

Quality Report 2022/3

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

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

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

QVH provides service to three overlapping populations. In 2023 we provided a range of services for local people in and around East Grinstead including our minor injuries unit, a cohort of community based services and our developing Community Diagnostics Centre (CDC). The CDC enables local GPs to refer their patients for tests (diagnostic and physiological) and also to access our innovative clinical pathways including patients that are experiencing breathlessness. These support prompt diagnosis and treatment. We provided surgical and non-surgical treatment for patients within Sussex across our suite of specialties (including plastics, oral maxillofacial surgery, sleep and ophthalmology) and our specialist and regional services support patients in Kent, Surrey, across the south east and beyond.

Patient surveys continue to give us ratings for quality that are among the highest in the country. We were rated as the best hospital in the country in the latest national NHS adult inpatient survey. Similarly results from the friends and family test indicate that over 99% of our patients would recommend us to their friends and family.

Through clinical audit we have maintained our continuous work to assess and improve our services. We have been able to assure ourselves that QVH remains at the forefront of good practice and in many cases share our practice to benefit other trusts.

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

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

As illustrated so clearly throughout this report, QVH continues to provide compassionate care and excellent clinical outcomes across our life changing services. Our staff are passionate about their work and further improving services for patients.

For 2023/24, QVH's approach to quality will remain focussed on delivering excellence in all that we do and so continuing to provide high quality, safe and effective services.

Abigail Jago
Acting chief executive

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

Quality Priorities for 2023/24

Our quality priorities for 2023/4 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 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 quarterly basis.

Patient Safety

Improve anti-microbial stewardship at QVH

Anti-microbial stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients. Improving antibiotic prescribing and its use is critical to effectively treat infections, protect patients from harms caused by unnecessary antibiotic use and combat antibiotic resistance

Through the audit work undertaken it is apparent that QVH needs to continue to improve its antimicrobial stewardship. In addition, findings from the investigations into the C-Difficile cases which QVH patients developed whilst inpatients has indicated specific challenges with documentation.

Anti-microbial stewardship has been added as a rolling agenda item for the Joint Hospital Clinical Governance Group and actions taken. Antimicrobial stewardship continues to be a Trust Quality Priority.

What will success look like?

- Refreshing the QVH inter-professional antimicrobial stewardship program including improved engagement of microbiological and surgical teams
- A program of rolling cross-professional training
- Integrate 'start smart, then focus' antibiotic care bundle for hospitals
- A sustained improvement in anti-microbial stewardship standards as demonstrated by audit results
- A review of QVH's anti-microbial action plan to ensure robustly addresses learning from rolling audit program
- A review of QVH's antimicrobial strategy and policy to ensure robustly addresses learning from rolling audit program

- To reduce QVH attributable C-Diff cases in which challenging antibiotic stewardship is found to be a contributory factor.
- Compliance with NICE Guidance (NG15) Anti-microbial stewardship: systems and processes for effective antimicrobial medicine use

Clinical Effectiveness

Introduce a Leadership through Education for Excellent Patient Care Programme (LEEP).

This collaboration with Health Education England (HEE) will build on the previous inter-professional Clinical Effectiveness priority of 2022/23. It aligns with the Trust key strategic objective KSO2 (World Class Clinical Services) and will support the Trust audit/quality improvement initiatives.

The focus of the leadership programme is to encourage inter-professional leadership development for all staff groups, across the core and subspecialties, to support staff in the delivery of high-quality care, and to meet continuing professional development (CPD) and revalidation requirements.

LEEP is an HEE cross-disciplinary and multi-professional programme which aims to promote leadership development and collaborative working across the healthcare system.

LEEP incorporates three perspectives in leadership:

Perspective 1: Focusing on developing self, behavioural 'human' factors and value-based compassionate leadership.

Perspective 2: Developing team skills, promoting psychological and cultural safety. Enhancing quality improvement knowledge and application.

Perspective 3: Developing system literacy, working through the challenges faced by staff in the 21st Century NHS.

LEEP is designed for all healthcare professionals at any stage of their career, to develop leadership behaviours and build on experiences, to deliver high quality care in the NHS.

The principles are universal, with inclusion, widening participation and diversity within the sessions, which will enhance the learning process.

What will success look like?

- The provision of an in house, inter-professional leadership programme, delivered via LEEP (Leadership through Education for Excellent Patient Care)
- Provision of inter-professional quality improvement projects focused on supporting and improving quality of patient care, delivered via the LEEP programme
- Using LEEP to build positive relationships across professions to reduce historical hierarchical barriers, which will impact upon patient outcomes
- Catalyst for the development of a workforce leadership strategy for the Trust.

Patient Experience

Improve Patient co-design of services

Patient experience is at the heart of our success and reputation at QVH. As we look to sustain this through innovation and improvement of our services, we need to ensure that these are designed around human-centric parameters.

Ensuring that we understand our patients helps us develop effective and patient centric physical, digital and virtual touchpoints. Success is the delivering of a positive and personalised experience which leads to increased patient satisfaction and growth.

As patient look at their options and exercise 'patient choice' their experience is more than a differentiator.

It is well established that patient experience led service design not only improves the overall experience of our patients but also employees. The more we interact with, and invite, our patients to be a part of the conversation the more insight we are given on how to make our services better for them. By listening to them and working with employees we can design, align and optimise our operations to best suit the needs of our patients. In doing so, we also provide the best environment for our employees who can give patients what they need, when they need it.

What will success look like?

- The creation and publication of a patient engagement strategy for QVH
- The creation of a patient involvement group, who are volunteers (patients, carers and local community members) who want to take part in helping us improve our services. This process will involve reaching out to patients who have made complaints/ raised PALS concerns to invite them to be involved.
- Using a patient involvement sub group, in conjunction with a service unit, to review and improve the service offer to better suit our patient's needs.
- Introducing and embedding a standard approach to service design and co-creation of services within the Trust.

Performance against 2022/23 quality priorities

Our quality priorities for 2022/23 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 2022/23 quality priorities was as follows:

Patient safety

Our quality priority and why we chose it

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 identified a small increase in the number of inpatient falls. A formal internal investigation following a fall resulting in harm to a patient identified significant learning:

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

Targeted outcomes:

- QVH to target a quarterly improvement in the reduction of falls.
- Mandatory falls training to be rolled out in the Trust to all patient-facing staff.

- All documentation related to falls to 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 (AAR) to be rolled out within the inpatient areas.

Did we achieve this in 2022/23?

Yes.

Although the quarterly number of falls were variable, overall there were fewer inpatient falls over 2022/23 in comparison with 2021/22. A greater proportion of falls were witnessed e.g. whilst being assessed/ mobilised with physio, being transferred from bed to chair. The majority of falls resulted in no harm. There were no falls which resulted in moderate harm or above.

An e-learning mandatory falls training has been introduced and is being rolled out across the trust for all patient-facing staff.

The Prevention and Management of Falls Policy, including the falls risk assessment and post falls management has been reviewed and extensively amended to ensure they both meet NICE guidance and incorporate learning/ recommendations from the National Audit of Inpatient Falls (NAIF) program.

For 2022/23 the NAIF program did not undertake provider baseline assessments. For 2022/23 providers were required to enter a data set in relation to any inpatient who fell and sustained a hip fracture. QVH did not have any falls falling within this remit during 2022/23.

Quarterly falls audits are undertaken so that themes/trends and learning can be identified and addressed appropriately.

After Action Reviews (AARs) have been embedded in practice across inpatient areas.

Clinical Effectiveness

Our quality priority and why we chose it

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 recognised the expertise QVH staff have within their specialities and to share this knowledge across our staff groups.

It recognised the world class services and care which QVH staff deliver to our patients. The focus was to make inter-professional sustainable training and development programme available to all QVH clinical staff groups.

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

Targeted outcomes:

- 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 Continuing Professional Development (CPD) accreditation process for two training programmes.

Did we achieve this in 2022/23?

Yes

The existing QVH inter-professional training sessions within the core services were quantified; 16 different training sessions across QVH's main specialities, plastics, maxillofacial and corneo, were delivered over 2022/23.

The training program evaluations form was reviewed, amended and implemented. Results were used to review aims and learning opportunities for each program. 'Likert scale' evaluation form scheduled to be distributed in November to capture how the participants feel that the training has supported continuous improvement of patient care.

The QVH specialist training program was delivered to at least 50 staff over 2022/23 per three specialities. For example, 168 staff from 13 different staff groups attended training over quarter 2.

The new QVH preceptorship policy and workbook includes access for individuals to the core specialty training delivered at QVH.

The enteral nutrition study day is now endorsed by The British Association for Parenteral and Enteral Nutrition (BAPEN). This is the first accredited study day endorsed by the BAPEN. We are in the process of exploring a post graduate work based module for reconstructive Head and Neck surgery. We have one staff member currently on the training programme and we will evaluate once completed.

QVH is working collaboratively with NHS Sussex Integrated Care System to explore opportunities for shared learning and support with further CPD accreditation.

Patient Experience

Our quality priority and why we chose it.

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

SDM ensures that people are supported to be as involved in the decision making process as they would wish. It is, therefore, a process in which clinicians and individuals work together to select tests, treatments, management or support packages, based on evidence and the individual's informed preferences

SDM means people are supported to:

- understand the care, treatment and support options available and the risks, benefits and consequences of those options
- make a decision about a preferred course of action, based on evidence, good quality information and their personal preferences.

Therefore, SDM improves patients' overall satisfaction and their confidence in decisions that have been taken. In addition, SDM interventions significantly improve outcomes for disadvantaged people.

Targeted outcomes:

- 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.

Did we achieve this in 2022/23?

Yes

Guidance and resources were sought from NHS England (<https://www.england.nhs.uk/shared-decision-making/guidance-and-resources/>). All plans benchmarked with NICE guideline (NG197). Posters were placed in clinical rooms and outpatient waiting rooms during quarter 1.

Semantic Data Quality Management (SDQM) was identified as being the most appropriate tool, this was used in our CQUIN and is internationally validated.

Agreed 2022/23 speciality pathways for SDM

- Orthognathics
- Head and Neck Cancer
- Breast reconstruction
- Hypodontia

In the national SDM CQUIN the threshold for achievement is 65-75%.

No unwarranted variation was identified during quarter 1-4 2022/23. All four pathways achieved more than NHSE's benchmark of 75%.

Specialty pathways SDM achievement were above 75%.

All combined metrics for the four speciality pathways were above the 75% threshold for 2022/23.

SDM metrics are reported quarterly at Clinical Governance Group.

SDM E-learning is available on e-learning for healthcare

Safeguarding and the Mental Capacity Act

Safeguarding children, young people and vulnerable adults is firmly embedded within practice at Queen Victoria Hospital (QVH). QVH has a responsibility to provide safe, high quality care and support for all the patients who use our services. In order to fulfil these obligations good partnership working is essential. Therefore, QVH staff work collaboratively with colleagues, both internally and those external to the organisation, to identify and support those who maybe more vulnerable patients.

For example, the safeguarding children lead and safeguarding adult lead have combined some aspects of training to provide a 'think family' message to staff, when working with adults who may be parents or carers. This reflects the wider system approach to safeguarding.

There are a range of posters for display around the Trust to raise awareness of safeguarding topics such as domestic abuse, mental health support and the ICON programme to prevent abusive head trauma in babies

NHS Sussex Professionals provide supervision, training and support to both Named Nurses.

Safeguarding Children

'The welfare of the child is paramount' is the headline of the Children Act (1989). This principle is encapsulated in all safeguarding training and is well embedded as a core value across the Trust.

The Datix reporting system continues to be used in order to capture the activities of the safeguarding children's team. Analysis of the data enables staff training to be based on case studies of QVH safeguarding incidents.

QVH's children's safeguarding lead has established good links with external organisations and professional networks that can provide support and so enhance safeguarding at QVH. Safeguarding priorities, where possible, reflect those from the West Sussex Safeguarding Children's Partnership (WSSCP) to ensure collaborative working.

In 2022, the safeguarding children's team completed the Section 11 self-assessment audit, which is a biannual report provided by providers to the West Sussex Safeguarding Children Partnership. This helps to ensure that QVH can provide assurance that we are meeting our statutory duty to ensure that services are designed to safeguard and promote the welfare of children.

The safeguarding children team has worked in partnership with medical students from Brighton and Sussex Medical School and Paediatricians from University Hospitals Sussex to thematically review the burns database to share learning to support continuous improvement. The medical students presented their work in the annual QVH audit prize and won first prize for their presentation.

Looked After Children

Also known as children in care, QVH does not provide specific statutory services for Looked After Children. However, QVH does have a duty to promote healthy outcomes for all children including looked after children; we recognise that this cohort of children have specific needs and vulnerabilities that all staff need to consider. During 2022, the ICB employed two participation assistants who are young people who have care experience. The safeguarding team were able to meet with one of these individuals to discuss the service that QVH offers; this was invaluable and has been incorporated into training.

The Named Nurse has used the Designated Nurses within the Integrated Care Board (ICB) to escalate concerns around looked after children; in particular unaccompanied asylum seeking children.

Adult Safeguarding and the Mental Capacity Act

A new Named Nurse for Adult Safeguarding and Mental Capacity Act Lead has been appointed to the Trust. He is highly experienced in this field having worked in two London Acute Trusts and previously worked as an Adult Safeguarding Lead for a local authority.

The Trust sees patients who have suffered domestic abuse. Two very successful half day training sessions by a specialist provider, Safelives, have been delivered. It is planned to

follow this up with shorter practical training to enable staff to manage situations that may involve domestic abuse.

There appears to have been an increase in activity in relation to safeguarding concerns and Mental Capacity Act enquires in the Trust over 2022/23. This will be captured, going forward, by a spread sheet introduced by the Named Nurse Adult Safeguarding and the data analysed to identify themes or trends so as to enable any learning to be addressed.

Adherence to the Mental Capacity Act is important to ensure that the provision of health services is provided lawfully.

An audit of compliance with the MCA was undertaken in 2022 which highlighted that the Trust's adherence to the Mental Capacity Act required significant improvement. There is a Trust wide action plan in progress to address the learning from this audit which will be tracked through the Trust's clinical governance processes.

The Trust provides specialist surgical services across the region, this means that many patients will live some distance from the hospital. Much of our work is also carried out as day surgery. Those with skin cancer, in particular, will be an older cohort group more likely to require a mental capacity assessment. Those on the cancer pathway will need to be initially assessed and treated within the Department of Health and Social Care Targets. These pressures make adhering fully to the provisions of the Mental Capacity Act challenging.

Advice and guidance is given to staff in individual cases on the management of the Mental Capacity Act by the MCA Lead and Site Practitioners. However, it is felt that existing training does not allow sufficient time to train staff and ensure their competence and confidence in this area. In order to address this the MCA Lead is providing additional standalone training on the MCA for all staff. It is hoped to provide further bespoke sessions to particular groups of staff, in addition to a yearly workshop on the Mental Capacity Act for staff provided by a Specialist Barrister.

The Mental Capacity Act Policy is being rewritten to reflect changes to the law and statutory guidance. The Mental Capacity Act and Best Interest Form is being updated in line with this. In addition, a new Toolkit will be developed for practical guidance for the application of the Act. Further MCA audits are planned following the implementation of these.

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 role's aim is to support juniors in working safe hours, ensure good working conditions and to provide assurance to the Board that doctors are working within national targets. An online process, "Exception Reporting" is in place to enable junior doctors to report when these standards are not met.

The consultant anaesthetist who is the GOSW submits quarterly reports to the Board, including exception reports received, breaches of hours involving fines, and gaps in the rota.

The GOSW is responsible for convening the Junior Doctors Forum (JDF), which meets quarterly, promoting safe working, attending Trust's doctors' inductions, local faculty groups, the Local Negotiating Committee (LNC) and the Local Academic Forum (LAB). In addition the GOSW is mandated with authority to intervene in rota design, management and any 'hours worked' issues. The JDF reports into the specialty Local Faculty Groups (LFG), LAB, the LNC and the educational board.

The GOSW also produces quarterly reports from the Allocate exception reporting software and information from the workforce team; these reports are reviewed by the quality and governance committee of the Board and the Board considers a report from the GOSW on a biannual basis. A consolidated annual report is written by the Guardian and is available on the Trust's public website.

QVH's current rota gap average is 3.58%, up from 2.66% last year; the national average was 7.3% for doctors at the end of June 2022. There was significant use of bank locum hours to cover both these gaps and unforeseen gaps secondary to sickness, other types of leave and an increase in workload.

The JDF has remained a vibrant and active group raising issues with rotas, leave and accommodation. We also invite senior management to attend to answer particular questions. The former Chief Executive, Steve Jenkin, attended and discussed issues including onsite accommodation, requests for healthier food in the canteen and how the junior doctors felt efficiencies in working practices could be made. The junior doctors were particularly grateful for his interventions with the housing trust who own and manage the Meridian Way houses and on call rooms.

This year we have held a couple of events in the Surgeons Mess for well-being and a journal club for which we funded food from the Guardian fine fund. This fund comes from exception reports that result in a fine due because of breaking overnight rest rules. At QVH, these are usually from urgent surgery that needs to occur overnight, preventing the on call doctors getting the required five hours of continuous rest in a 24-hour period. It occurs approximately once a month or less and is generally unavoidable.

We hold junior doctor awards twice a year (because about half our juniors rotate after six months), which are open to all staff to vote in a number of categories. We announce the winners 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 2022/23, 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 continues to be underpinned by the regular monitoring of metrics reflecting patient safety, clinical effectiveness and patient experience.

Research

Pioneering techniques developed at QVH 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.

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.

The total number of participants recruited to Health Research Authority (HRA)-approved studies (which includes ethics approval) in 2022/23 was 772 with QVH taking part in 22 studies. Of these participants, 754 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.

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.

National clinical audit

During 2022/23, 13 national clinical audits and no clinical outcome review programmes covered health services provided by QVH.

The Trust engaged in 77% national clinical audits for which it was eligible. The tables below demonstrate our participation in programs which related to services provided by QVH.

National programme name	QVH Participation
Breast and Cosmetic Implant Registry	100% participation
Case Mix Programme (CMP)	100% participation.
Falls and Fragility Fracture Audit Programme (FFFAP)	100% facilities
National Inpatient Audit	0 Hip Fractures.
International Burn Injury Database (iBID)	100% participation.
Learning from Lives and Deaths People with a Learning Disability and autistic people (LeDeR)	Enrolled. There were no deaths to report meeting the criteria.
National Adult Diabetes Audit (NDA) Inpatient Audit	Enrolled. No patients of concern were identified for entry to the audit.
National Audit of Care at the End of Life (NACEL)	100% facilities & staff survey. There were no mortalities in the audit period.
National Audit of Dementia	No participation.
NHSE Learning Disability Standards	100% participation in all elements of the audit.
National Early Inflammatory Arthritis Audit (NEIAA)	No participation.
National Ophthalmology Database Audit (NOD)	No participation.

National programme name	QVH Participation
Perioperative Quality Improvement Programme (PQIP)	194 Breast patients have been recruited to this study during 2022/23.
UK Parkinson's Audit	100% participation in the elderly care audit.

Trust clinical audits

During 2022/23, 100 local projects were reviewed and registered by the quality and governance team, across all specialisms.

Trust audit projects registered 2022/23	
Specialty	No.
Anaesthetics	5
Clinical Support	11
Corneo Plastic	14
Oral and Maxillofacial Services	12
Nursing	17
Peri-operative Services	2
Plastic Surgery	24
Sleep Services	1
Therapies	12
Trust-wide	2

Completed project reports were received for 59 projects. Not all projects will be registered and completed in the same financial year, and so of those completed, a number will have been registered in the previous year. 33% of the projects registered during 2022/23 were re-audits. While not all projects require re-audit, repeated rounds of data collection are encouraged and supported by the team where necessary to ensure actions derived from the initial cycle lead to improvements in quality of care.

To showcase the high standards of work undertaken by staff at QVH, details of the actions, benefits or improvements resulting from the projects that were shortlisted and won a prize at the Trust's quality improvement and clinical audit prize 2022 are outlined below. The competition was judged by senior staff and a non-executive director and all the entries highlight the dedication and commitment of staff across the Trust to ensuring excellent, collaborative, and multi-disciplinary, evidence based patient care and the best use of QVH resources.

Presentation winner	
Project 635	Identifying children with burns caused by neglect
This collaborative project undertaken by staff and medical students has contributed to knowledge around paediatric burn cases that result from insufficient supervision or neglect. It has highlighted that the use of the specialist burns MDT to review paediatric burn cases is essential to improve detection of possible child protection issues and that there may be various specific factors associated with burns caused by supervision issues or neglect.	

“Green” presentation winner – joint prize	
Project 433	Greener anaesthesia at QVH
There was a departmental audit of attitudes, culminating in a departmental decision to phase out / stop using and resupplying nitrous oxide and desflurane, two of the most potent greenhouse gases in use. Though the Trust was not a huge user compared with other hospitals due to the anaesthetic techniques undertaken, the Trust has now committed to withdraw these agents from stock/use. This will minimise wastage of these environmentally harmful gases and reduce the carbon footprint of the anaesthetic department.	
Project 1435	Location of emergency drugs in theatres
As a result of this re-audit of location of emergency anaesthetic drugs, the use of coloured trays to easily identify the drugs will continue and the department will start using prepared mini-jets of ephedrine (one of the emergency drugs). This will make cost and environmental savings and further improve patient safety.	

Poster winner	
Project 637	An audit of fixed retainer failures in the QVH
This project demonstrated that the bonded retainer failure rate (27.5%) in the QVH orthodontic unit is higher than the published gold standard (10%). To remedy this, the findings were shared among the team and a standard operating procedure was created and disseminated to staff. Further, a new type of wire is now used within the orthodontic lab when making bonded retainers. Re-audit is planned to measure any improvements.	

Shortlisted entries	
Project 2002	Multidisciplinary online facial rehabilitation for synkinesis
This combination of psychological and physical techniques was effective in maximising patient empowerment, knowledge, and understanding in a group setting in addition to reducing levels of anxiety. Functional objective assessment scores improved alongside an increased awareness of synkinesis, preparing participants well for ongoing individualised neuromuscular retraining in facial therapy.	
Project 438	Evaluating outpatient clinic letters in the Plastic Surgery department - are they being addressed to patients?
As a result of this project more registrars and consultants are addressing letters to patients and using less medical jargon. This improvement is demonstrated in the results of the second cycle. This will benefit patients as they will be able to understand their clinic letters better with regards to diagnosis and their ongoing management plan.	
Project 707	Service evaluation of post-operative care following lymph node dissection
As a result of this project, a formal Enhanced Recovery After Surgery (ERAS) protocol booklet was introduced, which led to reduced variation in perioperative care with encouraging outcomes. The use of the ERAS protocol is now standard and will be re-audited after one year.	

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 2022/3 and QVH has not participated in any special reviews or investigations by the CQC during this reporting period.

The Trust's last CQC inspection was on the 29th and 30th January 2019. The 'well led' inspection was subsequently undertaken on the 26th and 27th 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

Internal Peer Review Visits (formally compliance in practice inspections)

Over 2022/23 the compliance in practice quality improvement program was reviewed and the following issues were identified:

- the 'compliance figures' and percentage compliance subsequently reported following these visits could provide unrepresentative assurance (or lack of assurance) as some of this was in relation to the answers given by just two members of staff in an area.
- there was a consensus that colleagues would welcome visits to focus on positivity and support rather than being 'tick box' and made to feel as if they were being tested or put on the spot.

In response to this, the compliance in practice visit program was rebranded as the Trust's 'Internal Peer Review Visits' program, which is also in line with what we know so far about the approach of the new CQC Regulatory Framework.

Key changes to the new visit structure/ assessment tool:

- Speaking to as many colleagues as possible, either 1:1 or in groups as they prefer so that they do not feel as if they are being 'put on the spot' or tested
- Speaking to as wide a mix of colleagues as possible
- Focused on speaking to staff and observation audit as getting a realistic 'pulse check' across the organization is a priority to focus on key areas involved in a CQC inspection which currently have gaps in assurance
- Patients are spoken to but this is not the main focus of these visits. There is currently enough feedback and assurance from other sources to indicate that patient experience/ caring is the strongest element of the CQC's 'Key Lines of Enquiry', as per the CQC's previous rating of 'Outstanding' for this

The visits continue to be 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.

A range of staff are involved in these visits, including non-executive directors and the chief executive. There are visiting teams briefing sessions at the beginning and end of the visits so that any immediate actions required can be identified and to support a consistent approach to assessment/feedback from the visiting teams. This also enables Trust wide themes and trends to be identified.

Feedback from staff in the clinical areas that were visited has been very positive and the revised visit structure/ approach is felt to be positive and supportive. The feedback from visiting teams has been that they enjoyed the experience and staff felt able to be open and candid with them.

A Trust wide action plan to address the learning identified by these visits is in the process of being implemented. However, there were no issues identified which would have had a significant impact on the Trust's current CQC rating.

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 achieved meaning that the Trust gained a 'standards met' grade for the 2022/23 submission.

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 England, (previously NHS Digital) has incorporated a cyber-security service into its CareCERT, (care computing emergency response team). This increases cyber resilience across the health and social care system by looking for emerging threats and advising healthcare organisations on how to deal with them. The Trust receives alerts and acts upon them.

In addition, the UK National Cyber Security Centre, (NCSC) provides the cyber essentials scheme to enable organisations to fulfil two functions:

- provide a clear statement of the basic controls all organisations should implement to mitigate risk through '10 steps to cyber security'

- provide an assurance framework in order that an organisation can be assessed for resilience against cyber threats.

Mandatory cyber security requirements are a key part of the Data Security and Protection Toolkit. In 2022/23, all of these requirement standards were achieved. The Trust has ongoing processes and procedures in place to maintain these standards.

The Cyber Essentials PLUS accreditation 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 a nationally approved company of cyber security experts carry out vulnerability tests to make sure that the organisation is protected against cyber security threats. The Trust has ongoing processes and procedures in place to maintain these standards.

Hospital episode statistics

QVH submitted data during 2022/23 to the Secondary Uses Service (SUS) for inclusion in the hospital episode statistics. The data below is the percentages achieved by QVH for 2022/3 from the SUS datasets benchmarked against the national percentage targets achieved. QVH's performance exceeded or matched the national achievements.

Hospital episode statistics		Nationally	QVH
Percentage of records in the published data which include the patient's valid NHS number	Admitted patients	99.6%	99.7%
	Outpatient care	99.8%	99.8%
	MIU	86.5%	99.4%
Percentage of records which include the patient's valid general medical practice code	Admitted patients	99.7%	99.4%
	Outpatient care	99.5%	99.5%
	MIU	95.9%	99.8%

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.

Payment by results and clinical coding

The annual clinical coding audit for 2022/23 assessed the work of the clinical coding team. The report highlighted that QVH coders have demonstrated an excellent understanding of national clinical coding standards and thorough extraction skills. This is reflected in admitted activity audit results as follows:

Area	2018/19 Audit	2019/20 Audit	2020/21 Audit	2021/22 Audit	2022/23 Audit
Primary Diagnosis	89.0%	86.0%	84.50%	98.0%	96.5%
Secondary Diagnosis	93.9%	87.3%	91.11%	98.32%	96.38%
Primary Procedure	95.5%	92.2%	94.71%	98.82%	98.72%
Secondary Procedure	98.4%	92.4%	96.80%	98.63%	98.99%

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 continue to be developed and supported by Monmouth Partners who assist with training, mentoring and backfill coding.

Improving Data Quality

Data quality 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 14 staff who meet on a monthly basis. The DQIG is updated by the data quality lead and these updates are informed by data quality sub-groups and one-to one meetings with relevant stakeholders who meet to progress projects agreed by the DQIG. Examples of ongoing projects are as follows:

- Episode Management
 - Undischarged episodes
- Psychotherapy Process Review
- Review recording and processes related to bed occupancy

Some projects have been moved to 'business as usual' and will only be returned to the data quality group by exception. These include:

- Consultant specialty code – codes updated in PAS and process in 'business as usual' with contracts team
- Ethnicity recording – processes established and monitored
- Implementation of recording patient deaths to ensure compliance with new guidelines – process and documentation agreed and added to new policy
- Non-elective unused open episodes – new process and monitoring of compliance in place

The data quality 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.

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.

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

	2019-20			2020-21			2021-22			2022-23		
	<16	16+	Total	<16	16+	Total	<16	16+	Total	<16	16+	Total
Discharges	2008	17729	19737	1538	15094	16632	2036	17533	19569	2350	17837	20187
Emergency readmissions within 28 days	42	325	367	54	345	399	54	361	415	67	407	474
28 day emergency readmission rate	2.09%	1.83%	1.86%	3.51%	2.29%	2.40%	2.65%	2.06%	2.12%	2.85%	2.28%	2.35%

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.

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

	2016/7	2017/8	2018/9	2019/20	2020/21	2021/22	2022/23
In-hospital mortality	0.005%	0.020%	0.026%	0.005%	0.015%	0.022%	0.019%
In-hospital deaths	1	4	5	1	2	4	2

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.

The NHS Standardised Hospital Mortality Index (SHMI) is the ratio between the actual number of patients who die following hospitalisation at a NHS trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. QVH is on the NHSE exemption list for participating in SHMI as it is not possible to benchmark our unique patient mix against any other providers

However, we remain confident, for the reasons above that all QVH deaths are reviewed robustly to ensure that any learning is identified, disseminated to staff and addressed.

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 2022/23 two patients died whilst being inpatients at QVH. The number of patients who died per quarter is shown in the table below. One death was expected and the other was unexpected.

2022/23	Q1	Q2	Q3	Q4
Number of deaths	0	1	0	1

A formal investigation is currently underway to review the care provided to the patient who died unexpectedly.

All deaths occurring off-site, but within 30 days of inpatient care or outpatient treatment at QVH, are subject to a preliminary case note review. Cases are escalated to a Structured Judgement Review (SJR) or formal investigation as part of the risk management framework where required.

To provide assurance that the QVH learning from deaths process is robust, over 2022/23 a Trust mortality surveillance panel has been introduced to:

- Oversee, monitor and support the implementation of the responding and learning from deaths policy.
- Monitor compliance/ progress with detailed formal investigations, and escalate to the clinical governance group and to the quality and governance committee as necessary.
- Ensure that any deaths requiring reporting externally is completed in a timely way.

In addition, an external Consultant colleague has been employed by QVH to be a 'Medical Examiner' for the Trust. Medical examiners are senior medical doctors who are contracted for a number of sessions a week to provide independent scrutiny of the causes of death, outside their usual clinical duties. They are trained in the legal and clinical elements of death certification processes.

The purpose of the medical examiner system is to:

- Provide greater safeguards for the public by ensuring independent scrutiny of all non-coronial deaths
- Ensure the appropriate direction of deaths to the Coroner
- Provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased
- Improve the quality of death certification
- Improve the quality of mortality data.

Reporting of Patient Safety Incidents

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 National Reporting and Learning System (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.

Patient safety incidents		2020/21	2021/22	2022/23
Total reported patient safety incidents	QVH	575	678	895

Patient safety incidents		2020/21	2021/22	2022/23
Number of incidents resulting in severe harm or death	QVH	0	0	1
Incident reporting rate per 1,000 spells	QVH	66.2	69.3	87.2
Lowest Acute Specialist Trust incident reporting rate per 1000 bed days		22.4	21.7	Not yet published
Highest Acute Specialist Trust incident reporting rate per 1000 bed days		185.2	159.4	Not yet published

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 nationally.

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.

The new 'Learn from Patient Safety Events' (LFPSE) system is now underway, with National rollout expected to be completed in all trusts by September 2023.

QVH actively promotes a 'no blame' culture. Staff are expected to report incidents as soon as they occur and are encouraged to do so. The staff spoken to during the 'Internal Peer Reviews' all felt that QVH had a 'no blame' culture and that they felt confident reporting incidents. Support is given to help staff achieve timely completion of investigations.

From September 2022, all trusts began the rollout and implementation of PSIRF: 'Patient Safety Investigation Response Framework' – as with LFPSE, full working within this framework is expected to be completed by September 2023.

Infection Control – hand hygiene compliance

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

- QVH has a robust process in place for monitoring and 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
- The annual figures show the highest rate of compliance in the last 8 years

- 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	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Hand hygiene (washing or alcohol gel use)	95%	99.1%	99.4%	99.2%	96.6%	93.4%	95%	98.7%	99.5%

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. An investigation using Root Cause Analysis is undertaken for each identified case to identify areas for improvement and associated action(s) to address these
- Incidents are collated internally and submitted monthly to the Integrated Care Board
- 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	2022/23
Trust apportioned cases	2	0	0	2	7	2	4
Rate per 100,000 bed-days for specimens taken from patients aged two years and over (Trust apportioned cases)	14.26	0	0	14.89	78.95	18.51	39.0

QVH strives to meet the challenging low targets set but has continued to see higher than pre-pandemic levels of Clostridium Difficile rates. This reflects the national picture with higher rates than normal being reported due to the national antibiotic prescribing rates being higher than in previous years. It is felt that this is at least in part related to the ongoing delays and difficulties accessing face to face GP appointments.

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 the quality and governance committee.

Investigations of this year's cases using root cause analysis has shown one case was sent from the surgical ward, one from the burns unit and two from the critical care unit. Results of the RCA showed consistent non-compliance with antibiotic prescribing and antimicrobial

stewardship, poor documentation by both nursing and medical staff. There was also a delay in results being known due to errors in the laboratory reporting system, which have now been resolved.

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 an antimicrobial steering group being formed with the medical director and an intensivist 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. Improving anti-microbial stewardship has also been chosen as a quality priority for 2023/24 with clear quarterly achievement milestones.

WHO Safe Surgery Checklist

In June 2009, 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 and to prevent Never Events.

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.

In 2015 the National Safety Standards for Invasive Procedures (NatSSIPs) were introduced to support the five steps using quality improvement and human factors methodology. In January 2023 the NatSSIPs 2 were revised to ensure safe, reliable and efficient care to every patient having an invasive procedure and central to this is a focus on people, staff and patients.

The NatSSIPs 2 have evolved into organisational standards and the NatSSIPs eight sequential standards.



The sequential standards incorporate the five steps to surgical safety:

- 1) The verification of consent and the correct marking of the patient
- 2) The 'team brief' will follow where each patient is discussed with the whole team and any critical events identified and any learning objectives for the day are discussed.

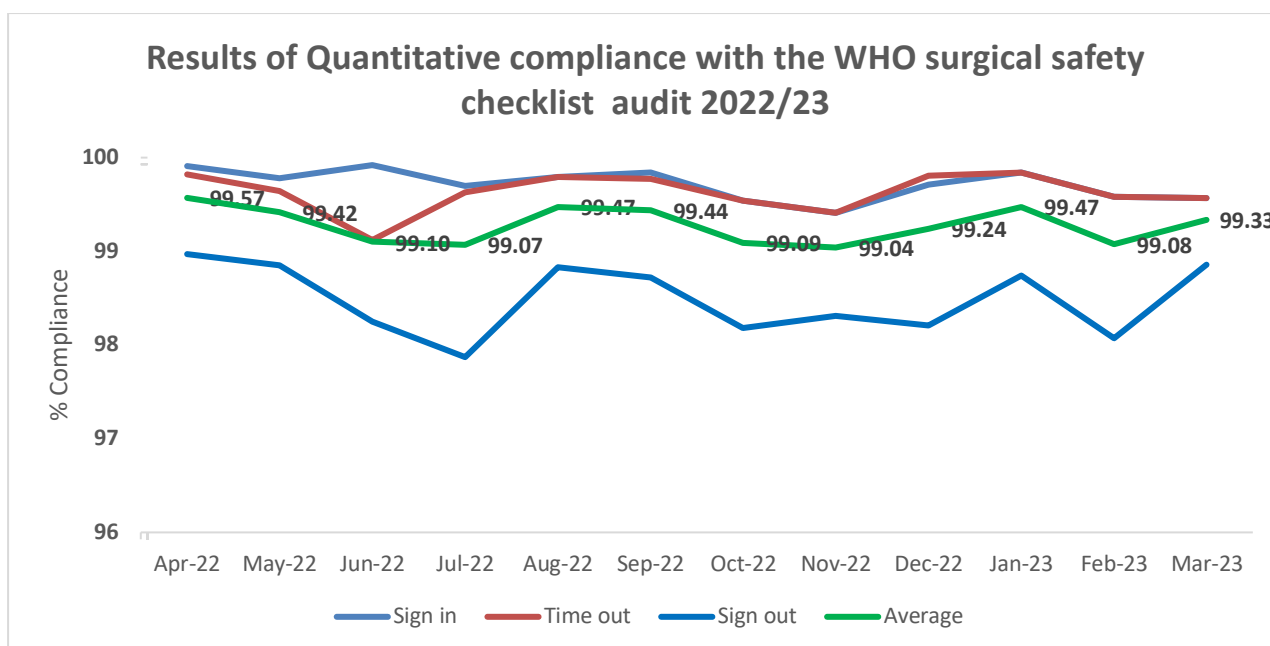
- 3) The 'sign in' is carried out before induction of anaesthesia.
- 4) The 'time out' is before skin incision,
- 5) Implant use, insertion of an implant is a key procedural event, it is essential that the patient receives the correct implant and it is recorded correctly.
- 6) Reconciliation of items, this standard supports safe, consistent and efficient practice in accounting for all items used during invasive procedures
- 7) 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.
- 8) Debrief/handover

At each of the doctors' induction sessions the expectations on the use of the WHO surgical safety checklist is taught and each quarter a qualitative observational audit is carried out which focuses on human factors and behaviours of the team. This audit shows that the five steps are embedded in practice and is a very useful tool in ensuring everyone has a voice and can raise a concern.

The Trust uses the checklist in other departments such as outpatients and maxillofacial.

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).

WHO surgical safety checklist compliance audit	Compliance (%)			
	Sign in (%)	Time out (%)	Sign out (%)	Average (%)
Apr-22	99.91	99.82	98.97	99.57
May-22	99.78	99.64	98.85	99.42
Jun-22	99.92	99.12	98.25	99.10
Jul-22	99.7	99.63	97.87	99.07
Aug-22	99.79	99.79	98.83	99.47
Sep-22	99.84	99.77	98.72	99.44
Oct-22	99.54	99.54	98.18	99.09
Nov-22	99.41	99.41	98.31	99.04
Dec-22	99.71	99.81	98.21	99.24
Jan-23	99.84	99.84	98.74	99.47
Feb-23	99.58	99.58	98.07	99.08
Mar-23	99.57	99.57	98.86	99.33



Venous thromboembolism – initial assessment for risk of VTE performed

Patients undergoing surgery can be at risk of venous thromboembolism (VTE) or blood clots.

VTEs 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
- From April 2017 to March 2020 this information was published by NHS Improvement.
- National benchmarking data to enable QVH to benchmark against the lowest and highest performing Trusts has been unavailable since 2020.
- However, QVH has consistently been >95% compliant with this metric for 2022/3.

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

	Target	Q1 2021/2	Q2 2021/2	Q3 2021/2	Q4 2021/2	Q1 2022/2	Q2 2021/3	Q3 2022/3	Q4 2022/3
VTE risk assessed on admission	95%	98.3%	98%	98.3%	98.2%	96.8%	98.2%	97.5%	97.9%

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

9 Hospital acquired pressure ulcers were reported during April 2022–March 2023

	Target	2018/19	2019/20	2020/21	2021/22	2022/23
Development of pressure ulcer grade 2 or above per 1,000 spells	0	0.2 (total=5)	0.4 (total=8)	0.5 (total=8)	0.5 (total=8)	0.9 (total=9)

All pressure ulcers 2022/3	Category 2	Category 3	Category 4	Deep tissue injury	Unstageable
Number of Pressure ulcers in category (depth)	7	1	0	0	1

7 pressure ulcers were device related, including medical and non- medical devices;

- 6 category 2 pressure ulcers were device/equipment related.
- 1 category 3 pressure ulcer was device related

Moisture associated skin damage was reported for 2 patients:

- 1 was incontinence associated skin damage
- 1 was other moisture associated skin damage

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. NG tube securement is one example where changes have been implemented. 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 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 revised pressure ulcer guidelines and has been delivering group training 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 included a change in the validated pressure ulcer risk assessment tool with increased sensitivity to identify risks for our surgical patients and implemented national framework in ASSKING preventative care plans. A re-audit has shown improvements in risk assessment and ASSKING care planning and identified some learning requirements. The tissue viability nurse and senior staff plan to collect CQUIN data and provide regular feedback about pressure ulcer risk and preventative care.

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.

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	2018/19	2019/20	2020/21	2021/22	2022/23
Failure to deliver single sex accommodation (occasions)	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 2022/23 through the use of single rooms and the appropriate planning of patient admissions.

NHS Friends and Family Test

Friends and family Test (FFT) results are one of many points of patient feedback we use to help us continuously improve our service and the care we provide. Triangulated with other patient feedback the results can show us where we have a problem we need to address and how well we have done when changes and improvements are made.

Patient feedback throughout the year has been very positive, especially our inpatient areas (wards) with 99% of respondents likely or very likely to recommend us to their friends and family.

Feedback is collected through a range of different methods including patient self-service, text messages, paper surveys and integrated voice messaging.

In 2022 we introduced our digital inpatient survey. This allows patients to use a tablet in their inpatient area to provide their feedback. We are planning to expand this so that patients can scan a QR code and provide their feedback via their own smartphone or device.

Whether an outpatient appointment is face-to-face, virtual or on the telephone we will always seek feedback where we have contact details to do so.

We recognise that some people would prefer to share their experience(s) in other ways. Therefore, in all patient areas there are details of how patients/ carers/ relatives can contact the Patient Experience Manager by email or telephone/ use the Care Opinion website.

For the majority of patients who feedback positive experiences, the quality of care and the value of high quality interactions with staff are the key factors for their recommendations.

FFT results are reviewed by the Patient Experience Group, Quality and Governance Committee and at a Board level. The figures are also published monthly at a national level. Each month details are published nationally on our performance in the context of all NHS Trusts who complete FFT, and what they thought about their care.

NHS FFT scores (patients)	Minor injuries unit					Acute inpatients				
	2018/19	2019/20	2020/20	2021/22	2022/23	2016/17	2019/20	2020/20	2021/22	2022/23
% extremely likely/likely to recommend	96%	96%	97%	94%	94%	98%	98%	99%	99%	99%
% unlikely/extremely unlikely to recommend	2%	2%	2%	3%	3%	0%	0%	0%	0%	1%
Response rate	23%	18%	29%	23%	22%	46%	39%	30%	38%	36%

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 consideration 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.

Complaints

Complaints are another form of patient feedback that enables the Trust to listen to their experiences in order to identify learning points and take appropriate action to address these. When a patient/ carer/ relative complains we have fundamental standards to adhere to;

- 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.

In order that our concerns and complaints process meets these standards it 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 investigate and respond but the true purpose of each case is to listen to the feedback and identify gaps in our service provision and the changes that may be needed to improve our services for patients.

Learnings from complaints is therefore highlighted at a range of meetings, including Business Unit meetings, the Clinical Governance Group, Quality and Governance Committee and Board meetings. This governance process enables any learning and associated action (s) at an appropriate level of detail to provide assurance that QVH is an organisation which both listens to its patients/ carers and learns from their experiences.

	Target	2018/19	2019/20	2020/21	2021/22	2022/23
Complaints per 1,000 spells (all attendances)	0	0.26	0.34	0.26	0.26	0.28
Complaints per 1,000 spells (inpatients)	0	2.9	3.5	2.8	2.7	3.0

Between 1 April 2022 and 31 March 2023, we received 62 formal complaints and 202 PALS queries.

Workforce

The Trust is very aware of the need to attract a diverse workforce into the senior roles. The annual diversity report sets out how QVH is addressing the workforce race equality standard, workforce disability equality standard, and gender pay gap. 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 2022/23.

With the increasing use of e-workforce systems, the Trust continues with its deployment of electronic rostering systems and leave management. Therefore 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.

Staff Wellbeing

QVH has a health and safety group, which regularly receives reports from across the Trust highlighting any potential wellbeing risks and how they are being addressed. In addition, the workforce department provides quarterly information on sickness absence data and wellbeing initiatives for staff. Data on this is also included in workforce reports to the board and board sub-committees.

The Trust's occupational health service continues to be provided by Cordell Health on site three days a week with dedicated occupational health advisors for self-referrals and management referrals, as well as access to occupational health physicians as required. Staff are able to self-refer to the internal physiotherapy service provided on-site at QVH.

The employee assistance service continues to be 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.

The workforce advisory team continue to support the health and wellbeing of staff and a health, wellbeing and inclusion coordinator started in post to lead a programme of initiatives and information to ensure staff have access to support and resources on a range of topics.

Freedom to speak up Guardian

QVH has a Freedom to Speak up Guardian elected by staff.

The Freedom to Speak up Guardian supports staff to speak up about any concerns they have about anything that could harm patients, the public, staff or the hospital's reputation.

The Freedom to Speak up Guardian reports directly to the Chief Nurse and attends the Board of Directors meeting bi-annually.

QVH works to support an open culture, where issues are identified and learning points are recorded.

To ensure continuous improvement, the latest Freedom to Speak up Review Tool, published in 2022, will be utilised by QVH during summer 2023 to help the Board reflect on the current position and any improvement needed to meet the expectations of NHS England and NHS Improvement and the National Guardian's Office.

In the year April 2022 – March 2023 21 members of staff met with the Freedom to Speak up Guardian to raise their concerns.

Quarter	No of staff	Status
Q1 2022/3	3	Investigated, all closed. Follow up support offered
Q2 2022/3	15	Investigated, all closed. Follow up support in place.
Q3 2022/3	2	Investigated, both closed. Follow up support offered.
Q4 2022/3	1	Under investigation, support in place.

Services Provided by QVH

During 2022/23, 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 continues to be underpinned by the regular monitoring of metrics reflecting patient safety, clinical effectiveness and patient experience.

NHS England and NHS Improvement national priority indicators

NHS England set out the national priorities for 2022/23 to ensure consistency of performance measures and use of the following national access and outcomes measures to assess governance of NHS foundation trusts. The year 2022/23 continued to feel the impact of the post covid-19 pandemic recovery phase, with a backlog of patients awaiting elective procedures. Therefore, NHS England particularly focused NHS hospital trusts on recovering the elective position and enabling more patients to receive surgery. QVH worked collegiately with peer hospitals across Sussex, Kent and Surrey and provided mutual aid to enable patients across key specialities to receive timely treatment at QVH.

NHSE national priority indicators for safety, effectiveness and experience can also be found in section 2.

QVH's 2022/23 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.

Experience	National Priority indicator	2022/3 Performance		Quarterly trend			
		Target	Annual	Q1	Q2	Q3	Q4
Minor Injuries Unit access	Attendees completing treatments and leaving within 4 hours in MIU	95%	99.64%	99.49%	99.71%	99.78%	99.55%

Source: QVH information system

Elective waiting times

In 2022/23 waiting times continued to be impacted by the post Covid-19 pandemic recovery of the backlog of patients awaiting treatment. QVH increased the number of elective operations carried out whilst maintaining Covid19 incidence vigilance. Patients and staff continued to be screened and patients with symptoms were asked not to attend for

appointments in order to keep the likelihood of spreading the disease to an absolute minimum.

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. However, this plateaued and was successfully on a reducing plan throughout the year.

The trust is maintaining zero patients over 104 weeks, and has made achievements in reducing the number of patients waiting over 78 weeks. In March 2023, QVH successfully eliminated patients waiting 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 post COVID.

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

	Quarter 1 2022/3			Quarter 2 2022/3			Quarter 3 2022/3			Quarter 4 2022/3		
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Referral to treatment within 18 weeks Target 92%	64.27%	66.63%	65.27%	63.5%	64.31%	63.35%	64.44%	65.31%	63.3%	64.18%	63.42%	62.92%
Patients waiting greater than 52 weeks	200	229	273	301	308	296	312	315	327	315	317	313
Total waiting list size	14121	14290	14782	15275	15706	15718	15393	15222	15628	15805	16040	16351

Cancer waiting times

During 2022/23 QVH has continually worked in aiming to achieve all waiting times for cancer patients.

The two-week wait standard for 2022/23 has been challenged due to the increase in cancer referrals. The Trust has sustained performance delivery of the faster diagnosis standard, with performance continually above 80% for 2022/23. The 62-day referral to treatment standard fell in the months of October, January and March, however for 2022/23 the Trust achieved 86.3%.

The number of late referrals, across the three specialities, received by the Trust, and the increasing complexity of cases requiring input from multiple healthcare professionals in primary care, community and across the trust has made achieving the 62-day backlog trajectory challenging.

Patients with cancer continue to be prioritised using our cancer tracking system, with a root cause analysis completed, supporting best practice and prevention of future avoidable breaches. The clinical harm review is linked to this process.

QVH Trust Performance	Quarter 1 2022/23			Quarter 2 2022/23			Quarter 3 2022/23			Quarter 4 2022/23		
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Two Week Wait	83.40%	94.90%	89.50%	92.30%	86.80%	91.70%	91.20%	90.80%	90.50%	85.13%	89.33%	90.40%
62 Day Referral to Treatment	87.50%	89.20%	85.10%	89.50%	91.90%	86.30%	84.00%	85.10%	86.30%	80.00%	85.48%	82.50%
31 Day decision to treat	94.40%	94.80%	96.70%	94.00%	90.30%	94.90%	94.20%	97.90%	97.20%	92.39%	95.77%	93.02%

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.

QVH Trust Performance	Quarter 1 2022/23			Quarter 2 2022/23			Quarter 3 2022/23			Quarter 4 2022/23		
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Diagnostic waits < 6 weeks (DM01)	87.96%	88.90%	88.70%	72.06%	71.60%	75.35%	73.88%	70.10%	56.59%	52.80%	62.03%	70.96%
Diagnostic reporting complete within 7 days	90.00%	99.60%	98.10%	98.90%	96.60%	96.40%	97.60%	99.40%	99.10%	99.20%	98.22%	98.87%

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 10,002 cases being delivered for 2022/23.

	How data is collected	Target	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
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%	1.40%
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	7
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	1

Equality of service delivery to different groups

For 2022/23 QVH has ensured there is clear health inequalities leadership within the Trust including clinical, executive and operational leads.

All Trust policies continue to be subject to an equality impact assessment to ensure no adverse impact on patients or staff with protected characteristics. For 2022/23 a health inequalities sub-section has been included in the trust's standard operating procedure template, to ensure all staff are considering health inequalities in their processes, new pathways or when making pathways changes.

The Trust is striving to continue its improvement on reporting and data collection on health inequalities, with a focus during 2022/23 on data collection and performance reporting that supports analysis of health inequalities. Patient tracking list datasets have been developed to identify core protected characteristics including age, gender and ethnicity. Initial segmentation of the waiting list has also been undertaken. Further work will be required to extend this going forward. Cancer performance is now reported at Board level by patient age, gender and deprivation indices to enable a focus on unwarranted variation.

Services we provide

Anaesthetics

The anaesthetic department at QVH includes 24 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.

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. As well as training in safety and prevention, the anaesthetic department oversee the resuscitation service, and perform a lead role in the event of emergencies throughout the hospital

Two consultant anaesthetists now share the clinical lead roles for physiological investigations and pathways in the QVH Community Diagnostic 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.

The QVH Community Diagnostic Centre continues to develop new pathways and provides access to a range of radiological and physiological investigations, with direct access for GPs and their patients.

We continued to make the training for our junior doctors a priority. In the regular GMC survey of trainees the Trust received 20 green flags, three light green flags, two light pink flags and no red flags in any speciality. The anaesthetic department was rated green on eight out of 18 criteria. The anaesthetic department is consistently a strong positive outlier nationally.

Pre-assessment clinic

A dedicated team of nurses and anaesthetists run the pre-assessment clinic. We have continued to make sure that all patients are screened well, so that their treatment was smooth, complications were rare and late cancellations are kept to a minimum.

In the last year a small team of anaesthetists have been working closely with the pre-assessment nurses, IT and management teams and system developers to construct the pre-assessment component of the safersleep programme, currently utilised during anaesthesia and in the recovery period. The main aims of this project are to streamline the current pre-assessment pathway, reduce workload and unnecessary paper whilst minimising the number of on day cancellations. This will importantly also to allow early optimisation of patients awaiting surgery. It is hoped to include all adult and paediatric elective patients in its initial role out, with the inclusion of trauma patients in due course. We will be rolling this out over the next year.

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. Critical care has been essential for the training and development of skills required for the stepping down of, and continued management of patients on the expanded head and neck unit. This enables complex and advanced cases to be undertaken safely and efficiently, with a clear pathway for post-operative recuperation alongside a dedicated multi-disciplinary team.

During the past year the unit has been reviewed by the South East Critical Care Network. They have reported back favourably and external quality and safety assurances of the work and processes that we follow. This is also backed up by the burns peer review process that was also complementary about the care of burn patients on the unit.

This objective feedback is welcome and is a testament to the hard work, dedication and skill of the medical, nursing and support staff on the unit.

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 that is supported by the anaesthetic department with training and mentoring of staff. We have recently expanded this service to older children. The department carried out an audit in 2022 to validate the safety of nurse lead extubation in children down to 40Kg.

Research

Since the last report the QVH has recruited the largest number of patients from all the 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.

The two virtual reality kits, purchased with a charity donation over two years ago have been very successful on Peanut Ward and with adult burn patients. The kits help with pain management by distracting the brain with virtual environments and 3D games. This year we needed to renew the contract with Rescape and have bought two updated kits from them. New into the market this year have been VR kits specially designed to be used during surgical procedures and we have been trialling two different ones of this type with a view to purchasing one or two more for main theatres.

The pain team continues in its work of training and education. We hold training sessions for most departments within the Trust including burns, physiotherapy, the wards, medical staff, recovery and the preceptorship programme. We also updating patient information leaflets, and pain related hospital policies as required. Regular workshops for regional and epidural anaesthesia are held every few months to maintain skill levels in all areas.

We have carried out a detailed audit (joint anaesthetic and pain team) of the breast reconstruction group and then carried out a pilot study into the use of a longer acting local anaesthetic (it is claimed to be up to 3 days). We were pleased with the results and are introducing this recently licenced drug for patients on an individual basis.

The yearly snap shot audit has been carried out recently and has been extended to include other areas relating to national NICE guidelines for acute and neuropathic pain.

Sustainability and the Green Plan

The anaesthetic department have been collaboratively involved in getting the hospital's Green Plan up and running. We previously had already exceeded national targets for reducing the use of anaesthetic gases that are linked to climate change – desflurane and Nitrous Oxide. After further work, we have now stopped using these at QVH. We are confident that we are the first hospital to do so in the UK, and hope that other hospitals follow our lead. This work won joint first prize at the Joint Hospital Audit competition 2023. The other joint winner of this was a project on anaesthetic emergency drugs and was about improving safety and saving costs, and this is now enabled in all of our theatres.

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 are hopefully spreading the green message far and wide. We are also committed and involved leading further anaesthetic and multidisciplinary projects that will reduce waste and carbon in theatres and beyond.

This year anaesthetists were part of the team that marked the hospital's commitment to green issues and celebrated the launch of the Trust's Green Plan with the planting of an orchard.

The role of the anaesthetic department has in the day to day life of QVH is many and varied. It spans the whole surgical patient journey and much more. It was a key part of the hospital's COVID 19 cancer work, and is now at the forefront of QVH's new challenges.

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 highly specialised microsurgery service to the people of Kent, Surrey and Sussex, and also provide specialist services to patients from across the UK. In 2022/23 QVH surgeons performed 330 free flaps in 251 breast reconstruction patients, with just two flap failures, giving a success rate of 99.4%. The proportion of immediate reconstructions, where the reconstruction is performed at the same time as the cancer surgery, has increased to 57% of our workload, which is our highest percentage to date.

Our aim is to deliver a safe, efficient, high-volume, high-quality service, whilst providing outstanding training to the next generation of breast microsurgeons via our nationally and internationally renowned microsurgical fellowship posts. The complexity of our work is increasing, as we are now able to offer reconstruction to a wider range of patients by using a combination of techniques. For example, in the last two years we have performed ground-breaking "four flap" reconstructions (using both sides of the abdomen and both thighs) for two very slim 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 around the region.

Following the Covid-19 pandemic and a subsequent sudden increase in immediate reconstruction referrals, we have worked hard to try to recover our 52 week wait position for delayed reconstruction patients, whilst crucially not turning away any referrals for immediate breast reconstruction. During 2022/23, in contrast to the preceding two years, we have kept our doors open to immediate reconstruction patients continuously, aided by the development of strategies to flex our operating capacity when required. The encouraging news is that this has not been at the expense of our delayed reconstruction patients; by the end of March 2023 we expect to have operated on all breast patients who had been waiting over 78 weeks, which was a key priority for the Trust.

The 'one-stop' clinic model for immediate reconstruction patients has been a valuable legacy of the pandemic which we have chosen to continue. This enables patients to have their consultation with a surgeon, pre-operative scans and pre-operative assessment in one day, rather than attending the hospital on multiple occasions. Due to clinic capacity challenges, we have now set up follow up clinics led by our breast reconstruction specialist nurses, facilitated by the appointment of a much needed third specialist nurse to support the service. We have also trained the specialist nurses to drain seromas (accumulations of fluid, often in the abdomen or thigh after tissue has been harvested for breast reconstruction). This

enhances the patient experience by avoiding a long wait for the on-call doctor to attend, and by providing continuity of care.

Our current challenges include workforce, as we have also lost some capacity for breast reconstruction, with the recent departure of a locum consultant who was performing microsurgical breast reconstruction cases. It is likely that in the next financial year we will need to create another consultant post. We are also considering the need for a third microsurgical fellow to support the service. In terms of equipment, we have recently trialled a ground-breaking 3D microscope, as we have charity funding to potentially acquire this.

On a national level, our lead consultant for breast reconstruction has been involved in negotiating new OPCS codes for several procedures we perform at QVH (for example breast reconstruction using thigh tissue) which previously did not have a code assigned to them. This should lead to increased revenue capture in future. All of the breast reconstruction consultants are involved in training, and one of the senior consultants is the current Chair of the JCIE (Joint Committee on Intercollegiate Examinations) for Plastic Surgery. Another of our breast reconstruction consultants presented our data at an international conference, showing that the length of hospital stay following free flap breast reconstruction at QVH is now the shortest in the UK, at just under three days. This is largely thanks to our enhanced recovery (ERAS) programme, which is a multi-faceted approach to help patients recover more quickly after surgery.

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 2022/23, the QVH burns service accepted:

- 1429 adult (>16 years of age) new referrals – 9% increase on the previous year
- 417 paediatric (<16 years of age) new referrals – 4% 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 and although considered temporary, is unlikely to be reversed.

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. This digital transformation has continued into 2022/23 and is now embedded in the routine practice of the service.

In 2022/23 there were five 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 bi-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. All cases for 2022 were discussed at the Regional LSEBN mortality meeting and two of these cases were presented at the National Burns Audit in April 2023.

Overall in 2022, 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.

LSEBN Service Peer Review

The London and South East Burns Network commissioned an external peer review of all burns services in the network. Despite some controversy surrounding the overall methodology and implementation of the review process, the QVH Burns Service had the highest compliance with National Burn Care Standards in the network and was commended for a number of areas of practice including therapy and rehabilitation services. Preparation for the peer review required a tremendous commitment of time and energy from the whole MDT and the final outcome was a testament to this.

Research

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 2022/23. 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.

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.

Digital transformation and innovation have been at the forefront of our development of the burns service in recent years.

Following the award-winning implementation of the telemedicine referral image portal system (TRIPS) some years ago, we have been continuing to integrate digital tools in our pathways with the development of QR codes for our burns patient information leaflets – enabling access to patient information leaflets on mobile devices. We have recently implemented digital MDT documentation on Evolve and are soon to launch a digital operation note. These advances will improve the quality, accessibility and legibility of our Burns documentation and reduce errors related to poor documentation. This work has been part of an internal audit of burns documentation, initiated in response to documentation-related incidents.

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.

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.

The service has recently appointed an advanced care practitioner. This is an important new role within the service, bridging the outpatient and inpatient burns activity and providing additional support to the nursing team. This extended role builds on the nursing scope of practice to include more active involvement and responsibility for the delivery of acute burn care in the department.

The Community Diagnostic Centre

NHS Community diagnostic centres (CDCs) provide a broad range of elective diagnostics (including checks, scans and tests) away from acute facilities, so reducing pressure on hospitals, providing quicker access to tests and greater convenience to patients. The improved access provided by the CDCs supports reducing unwarranted variation in referral, access and associated health inequalities.

The QVH CDC was established to start delivering digitally connected diagnostic capacity for the local population. The service provides, in as few visits as possible, coordinated diagnostic tests enabling fast diagnosis on a range of a clinical pathways to improve experience and outcomes.

A working group of clinicians co-chaired by the National Clinical Directors for Respiratory and Heart Disease and finalised in November 2021 developed a breathlessness pre-diagnosis pathway. The pathway was developed in response to the common presentation of breathlessness in primary care and associated delays in treatment and avoidable hospital admissions. The pathway includes an asynchronous multidisciplinary (MDT) approach to support the clinical decision making and patient treatment.

The team at Queen Victoria Hospital Community Diagnostic Centre have been piloting the pathway through the CDC outpatient setting, with the aim of delivering on the objectives of increasing diagnostic capacity, improving productivity and efficiency, delivering a more personalised diagnostic experience, supporting integration of care, improving staff development and satisfaction and making every contact count. The aim of the pathway is not

to monitor known diagnoses that have deteriorated but to focus on speeding up new diagnoses.

QVH has been recognised nationally for this innovative work on the 'breathlessness pathway'. This work has been presented nationally and regionally at the request of Sir Mike Richards and the NHS England CDC development team

QVH is currently working with eight local General Practitioner (GP) practices. GPs in these practices are able to refer their patients for breathlessness pathway and physiological tests including spirometry, FeNO (measuring exhaled nitrous oxide, a biomarker for asthma) and electrocardiogram (ECG).

Moving forward into 2023/24

- QVH is also involved in national pilot work on the skin pathway, sharing best practice and learning with other CDCs.
- From April 2023 the abdominal pathway will provide differential diagnosis around another common set of symptoms.
- Expansion and further development of patient clinical pathways including chronic cough and headache.
- Electronic key performance indicator monitoring through the digital platform, this will enable performance to be monitored closely, ensuring the best outcome for patients.
- Improve wider pathways and access to management and onward referral for patients without having to go back through primary care for this referral process.
- From April 2023 tests available for GPs to order will also include 24 hour blood pressure and 24 hour ECG monitoring
- The number of GP practices which QVH works with will be increased.
- Over the next two years QVH will receive national investment to support both workforce and treatment space. There are national workforce challenges in regarding to imaging and diagnostic expertise, so QVH workforce plans include apprenticeships and other routes to developing skilled staff. There will be a phased recruitment approach to meet the anticipated growth in demand as the service is extended to cover more GP surgery catchments and additional tests.
- The CDC currently operates out of pre-existing QVH clinical space but plans are developing for a new dedicated building

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 eye bank which produces 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 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.

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 International Facial Nerve Symposium in Korea 2022.

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

Glaucoma service

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.

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 six 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 and patient feedback has been exceptional.

Facial paralysis

The QVH Facial Palsy Unit is the largest facial palsy service in the UK and is an internationally recognised centre of excellence in facial palsy. We take referrals from all over the UK (as depicted graphically below). We had 203 new referrals during 2022/3, the majority of whom were initially seen virtually via the Attend Anywhere telemedicine platform. Over 2000 patient appointments were provided over the year, either virtually or face-to-face.



We have two consultant facial palsy surgeons, four facial therapists and two clinical psychologists, forming the facial palsy Multi-disciplinary Team (MDT), which runs approximately sixty MDT meetings per annum.

The QVH facial palsy unit works very closely with the QVH oculoplastic team and refers and receives many facial patients as well as the ENT and maxillofacial surgery departments. The latter two teams refer acute trauma and iatrogenic facial nerve injuries to the facial palsy unit for immediate and late facial nerve repairs. In some circumstances, the facial palsy team is also involved in complex Head and Neck oncological reconstructions. The other departments that the facial palsy unit works with include; speech and language therapy, anaesthetics, psychologists, prosthetics, occupational therapy, theatres, radiologists, administrative teams peripheral nerve surgery team (TMR specialists) and dental/orthodontic teams.

The QVH facial palsy unit also works collaboratively with a number of other trusts. In particular, currently needle electromyography (EMGs) and nerve conduction tests cannot be provided by QVH, therefore, these are provided for our cohort of patients by the neurophysiology services at Guy's and St Thomas's NHS Foundation Trust (GSTT) and the University Hospitals Sussex NHS Foundation Trust. We also run joint neurofibromatosis MDT clinics with GSTT.

We also work closely with;

- University Hospitals Sussex NHS Foundation Trust (UHSx) neurosurgery department.
- the neuro-ophthalmology department at the Moorfields Eye Hospital NHS Foundation Trust Hospital
- the olfactory department at the University of East Anglia
- skull base surgery/Ear Nose and Throat (ENT) at GSTT
- ENT at the Nottingham University Hospitals

The QVH facial palsy unit along with the oculoplastics team, has won many national and international awards including winning 'best paper' at the recently concluded 14th International Facial Nerve Symposium (IFNS 2022) in Korea with a total of 29 presentations.

All facial palsy patients are continually assessed using patient-related outcome measures (PROMs) and this is collated on a QVH database, kept by the facial therapists at QVH. Our outcome audits are registered with the QVH clinical governance and audit team. Objective assessments by the clinicians on the other hand, include the Sunnybrook Facial Grading Scale, House-Brackmann score and the East Grinstead Grades of Stiffness (EGGS), the latter was developed in-house at East Grinstead.

Hand Surgery

QVH's hand surgery department serves approximately 5-6 million people in the South East, covering an area from Dover, Canterbury and Brighton to the outskirts of London. QVH provides three operating theatres for trauma surgery and up to two theatres for elective surgery on a daily basis, five days a week. Weekend services are provided in the form of a CEPOD trauma theatre and a local anaesthetic theatre for more straightforward hand injuries.

The hand surgery department provides

- Treatment for congenital hand deformities for which QVH is both a regional and national service.
- Treatment of painful conditions of the hand due to arthritis or nerve injuries.

- Treatment for hand trauma; fracture fixation, nerve injuries, tendon injuries, infections and reconstruction of burn injuries to the upper limb. This includes a hand/digit(s) replantation service for Kent, Sussex and parts of Surrey.
- Reconstruction after burn injury and 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. This enables complex upper limb injuries to be treated conjunction with orthopaedic surgeons.
- Reconstruction and resection of cancers of the upper limb
- Treatment for paralysis after nerve injuries requiring tendon transfers
- Rehabilitation of traumatised hands

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

QVH hand 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 over 2022/23

New modular theatre

This has been operational since July 2022, allowing for operations on hand injuries on the day of attendance. The hand trauma clinic has moved back into its pre-covid area. This has resulted in 90% of trauma patients getting treatment on the day of attendance.

Clinical effectiveness

Two therapy led trauma clinics have been established where therapists see post-operative trauma patients. These enable more flexibility for patient appointments by increasing the number of post-operative appointments that are available to patients. They also reduce 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 now 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 theatre 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 joint plastic and orthopaedic clinic at the Royal Alexandra Children's Hospital in Brighton which assists the local orthopaedic surgeons with paediatric hand problems

Research

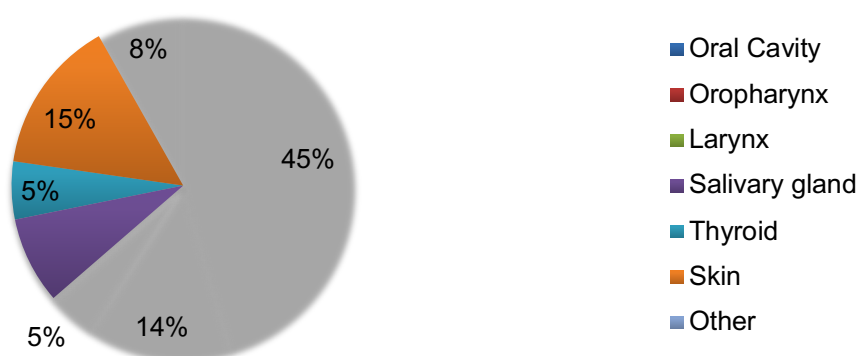
We have participated in the following research projects;

- First NIHR sponsored study in collaboration with Sheffield University to study Flexor tendon rehabilitation
- Dupuytren's study in collaboration with Oxford University in which tissue is grown to study and modulate the cells that cause Dupuytren's contracture.
- Part of MultiCentre RCT on Paediatric Nailbed injuries (NINJA trial) run by the Reconstructive Trials Network based at the University of Oxford

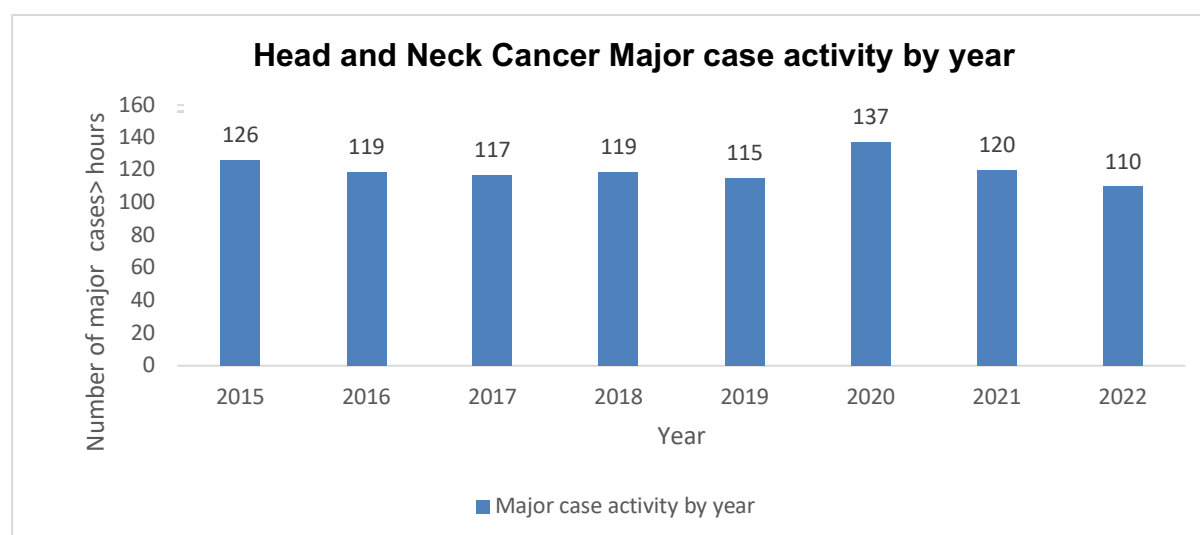
Head and Neck Cancer Services

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.

Head and Neck Cancer Tumour Subsites treated 2022/23



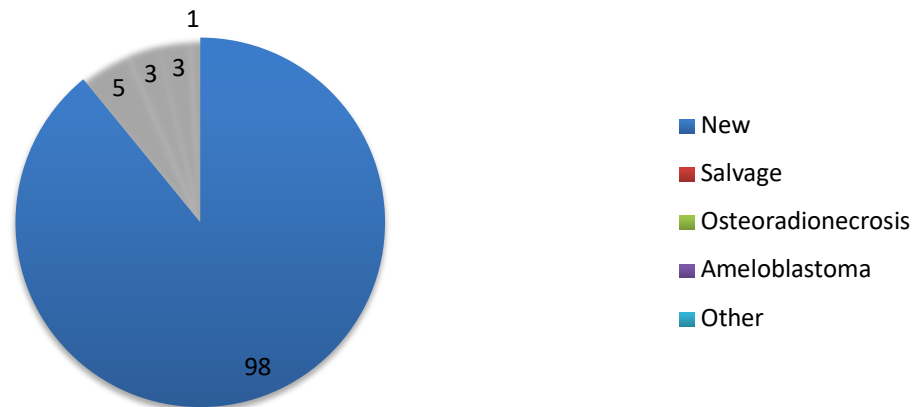
The previous high volume trends seen throughout the COVID pandemic have continued with QVH becoming a Cancer Hub for the third time in December 2021. This has kept major case operating, including complex free flap reconstruction, at a persistently high level.



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 2022 we performed a total of 63 flaps, including fibula, scapula tip, medial sural artery perforator, latissimus dorsi, radial forearm and anterolateral thigh, supra-clavicular and pectoralis major flaps.

Major Head and Neck Cancer Case Characteristics 2022



Despite our high volume, the outcomes for our patients remain excellent. Our 30-day readmission rate is 1.8%, survival within 30 days is 99.1%, which is equivalent to the highest performing units in the country and our mean length of stay is lower than the national average at 11.2 days for major cases. 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. Our flap success rate continues to remain greater than 90% with 2022 being a year for more complex resections and a wider demographic of patient age (27yrs-101yrs). Functional rehabilitation is also a key area within our reconstruction with 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.

Offering personalised care has been a focus for the QVH team this year, in particular our head and neck clinical nurse specialist (CNS) team who provide personalised care and support interventions to patients during their cancer journey. Holistic needs assessments (HNA) are undertaken within six weeks of a person's diagnosis and this ensures that people's physical, practical, emotional and social needs are identified and addressed at the earliest opportunity. The Trust has recently signed up to the Macmillan eHNA which will enhance data collection and enable the Trust to see trends in how we can best support head and neck cancer patients. Once surgical treatment is completed, the CNS team complete treatment summaries, which provide both the patient and their GP with valuable information, including a detailed summary of treatment completed, potential side effects, signs and symptoms of recurrence and contact details to address any concerns. The on-site QVH Macmillan Information Centre ensures that there is provision of accessible information about emotional support, coping with side effects, financial advice, getting back to work, making healthy lifestyle choices and also offers complementary therapies. This support is available before, during and after cancer treatment. As a head and neck team, we are starting to look at personalised stratified follow-up (PSFU) and nurse led follow-up clinics.

The team has been actively involved in recruiting patients to a number of national clinical trials including RAPTOR for the treatment of osteoradionecrosis, and has expressed an interest in joining the Everest HN-4 trial aiming to help improve the suspected head and neck cancer pathway. Measuring quality outcomes has always been a priority and the team have been proactive in collecting QOMs data along with GIRFT activity in preparation for the SE England visit. The clinical lead for head and neck cancer is also the clinical lead for the Sussex, Surrey cancer alliance (SSCA). Within these roles QVH has been instrumental in

jointly working on meeting cancer care targets; early diagnosis, patient stratified follow up and ensuring that there is no treatment variation in care.

Maxillofacial prosthetics service

QVH provides Europe's largest maxillofacial prosthetic service, 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 in house capacity for 3D surgery planning and device 3D additive manufacturing capability. To this end, during the last 12 months, more staff within the department have completed training to use head & neck surgery planning software and use stereolithographic 3D printing equipment to manufacture medical devices. This, developing and improving, 3D facility continues to produce high quality medical devices and reduce theatre time, resulting in improved postoperative outcomes.



Polymeric indwelling ocular shell type prosthesis

Medical and Dental Education

In medical and dental education, the excellent GMC survey results have demonstrated the work that has taken place in all specialties to recover from the impact of COVID-19. Green flags for facilities in all areas show the positive impact of the recent investments in rest and educational facilities. There has also been a particular improvement in higher plastic surgery, and continued strong results in core surgery as well, which is testament to the efforts made by the plastic surgery team. An action plan to look at improved results for feedback and supervision is under development, which will include a CPD offering for supervisors.

The requirements of new curriculums introduced for plastic surgery and anaesthetics have been successfully implemented and monitored via local faculty group meetings.

SAS funding has been used to deliver two CPD events for SAS doctors, covering business planning and communication skills, and a developmental away day will be delivered before the end of the financial year.

The dental skills lab, funded by Health Education England) HEE, is in regular use, with a wide variety of CPD courses for dental staff at all levels being delivered in conjunction with HEE. QVH staff are successfully engaging with delivering and attending the courses on offer.

Work is underway with the clinical education lead and the organisational development and learning team to roll out the HEE LEEP leadership programme as a multi-professional leadership offering for all staff. This has been chosen as a Quality Priority for 2023/24.

Minor Injuries Unit (MIU)

The QVH MIU is a nurse and paramedic-led acute care unit, and serves the community of East Grinstead and its surrounding areas. The operating hours of the MIU are 8am to 8pm daily including weekends and all bank holidays.

The MIU team consists of nine practitioners and four receptionists. Each practitioner is a highly trained and experienced specialist who assesses, diagnoses, treats and managing a large range of minor illnesses, minor ailments and minor injuries in adults and children over the age of 1 year. The team take pride in continuously delivering and providing excellent safe and effective care to all patients. Three practitioners on the team are non-medical prescribers, and one practitioner will complete a Master's degree in being an advanced nurse practitioner in the next 12 months.

The MIU team continue to support the acute and primary care services which is reflected in our attendance numbers over the last 12 months. Since 1 April 2022 until 31 March 2023, the MIU team has seen, treated and managed 16,539, patients nearly 20% increase in the last year. With the daily attendance is currently around 55 patients over the last 6 months, the projected attendance for the next year is about 20,000 patients.

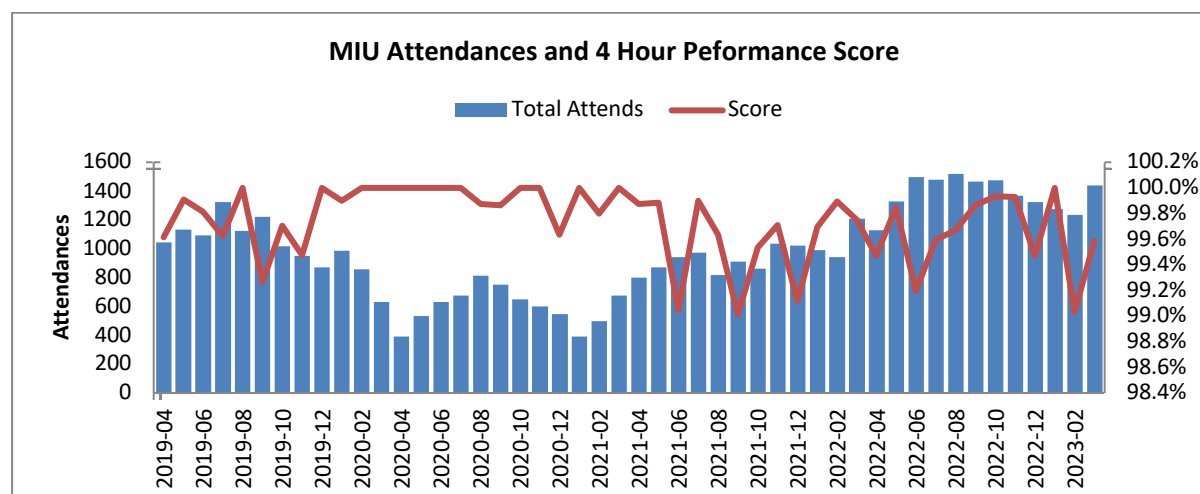


Fig 1. MIU attendances and waiting times to be seen within 4 hours 2019-2023

Since the easing of restrictions and the initial uncertainty of the pandemic diminishing, acute and primary healthcare services have had to operate with new approaches to care provision. The MIU continues to be accessible to all patients and a great support to primary care provision in the local community and beyond, ensuring that patients have continuity care assurance with face to face consultations. Like many areas in health care, the MIU team continue to face new the challenges of the pandemic, and constantly review successful approaches to navigating these challenges.

New developments in MIU over 2022/23

One of the newest approaches to patient management which the team have undertaken is the utilisation of a triage system. Triage is a face-to-face contact with the patient and should be performed in an environment that has sufficient privacy to allow the exchange of confidential information. The triage encounter should occur within 15 minutes of arrival or registration and should normally require less than 5 minutes contact (Royal College of Emergency Medicine).

Launched in September 2022, the introduction of, and consistent use of the triage system, has demonstrated a decrease in patients waiting times, and the team have been able to ensure that patients have access to the most appropriate health care setting depending on their clinical need. The triage system has been favourably received by the patients and MIU staff, and has had a positive impact on the waiting times in MIU.

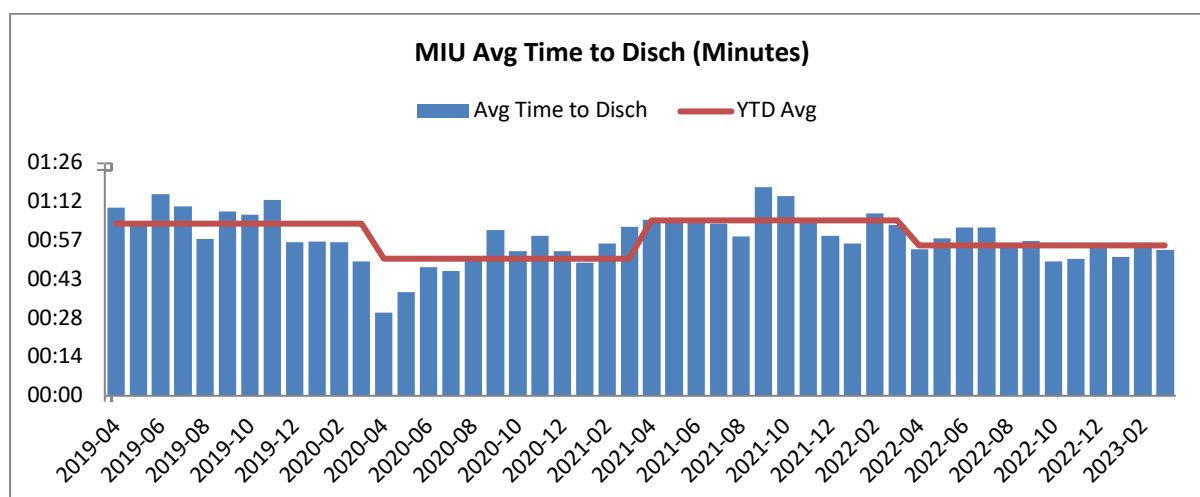


Fig 2. MIU average time with the introduction of Triage

The Minor Injuries Unit consistently maintains an above national average recommendation in the monthly friends and family test a testament to the success of the service provided by the team.

Moving forward 2023/24

Service improvements continue to be strengthened and maintained between the MIU team and those of the speciality teams including hand trauma and therapy, maxillofacial, plastics and corneo services, to ensure that the QVH values and key strategic objectives are met in order to deliver excellent care and positive patient and staff experiences. The staff continue to ensure that educational opportunities are maintained through regular training, presentations, and teaching sessions alongside providing excellent patient care.

Nursing and AHP education and workforce development

Education supporting recruitment

QVH supported three employees 'return to practice' as registered NMC nurses and HCPC radiographer over 2022/23.

Three employees with international registrations have been supported to gain NMC and HCPC registration and are now working as nurses and physiotherapist.

Following the introduction of the national nursing preceptorship framework for nurses in 2022 QVH developed an inter-professional preceptorship policy, workbook and training programme for nurses and allied health care professionals (AHPs).

Clinical Apprenticeships

In 2022/23 QVH has supported the first radiography apprentice. There has also been an increase in the other clinical apprenticeship opportunities.

Apprenticeship	Academic Level	No in post
Registered Nurse Degree Apprentice fast track	Degree Level 6	2
Trainee Nursing Associate	Foundation degree Level 5	5
Operating Department Practitioner	Degree Level 6	8
Radiographer	Degree Level 6	1
Healthcare Assistant Practitioner (Radiography)	Foundation degree Level 5	1
Healthcare Science Associate (Ophthalmology)	Level 4	2
Senior Health Care Support Worker	Level 3	3
Advanced Care Practitioner	MSc Level 7	1

Continuous Professional Development (CPD)

To promote the value of inter-professional learning the QVH quality priority for clinical effectiveness focused on increasing both access and deliver of specialist training across professions. As a result, in excess of 250 QVH staff have attended CPD training opportunities.

Example of training delivered are:

- Burns management study day
- Emergency management of tracheostomies and laryngectomies
- Enteral nutrition study day
- Multidisciplinary management of facial palsy study day
- Visual impairment awareness workshop
- Various critical incident simulation training
- Principles of plastic surgery study day
- Head and neck study days
- Hand trauma workshop
- Ophthalmology study day
- Skin cancer study day
- End of life study day

In March 2023, QVH facilitated the first accredited study day endorsed by BAPEN for enteral nutrition delivered by our nutrition team. This is an exciting development, promoting the excellent learning opportunities QVH delivers for both internal and external professionals.

Other CPD funding has been identified and allocated through the annual training need analysis and the funding panel application process. This has supported staff to access postgraduate development including burns management, leadership, intensive care nursing, pain management and cancer. In addition, staff have attended workshops and conferences relevant to their professional role development. CPD opportunities are a vital in supporting staff retention and improving safe patient care.

Education supporting new role development

QVH first advanced care practitioner (ACP) qualified in September 2022 and is now leading the burns outpatient services. QVH supported this nurse over a three year level 7 programme. The ACP role is expanding across professions with three AHPs in the process

of the ACP ePortfolio. The ACP role is designed to transform and modernise pathways of care to meet the needs of the patients they care for.

QVH first simulation trainer joined the simulation faculty in September 2022 to support and expand simulation training across the organisation. The purpose of inter-professional simulation training is to support safe patient care and improve communication and teamwork across professions.

Clinical practice placements

QVH continues to support pre-registration NMC and HCPC student placements across the organisation. QVH continues to work with NHS Sussex and HEE with placement expansion work. This has resulted in an increase of placement requests from universities and other education providers.

Positive placement experiences has led to employment of newly qualified nurses particularly in Canadian Wing.

QVH AHP workforce strategy

During 2022/23, the QVH AHP workforce development plan was facilitated in conjunction with QVH AHP leads, HEE and NHS Sussex ICS. This included data analysis, job planning, recruitment and retention. HCSW development opportunities, new apprenticeships and career development for the AHP workforce. This has been a positive and engaging exercise that has seen the profile of the AHP workforce increase significantly across both QVH and the wider health care sectors.

Health Care Support Workers (HCSW) training and development

QVH supported twenty-two HCSW to successfully completing the care certificate
In January 2023 a new role ready induction programme, has been introduced which includes the care certificate.

A new HCSW induction and competency handbook was introduced with additional digital information access within a Padlet.

Due to the success of the HCSW trainer role with the development of HCSW over the last 18 months a request has been submitted to make the role substantive. The position role is currently funded through NHS Sussex workforce development funding.

National Education and Training Survey (NETS) 2022

QVH scored above average for all four domains with the National Education and training Survey 2022. The survey did identify areas for further review within the medical plastic team and to increase overall response rates for 2023.

Education governance

The clinical practice development group continues to meet monthly and reports into the education steering group.

A self-assessment against the HEE new contract took place in 2022. Nil concerns identified.

Orthodontics

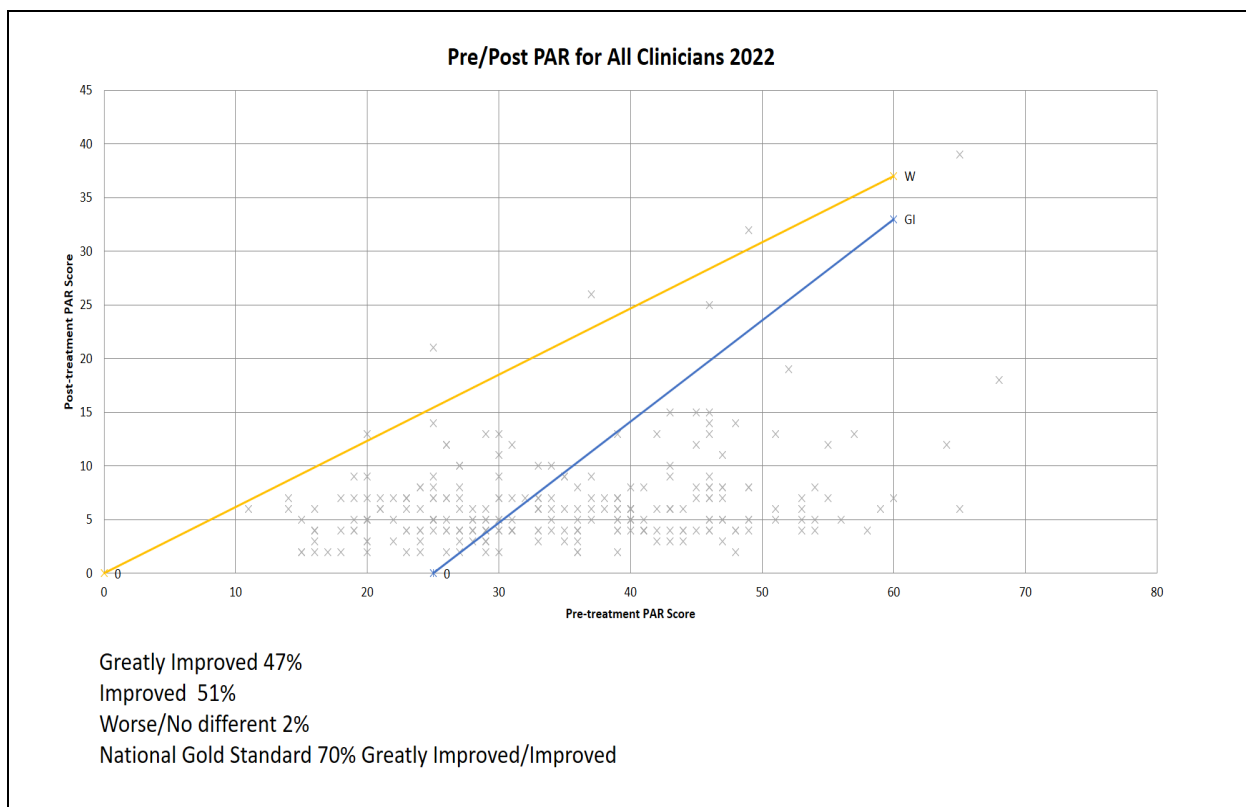
In 2022 the QVH orthodontic department team assessed 960 new orthodontics patients and followed up 12,549 patients. We also ran multidisciplinary clinics with both our cleft and maxillofacial surgical colleagues and our restorative colleagues.

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 2022, the QVH team produced results indicating that 98% of our patients were assessed as improved and greatly improved; 47% 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 would 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 Feedback for the QVH Orthodontics Service

The aim of this rolling prospective audit is to measure the level of patient satisfaction following completion of orthodontic treatment. Questionnaires are completed by every patient who has finished their orthodontic treatment and 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 208 patients completed a satisfaction questionnaire in 2022 we are working with the Trust to ensure a reliable electronic system of data capture.

- The vast majority of patients (99%) were completely satisfied with the result of their treatment
- 97% of patients would recommend the QVH orthodontic unit to deliver a quality outcome of orthodontic care.

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 2022 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.

A benchmarking process with units in SE England is also being considered to investigate where there are areas of potential improvements to our service including timeframe for the length of treatments.

Patient Satisfaction of Treatment of Sleep Disorders with Mandibular Advancement Splint

QVH has one the largest dedicated sleep centres in the U.K. responsible for the treatment of sleep-disordered breathing. There is close liaison between the sleep centre and the orthodontic unit.

Treatment involves a non-invasive intra-oral appliance (mandibular advancement splint - MAS) which is 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, QVH's 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:

- 82% of patients are wearing the splint at least 4 nights a week or more
- 65% of patients claim that their apnoea has resolved
- 73% of patients claim that their sleep quality is better than it was before
- 71% of patients claim that their daytime sleepiness is better than before
- 91% 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.

Did the sleep service meet the standards set from the previous year?

- In 2022, 157 sleep splints were fitted and 73% of patients stated that their sleep quality had improved - this parameter was the same at 73% in 2021
- It is also important to highlight that 91% of patients report an improvement in their general well-being and 86% of sleep partners felt their sleep quality was better after the MAS was fitted compared to before treatment.

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.

Parkinson's disease Service

We are a specialist team consisting of a consultant geriatrician and Parkinson's disease 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 Parkinson's disease 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 also 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.

Radiology

The QVH radiology department continues to provide general radiography, fluoroscopy, non-obstetric ultrasound (US), Magnetic Resonance Imaging (MRI), Computerised Tomography

(CT) and cone beam CT services on site. 2022/23 has seen a real drive for digital enablement, pathway development and creating the new workforce.

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 and returning to normal service.

QVH is part of the Surrey and Sussex Picture Archiving and Communication System (PACS) consortium and the entire collaborative has been working toward implementation of a new PACS system. QVH were the first trust to go live with Sectra in September 2022, with University Hospitals Sussex (UHS) and APSH now also live and others coming on line in due course. There was a lot of collaboration between the IT/ PACS teams and clinical teams to deliver this work and the go live was very successful.

We have been working toward another regional project to build Royal College of Radiologists imaging guidance and British Medical Ultrasound Society guidance (IREFER) into our order communications electronic requesting system. This is going live in 2023 and will support GPs in selecting the best test for individual patients and thus avoid unnecessary rejections or wrong imaging being performed.

There has been a great deal of collaborative working during 2022/23 with the refining of the Community Diagnostic Centre (CDC) breathlessness pathway. Clinical teams from radiology and outpatients and the clinical pathway lead 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 was successful and has now been rolled out to a number of GPs. We have other pathways being developed around abdominal symptoms and planning for more in due course.

The CDC work is continuing and we are delivering radiology imaging tests every week to support the NHSEI aims of imaging nearer home and GPs being able to have direct access to CT and MRI. QVH were deemed the Sussex 'early adopter site' as a Community Diagnostic Centre. QVH received financial support from NHSE to expand its ultrasound rooms and increase service provision. QVH has also been supporting surrounding trusts with their local ultrasound backlogs. We have managed to on-board new sonographers to support our services and are supporting training for our current qualified cohort of staff.

We successfully secured funding for a replacement x-ray room for our patients from the government which will mean that the department will move to fully digital x-ray imaging.

More collaboration has been seen in audit and quality improvement. The radiology team were identified as one of the top audit champions for the trust. The team are driven to continuously improve our services through collaborative working. For example, a radiology QI project, the lateral cephalogram collaborative audit with orthodontics, was entered for the 2022 Trust audit prize.

Allied health professions has been an area with more collaborative working with the ongoing work 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, with correct ESR. As a collaborative we are making meaningful inroads to ensure there is cohesion in terms of things like student paperwork, induction packs, stratification of business case around apprenticeships etc. We have expanded our student intake using the new modelling and we have support the region with creation of career ambassador cohort and information packs.

Radiology were part of the first and second Trust careers/ work experience events. This was a huge success with several people contacting us after the events and many people interested in the apprenticeships. This is a massive step forward in developing a workforce as radiography is an unknown career for many people.

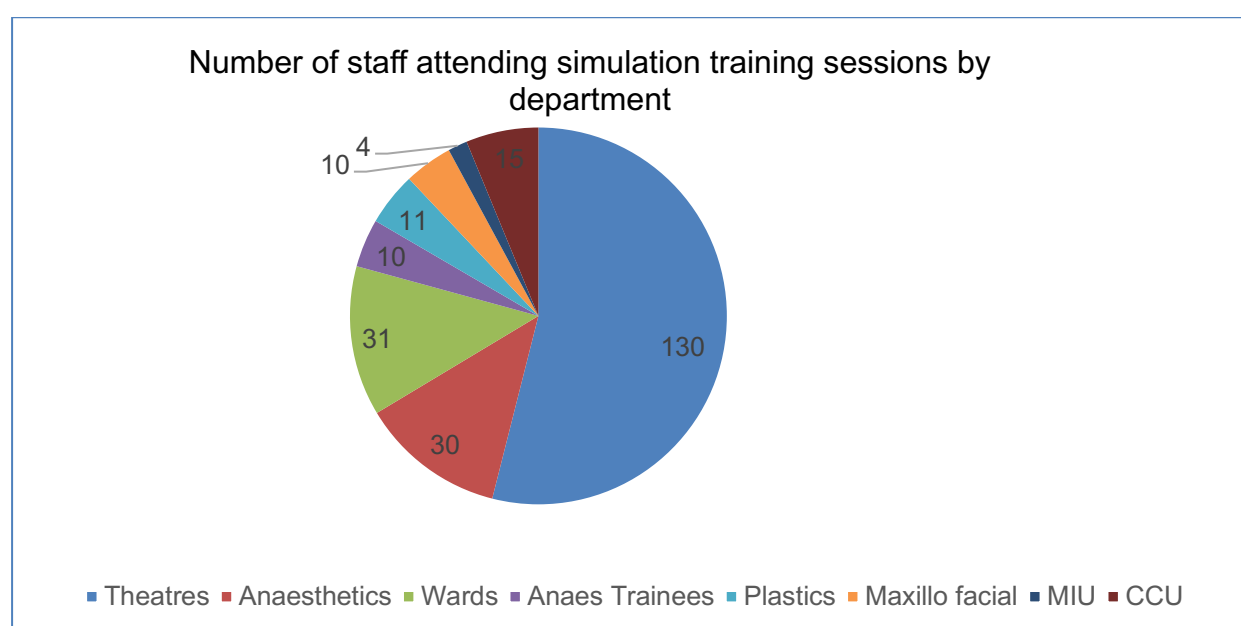
The Richards review highlighted the shortage of radiology clinical staff and showed a gap analysis for assistant practitioners, radiographers, reporting radiographers and radiologists by 2024. In response to this HEE have provided funding for courses such as ultrasound postgraduate courses, reporting radiographer postgraduate diplomas, apprenticeship degree for both assistant practitioner and radiographer.

QVH has successfully managed to get one person to complete the reporting radiographer post graduate diploma course during 2022 with another starting chest reporting in September 2022. We have an assistant practitioner apprentice on the foundation degree course who started in February 2022, and the is Trust supporting the degree apprenticeship with our first candidate starting the full degree course in September 2022 and the next trainee starting in September 2023. The Trust is supporting an ultrasound training post and the successful candidate started with the Trust and on the course in October 2022.

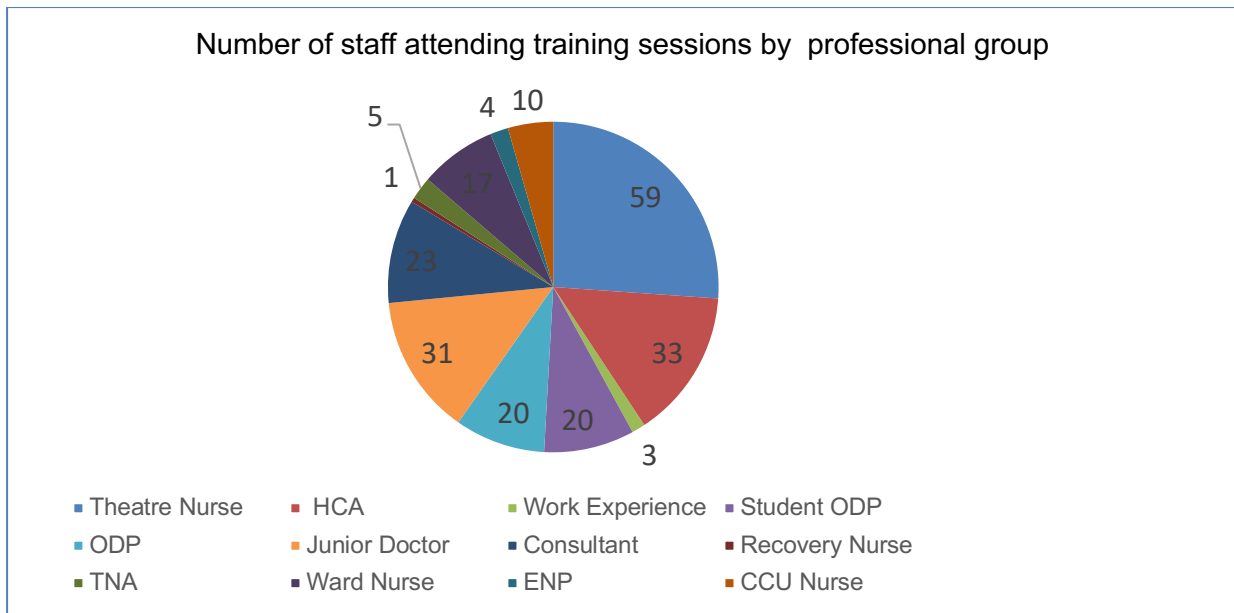
A big new strategy from NHS England is the development of imaging networks, we are part of the SE2 network. The network runs from Frimley to Eastbourne and is driving forward on multiple aspects such as digital, workforce, standardisation and governance. There are many work streams that require trust input/ clinical input/ digital team input and we are working with the network to develop and realise the aims/strategy.

Simulation Training 2022/23

Multidisciplinary simulation training is now firmly embedded across the hospital (chart 1). The yearly programme includes delivery to clinical colleagues across inpatient ward areas and theatres. Over 2022/23 this has been expanded to encompass outpatient areas too (chart 2).



Graph 1



Graph 2

The structure of QVH's simulation program

We continued to deliver simulation training across the trust using our own format, combining;

- Emergency Scenario team based human-factor skills training (non-technical skills)
- focused skills and drills practical stations
- reinforcing clinical knowledge learning with a slide show and question time

Simulation training developments

A recurrent theme from staff simulation feedback questionnaires over 2021/22 was that that they all desired more simulation training. Due to clinical demands, our clinical staff cannot be consistently enabled to be released from clinical areas for simulation training.

We responded to this challenge by being flexible in our delivery pattern. If staff cannot easily leave their clinical work areas to attend training, the simulation team can mobilise and deliver smaller focused bursts of training within clinical areas to enable clinical work to continue uninterrupted.

For example, we developed monthly “burst” training on tracheostomy related emergencies, delivered on the head and neck unit and the critical care unit in working hours, with members of staff released from clinical work to attend in a staggered fashion by senior medical and nursing staff who provided cover. We also developed mobile “trolley top” training on emergency front of neck access, which was delivered across 10 working theatres without any disruption to patient flow

We plan to roll out this training format across the other adult ward areas in 2023/24, with “burst” training on the assessment and management of the deteriorating patient.

Incorporating learning from incidents into simulation training

The simulation lead for the Trust also took on the role of resuscitation lead for the Trust in 2022. Part of the role of the resuscitation team is to analyse medical emergency team (MET) and cardiac arrest calls, to ensure that learning from incidents is discussed in a timely way and embedded into training and so practice. We analyse data and learning, looking for trends and any specific risks raised. Simulation training provided in each area is then reviewed to ensure it incorporates any learning or risks identified.

Responding to National Initiatives

At the end of 2021, following a report to prevent future deaths which was disseminated nationwide, there was a national alert re unrecognised oesophageal intubation, a life-threatening event. The recommended simulation training following this report is now part of the theatre simulation programme. It is run as per QVH format with a simulated scenario, skills stations and a slide show at the end, incorporating the flashcards devised by the Royal College of Anaesthetists.

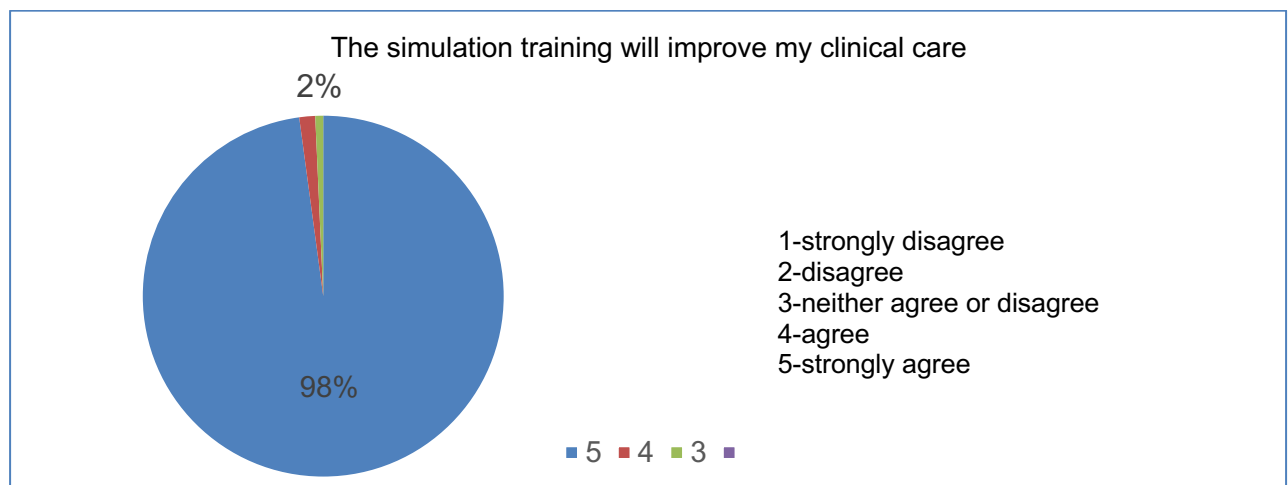
Simulation Investment

The role of part time allied health care professionals (AHP) simulation facilitator commenced in 2022. This role has increased the resilience of simulation delivery, freeing other faculty members to focus on training delivery, thus increasing the number of training sessions that can be delivered. The facilitator also works collaboratively with the resuscitation officer, the resuscitation team, the simulation team and the education team to align learning objectives, all with a view of improving patient safety in addition to improving staff competence, confidence and job satisfaction.

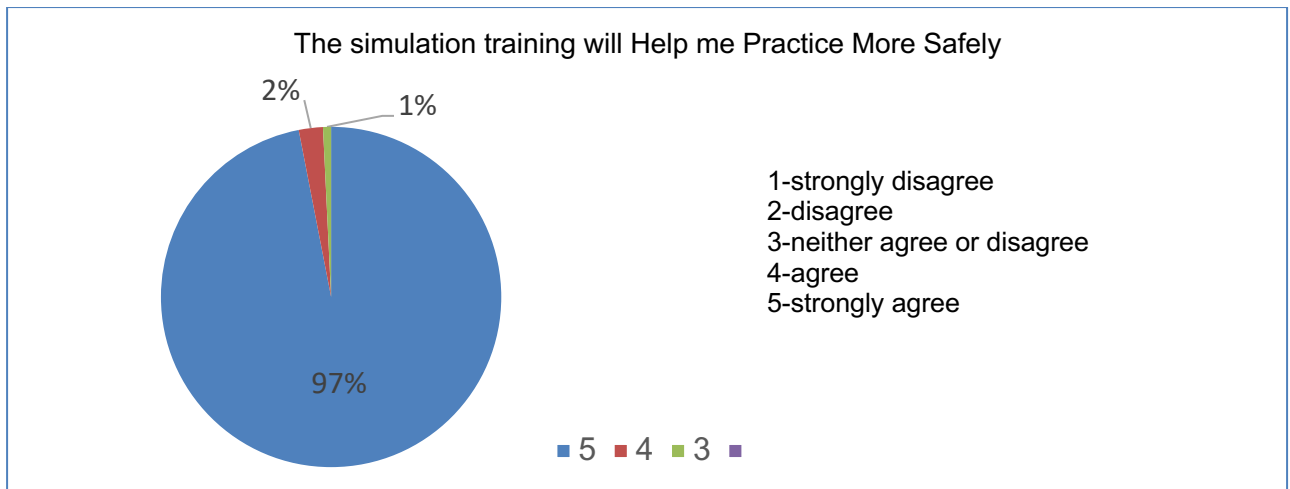
Impact of simulation training on the safety and quality of care

Feedback from staff about the training has been overwhelmingly positive, both in relation to the quality, format and content of the training and the impact on the quality and safety of care which staff provide (please see graphs 3 and 4 below).

Post Simulation Training Feedback from participants



Graph 3;



Graph 4

The Sleep Disorder Centre

The Sleep Disorder Centre was established in 1992 and provides a comprehensive service for all aspects of sleep medicine for adults. It is the largest sleep centre in the South East outside London and has a catchment area encompassing the whole of Sussex, much of Kent and Surrey, as well as parts of Hampshire. Insomnia patients travel from much further afield. It is also a tertiary referral centre, receiving referrals of complex patients from other sleep centres. The centre received 6515 new referrals over 2022/23, a considerable increase from the 3819 new referrals received over 2021/22.

The centre employs over 30 staff, including consultant physicians, physiologists, technicians, administrative staff and secretaries.

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 of; 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.

The year 2022/23 was challenging 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 video and telephone platforms. The service has now appointed a full time sleep neurologist with a starting date of April 2023. Integration with the Epsom respiratory service has augmented the respiratory consultant input into the sleep service and offers greater recruitment opportunities. Whilst the Trust has already committed to increasing the staffing establishment within the sleep service, it is likely that further increases will be required to meet the higher levels of referrals both clinically and administratively, which are anticipated to continue to rise during 2023/24.

QVH has two sleep physiologists undergoing formalised apprenticeship with St George's, which one will be completing this year. Incorporating the apprenticeship with our work flow was challenging but we are learning how to optimize placements so that it works better for both the student and department. Lessons learned are being imbedded in the current apprenticeship schemes and will also be reflected in future apprenticeships.

Long term management of sleep disturbance through patient initiated follow-up (PIFU) has begun, especially within the CPAP cohort, with currently almost 1,000 patients on this pathway. The service is also introducing a new online questionnaire as part of referrals to sleep via eRS.

Therapies

The therapies department at QVH prides itself on providing safe and effective services delivered by a range of highly trained allied health professionals (AHPs). The department employs over 50 staff, including physiotherapists, occupational therapists, speech and language therapists and dietitians, supported by a dedicated administrative team.

Therapists at QVH are an integral part of our multiple disciplinary teams for our regional services as well as providing access to outpatient and domiciliary therapy services for local people and our staff. Throughout 2022/23 the service remained busy, providing 24/7 Physiotherapy cover for inpatients and delivering 28,000 outpatient appointments with 10% of these delivered within the patient's residence. Where clinically appropriate, the choice for our patients to have virtual appointments is offered, with patients reporting excellent feedback and satisfaction on benefits such as saved time and cost travelling to appointments whilst still getting a high quality, comprehensive assessment and treatment.

We remain committed to putting our people first, adapting our services to respond to the changing needs of our patients and their feedback. Satisfaction scores below highlight the consistency of patient experience from all services this year.

Patient experience 2022/23	Aim	Q1	Q2	Q3	Q4
Patient satisfaction –Physiotherapy	>95%	98%	96%	97%	98%
Patient Satisfaction – Occupational Therapy	>95%	97%	95%	95%	97%
Patient Satisfaction – Speech and Language Therapy	>95%	96%	99%	99%	95%
Patient Satisfaction – Dietetics	>95%	100%	100%	100%	100%
Patient Satisfaction – Orthotics	>95%	98%	98%	97%	98%

The London South East Burns Network peer review across all burns services specifically highlighted the exemplary rehabilitation facilities at QVH and therapy input. Accepting patients from across the network for bespoke inpatient rehabilitation, therapists have been developing the service specifically focusing on regaining function, returning to work and quality of life after a burn injury or major tissue loss. This novel model will be being presented later this year at the national burns conference to share learning and resources.

Integral to us continuing to be able to meet our aims and provide our services safely is ensuring our future workforce. As a national challenge, alongside other hospitals in Sussex we continue to work as collective within both Sussex AHP Council and Faculty work streams. With Health Education England funds work has been completed this year on a five year AHP workforce strategy and developments in key areas of concern.

Progress within the QVH department has already been made utilising this strategy with expansion of learning placements by 65%, two staff being offered brand new development posts and establishment of a career ambassador role to run events regionally teaching about

the role of AHPs and our career pathways in the NHS. Focus has also been put on developing our educational provision over multiple platforms including a new facial palsy study day, preceptorship training and parenteral and enteral nutrition study day endorsed by the British Association of Parenteral and Enteral Nutrition. Looking forward this work will continue benefiting both internal and external candidates and enable the next generation of health care experts be taught by the highly experienced specialist therapists at QVH.

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 2022/3* and supporting guidance *Quality Accounts Requirements 2022/3*
- 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 2022 to March 2023
 - papers relating to quality reported to the board over the period April 2022 to March 2023
 - feedback from commissioners
 - feedback from governors
 - feedback from local Healthwatch organisations.
 - West Sussex Health and Adult Social Care Overview and Scrutiny Committee
 - the 2022 national patient survey – publication expected August 2023
 - The 2022 NHS Staff Survey results published on Thursday 9 March 2023
 - 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

Statements from third parties

Sussex NHS Commissioners

Thank you for giving NHS Sussex Integrated Care Board (ICB) the opportunity to comment on Queen Victoria's (QVH) Quality Account for 2022/23. We appreciate the strong collaboration and open communication with the Trust during 2022/23.

We would like to thank the Trust for its ongoing commitment to quality improvement through achievement of its objectives for 2022/23 for Sussex residents.

We are pleased to see that the Trust Board has agreed some of the objectives for 2023/24, building on the progress made from previous objectives.

QVH has achieved many successes in 2022/23, most notably:

- Prevention and reduction of inpatient falls using NICE guidance, falls risk assessments, falls training and after-action reviews, having an overall reduction in inpatient falls over 2022/3 in comparison with 2021/2.
- Developing an inter-professional education programme across the core and subspecialties to support staff in the delivery of high-quality care including, the QVH specialist training program delivered and the new QVH preceptorship policy and workbook.
- Rolling out and embedding high quality shared decision making (SDM) conversations between clinicians and patients into practice by recruiting trust-wide SDM champions from all staff groups; including SDM data in the metrics reported at Clinical Governance Group and embedding SDM training and e-training for new staff and at trainee induction.

Queen Victoria Hospital's Quality Account also outlines the priorities for improvement in 2023/24, developed in collaboration with staff, considering progress on previous priorities and patient feedback. NHS Sussex ICB acknowledges this collaborative approach and listening to patient feedback and welcomes these priorities including:

- Improving anti-microbial stewardship at QVH by refreshing the QVH inter-professional antimicrobial stewardship program including improved engagement of Microbiological and surgical teams; providing a program of rolling cross-professional training and integrating 'Start Smart, then Focus' Antibiotic Care Bundle for Hospitals.

- Introducing a Leadership through Education for Excellent Patient Care Programme (LEEP) in collaboration with Health Education England (HEE) that will build on the previous inter-professional Clinical Effectiveness priority of 2022/23.
- Improving patient co-design of services with the creation and publication of a patient engagement strategy for QVH; creation of a patient involvement group, who will reach out to patients who have made complaints/ raised PALS concerns to invite them to be involved and introducing and embedding a standard approach to service design and co-creation of services within the Trust.

The ICB supports these priorities and the detailed work that underpins them and will continue to seek assurance regarding progress of implementation throughout the year via our established processes.

My colleagues and I look forward to the continued collaborative working with QVH and the wider system partners.

Allison Cannon
Chief Nursing Officer
NHS England

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's (QVH) Quality Account for 2022/23.

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 within the previous financial year. Therefore, as the committee did not scrutinise any services directly provided by QVH in 2022/23, the committee will not be making any comments this year.

Healthwatch West Sussex

At this present time, Healthwatch West Sussex is unable to add any comment on this report as we are not commenting on Quality Reports across the county. We have escalated this to HW England as we are not sure on the national position across the country.

We would, however, like to commend the Trust on its continuous improvement activities and support all plans to monitor quality across the Trust and implement actions which may enhance and add value to what is already being achieved.