; a virtual receptionist was recruited to help meet the national target of 25% for remote consultations. Patient feedback remains positive.
- Staff emotional wellbeing support programme: following support from the Trust's psychological support team, pre- and post-therapy results showed an improvement in the measure of psychological distress, anxiety, clinical depression, levels of wellbeing and measures of traumatic impact for those staff requiring interventions from the team. This has also improved waiting times in general practice for those staff seen by the trust service
- Multi-disciplinary safer surgery bi-monthly training for all surgery and theatres staff. Simulation training continues with positive evaluations.

The CCGs acknowledge the continued importance of priorities identified by the Trust and would like to review the Trust's progress against key priorities for 2022/23:

- Falls prevention programme
- The inter-professional education programme across the core and subspecialties to support staff in the delivery of high-quality care.
- The embedding of high-quality shared decision making (SDM) conversations between clinicians and patients.

We look forward to the continued collaborative working with the team at the Trust.

Statement from QVH Council of Governors

Within the constraints of the production deadlines for this Report, it did not prove possible for the Council of Governors to review it collectively on this occasion. Governors were however invited to make their own individual comments and two took the opportunity to do so.

They observed that what we see at QVH is a consistent delivery of high quality service with very active audit, training and focus on continuous improvement. The areas of risk such as staffing levels are constantly monitored and action taken. Both internal and external audits including by CQC support this positive view.

It was noted that there had been an increase in operations cancelled on the day of surgery for non-clinical reasons and not rebooked within 28 days from 2 in 20/21 to 15 in 21/2 but that the Report did not express a view as to whether this was a significant increase or essay an explanation for it.

There was also comment that what is particularly pleasing and evidenced by presentations from patients and relatives at public Board meetings is that even where things are good the staff are focused on what can be done better and when things have gone wrong an openness to ask what could have been done differently without attributing blame is evident.

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 2021-22.

HASC agreed in 2016 that formal responses from the committee to quality accounts, from that year onwards, would only be forwarded to NHS providers where HASC had undertaken formal scrutiny of those providers within the previous financial year. Therefore, as the committee did not scrutinise any services directly provided by QVH in 2021-22, 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.

Healthwatch West Sussex 2022