

Queen Victoria Hospital NHS Foundation Trust

Quality Report

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2015 unannounced 23rd November 2015
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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Good 

Are services at this trust safe?

Good 

Are services at this trust effective?

Good 

Are services at this trust caring?

Outstanding 

Are services at this trust responsive?

Good 

Are services at this trust well-led?

Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

The Queen Victoria Hospital NHS Foundation Trust provides a specialist burns and plastic surgery service to both adults and children. The trust provides emergency, trauma and elective reconstructive surgery and rehabilitation for people who have been damaged or disfigured through accident or disease. Patients are admitted from the south east of England including south east London. The trust also provides 'hub and spoke' specialist services at other hospitals in the south east of England, bringing QVH staff with specialist skills to remote hospital locations.

Additionally the hospital provides a minor injuries unit and services for the treatment of common conditions of the hands, eyes, skin and teeth for people living in and around East Grinstead, as well as out patient and therapy services'

There are two surgical wards with 47 beds where trauma and plastics patients are cared for together with a dedicated burns unit with 12 beds. The hospital has 10 operating theatres with associated areas for anaesthetics and recovery within the main theatre suite. Two further theatres are used for plastic surgery (Rowntree; day care 1 and 2). There is also one theatre attached to the burns unit where patients who arrived by ambulance are assessed and treated before being transferred either to the burns unit or to critical care.

There are 9 beds on Peanut Ward for the care of Children and Young people.

The Hospital was inspected as part of our Comprehensive Inspection programme for the NHS Trusts in England. It was inspected on the 11th and 12th November 2015, with an unannounced visit on 23rd November 2015.

Our key findings were as follows:

Safe

There were effective and robust systems and protocols in place to protect patients from harm, and staff contributed to an incident-reporting culture. There were opportunities for learning from results of investigations.

A culture of openness was found in the Hospital. We found examples where the organisation had carried out its Duty of Candour and generally staff we talked to were aware of the requirements.

The Hospital was clean, and the environment was found to be conducive to safe care although some areas, required some redecoration and minor maintenance.

Medicines management was good. Regular medicines audits took place. Controlled drugs were regularly checked with entries double signed. The pharmacy staff worked closely with colleagues in the trust to ensure best practice in prescribing was undertaken.

We found nurse staff levels to be appropriate and safe to provide the care given.

However there is a lack of resident medical cover out of hours after 22:00hrs when there is only 2 doctors on duty, this could lead to patients having to wait for urgent care the doctor is attending to someone else, however there is consultants in all specialities on call.

Effective

Throughout our inspection we observed patient care carried out in accordance with national guidelines and best practice recommendations.

However the trust did not meet national guidance on managing burns patients as the hospital did not have the on-site facilities that a large district general hospital would provide; such as specialist renal, haematology and intensive care facilities. Substantial work had been undertaken to ensure that the hospital was able to care safely for the patients that were admitted.

Consultants and nursing staff from a range of specialties were engaged in the development of national and international treatment guidelines for burns and plastics, as well as engaging in international research programmes.

We found that food was available to patients as required and people were able to access drinking water in all areas. There were 3 refreshment areas where visitors could get food and hot drinks.

Summary of findings

Staff caring for patients had undertaken training relevant to their roles and completed competence assessments to ensure safe and effective patient outcomes. Staff received an annual performance review and had opportunities to discuss and identify learning and development needs through this.

Caring

Throughout the hospital and in all specialties we saw examples of compassionate and considerate care being delivered.

Patients were treated with respect and dignity and all the patients and their families who we spoke with, both before and during the inspection told us that they were treated with dignity and respect and had their care needs met by caring and compassionate staff. This positive feedback was reflected in the Family and Friends feedback and patient survey results, where the hospital consistently achieved scores of over 95%.

Parents felt involved in the care of their child and participated in the decisions regarding their child's treatment, and that staff were aware of the need for emotional support to help children and families cope with their care and treatment.

Responsive

Services for local people were responsive to their needs and offered a minor injuries unit, out patient services as well as access to therapies.

The specialist services undertaken by the trust were responsive because the needs of patients throughout the south east of England, the local people, commissioners and stakeholders were taken into consideration when planning services. The trust operated a 'Hub and spoke' system so that patients who lived a great distance from the trust could benefit from the QVH staffs skills and experience.

Interpreting services were available for people whose first language was not English and we saw patients with a learning disability or living with dementia were well supported.

Complaints were acknowledged, investigated and responded to. Information was shared to promote learning and prevent reoccurrence

Well led

At the inspection we spoke with positive and loyal teams, many of whom at worked at QVH for a considerable time. Staff told us that they felt valued and felt able to deliver individual and compassionate care to people using their services. Staff described an open culture, where they were encouraged to report incidents, concerns and complaints to their manager. Staff we spoke with told us they felt able to raise concerns and felt that the organisation was transparent with a "non judgemental, no blame" culture.

Most staff we spoke to could describe the Hospitals vision and strategies, and had been consulted on the future of services at the QVH.

The Trust is currently developing a strategy for the future of the services provided by the QVH, particularly the sustainability of providing acute burns care.

Additionally there is consideration being given to developing more services for local people, including more primary and community care.

Clinical governance structures were stronger in some areas than others. For example in burns and plastics there was a robust structure, records of meetings and risk register which was current and regularly reviewed. In MIU the structure appeared less clear and risk issues were discussed in routine team meetings and the risk register did not capture known risks.

Leaders in the organisation were available to staff and had a high profile across the hospital and staff gave examples of senior staff attending, wards and departments and taking part meetings.

We saw several areas of outstanding practice including:

- Staff were taking exceptional steps to improve the hospital experience for patients living with dementia. Allowing extra time during assessment, facilitation families in supporting the patient, awareness of the environment and equipment in relation to vulnerable patients and the use of distraction accessories such as 'twiddle muffs' demonstrated that the needs of vulnerable patients were taken into consideration and steps taken to personalise their care and treatment.
- The burns outreach nurse post was an innovative solution to the problems of dealing with burns in the community. Patients were able to be discharged quicker with continuity of care and treatment.

Summary of findings

- The hospital's audit office undertook the task of monitoring and auditing the quality of care and treatment across the trust. The staff demonstrated passion and enthusiasm for improving patient experience through the use of data and audit.
- The trust developed and actively uses a Telemedicine Referral Image Portal System which has been developed in collaboration with the London and South East of England Burns Network. Telemedicine is the use of telecommunication and information technologies in order to provide clinical health care at a distance. Telemedicine was chosen as the SE Coast Regional Winner in the 2008 Health & Social Care Awards in the category of "Innovative Information & Communications Technology" and went on to be a runner up at the National awards. This Innovative use of telemedicine allows trained staff to view a burn injury at a distance either in another hospital or via ambulance staff photos and give appropriate advice, assessment and advise transfer to most appropriate location.
- Staff within the paediatric service had been instrumental in developing unique aftercare opportunities for patients. One such initiative was called the CREW camp. This stands for challenging, recreational, educational weekend for burns patients which is funded by local businesses and provides educational activity weekends for up to 30 ex patients. A committee of eight staff have been established to run the event which selects nominated children who they consider would get the most benefit from the activities
- The prosthetics department was cutting edge and provided a patient focussed individualised service. Clinicians worked with patients to ensure the best outcomes were achieved. Staff were enthusiastic, dedicated and were committed to continual professional development publishing regularly in professional journals. This meant that patients received the most up to date advancements in prosthetic development.
- The patient pathway for head and neck patients was comprehensive. Patients attended a pre-assessment

appointment, were allocated a named nurse and visited other departments in the hospital that would be part of the treatment intervention. There was a separate waiting area in outpatients so that patients had privacy whilst waiting to be seen and a psychology service was available to support the emotional needs of patients coming to terms with life changing body image issues.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- The provider must ensure that all medication in theatre is stored appropriately.
- The provider must ensure that medical cover out of hours is sufficient to meet the needs of patients.

In addition the trust should:

- Ensure that all COSHH (Control of substances hazardous to health) products should be stored appropriately
- Continue to review how it benchmarks itself against national quality standards
- Review how patients pain is managed specifically when carrying out dressing changes.
- Continue its review of governance arrangements so that critical care has its own individual agenda
- Ensure that departmental risks are identified, recorded and regularly reviewed.
- Ensure there are mechanisms in place for staff and patients to raise an alert in an emergency situation in the therapies department.
- Ensure all incidents are reported in a timely manner in therapies and critical care.
- The trust should ensure the décor is refreshed and updated in outpatient department 1
- Ensure there are adequate facilities for patients attending the hand therapy clinic and that privacy is maintained
- Ensure that staff in MIU have attended all mandatory training.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Queen Victoria Hospital NHS Foundation Trust

The Queen Victoria Hospital NHS Foundation Trust (QVH) provides a specialist burns and plastic surgery service to both adults and children. The trust provides emergency, trauma and elective reconstructive surgery and rehabilitation for people who have been damaged or disfigured through accident or disease. Patients are admitted from the south east of England including south east London. The trust also provides 'hub and spoke' specialist services at other hospitals in the south east of England, bringing QVH staff with specialist skills to remote hospital locations.

Additionally the trust provides a minor injuries unit and services for the treatment of common conditions of the hands, eyes, skin and teeth for people living in and around East Grinstead, as well as out patient and therapy services.

There are two surgical wards with 47 beds where trauma and plastics patients are cared for together with a

dedicated burns unit with 12 beds. The hospital has 10 operating theatres with associated areas for anaesthetics and recovery within the main theatre suite. Two further theatres are used for plastic surgery (Rowntree; day care 1 and 2). There is also one theatre attached to the burns unit where patients who arrived by ambulance are assessed and treated before being transferred either to the burns unit or to critical care.

There are 9 beds on Peanut Ward for the care of Children and Young people.

The trust employs approximately 835 whole time equivalent staff.

The trust was inspected as part of our Comprehensive Inspection programme for the NHS Trusts in England. It was inspected on the 11th and 12th November 2015, with unannounced visit on 23rd November 2015.

Our inspection team

Our inspection team was led by:

Chair: Dr Nick Bishop (retired)

Head of Hospital Inspections: Alan Thorne Care Quality Commission

The team included CQC inspectors and a variety of specialists including Consultants in anaesthetics, critical

care, paediatrics, radiology, plastic surgery and senior specialist nurses from theatres, paediatrics and emergency care, therapists and a pharmacist. NHS managers included governance experts, estates and facilities management, safeguarding, therapies and nursing. Additionally the inspection team included a junior doctor and two experts by experience.

How we carried out this inspection

To understand patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team inspected the following 5 services at the Queen Victoria Hospital (East Grinstead):

- Minor Injuries Unit
- Burns and Plastic Surgery
- Critical care
- Services for Children and Young People
- Out patients, therapies and diagnostics and sleep services

Summary of findings

Prior to the announced inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included clinical commissioning groups (CCG), Monitor, NHS England, Health Education England (HEE), the General

Medical Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges, national commissioners of specialist burns services and the local Healthwatch team.

We held a listening event for local people to share their experiences of care on the 3rd November 2015.

We also held focus groups for staff and the QVH on the 3rd and 4th November 2015, these groups included

nurses, junior doctors, consultants, midwives, staff side representatives, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually as requested. We talked with patients and staff from the all the ward areas, MIU, outpatient services and therapy services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We also carried out an unannounced inspection on 23rd November where we revisited Peanut ward and MIU.

What people who use the trust's services say

Public Listening Event

We held a public listening event prior to the inspection. Feedback from the event was largely positive with an overwhelming sense of pride felt by the local community with respect to the services provided at Queen Victoria Hospital. Comments regarding staff behaviour were highly complimentary and those attending the event commented that the staff appear to be proud to work at Queen Victoria Hospital.

All services were considered to be efficient and the trust web site considered good.

Attendants at the event did however express some concerns around car parking, road safety on the site and the condition of the kitchens.

General Medical Council (GMC)

The GMC training survey indicated very positive results for the trust. All scores in the 2015 survey were greater than 90% significantly exceeding the national average.

The trust was not on enhanced surveillance.

Summary of findings

Patient Led Assessments of the Care Environment (PLACE)

The score cleanliness exceeded the national average for the 2015 report, however scores for food, privacy and dignity, condition and maintenance and dementia all scored below the national average.

NHS Choices

The trust has a five star rating on NHS choices following 111 reviews.

Facts and data about this trust

Demographics

The hospital provides a minor injuries unit and services for the treatment of common conditions of the hands, eyes, skin and teeth for people living in and around East Grinstead. It provides specialist services of reconstructive surgery, burns care and rehabilitation services for people across the South of England.

Activity

Between 2014 and 2015 the trust facilitated:

- 20,211 inpatient admissions
- 189,625 outpatient attendances
- 11,870 MIU attendances

Context

- Serves the population of the South East of England for burns and plastics

Serves the population of East Grinstead and surrounds for MIU, Out patients and therapies

Intelligent monitoring – Safe

- There was one never events recorded between Aug/14 and Jul/15.
- 10 serious incidents reported five of which were confidential information/IG breach.
- 734 NRLS incidents reported 84% of which were no harm to patients.
- The NRLS has not been compared with the England average due to this being a specialist trust.
- There were no MRSA cases and one C.Difficile case reported during the reporting period.
- There were three MSSA cases reported during the reporting period, all of which occurred in March 2015.
- During the safety thermometer audit periods there were no falls and one catheter UTI reported.

- There were nine pressure ulcers reported during the audit periods with no real change in numbers reported overtime.

Intelligent monitoring – Effective

- Mortality indicators show no evidence of risk
- Risk identified for 'Composite risk rating of ESR items relating to staff registration.

Intelligent monitoring – Caring

- The trust is in the top 20% of trusts for 25 of the 33 indicators in the Cancer Patient Experience Survey.
- In the CQC inpatient survey the trust scored 'better performing trusts' for 10 of the 12 questions.
- Consistently performed above the England average in the Friends and Family Test percentage recommended
- Scored similar to the England average for PLACE indicators.
- The numbers of written complaints has remained similar over the time period.

Intelligent monitoring – Responsive

- Over 50% of delayed transfers of care in the trust are due to awaiting care package in own home' or 'waiting further NHS non-acute care' - this is higher than the England average.
- Bed occupancy varies above and below the England average over time.

Intelligent monitoring – Well Led

- Staff sickness absence rate is lower than the England average from Jan/11 to Jan/15.
- Performed better than the England average for 15 out of 21 indicators in the NHS Staff Survey.
- Performed similar to the England average for 9 out of 12 indicators in the GMC National Training Scheme Survey.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? The trust was rated overall as good for safe provision of care. Whilst critical care was rated as requiring improvement, all other core services were rated as good. The incident reporting and investigation process was good and there was a strong no-blame culture, however some areas were not reporting all incidents and the trust as an organisation was slow to report incidents to NRLS. The current levels of staffing afforded the hospital at night team created the risk of delayed patient care. Whilst the trust recognises this and is planning to manage the risk, during the inspection we observed a case of delayed care due to competing clinical demands. Patient risk was well considered and managed through appropriate tools and staff had good access to required equipment. Incidents • The trust operates an electronic system for reporting incidents. Our report indicates that staff are largely familiar with and can access the system. • Incident reporting is at the expected levels and there is a strong culture of openness that supports a no-blame approach to incident reporting. We did however find in critical care staff felt that not all incidents were reported due to staff pressures. We also identified incidents within critical care and therapies that had not been reported as promptly as expected. • The trust has had a history of slow reporting of incidents to NRLS with, in some cases, incidents not being reported for over thirty days. • Where serious incidents occurred we reviewed root cause analysis and found the process to be robust and effective. Core services each identified examples where learning from incidents had occurred and we saw evidence of trend analysis. • A number of trust serious incidents have related to information governance and we have seen that the trust have made an appropriate response. • Although the trust was not providing staff training for duty of candour as part of it's mandatory training programme we saw examples where it had been discharged. The incident reporting system also afforded prompts for duty of candour.	Good 

Summary of findings

Cleanliness and Infection control, equipment and environment

- The trust had an up to date infection control and prevention policy. Our report indicates a high level of compliance with personal protective equipment. Hand gel was readily available for staff and visitors. Hand hygiene compliance was monitored and reported with no areas of concern. Infection control training was largely up to date for all staff groups. Appropriate arrangements for waste management were in place.
- The trust environment was largely clean and our observations are supported by the PLACE audit. The environment is however in many places tired. The trust has also completed a programme of environmental audits. Theatres are suitably designed however some areas notably Minor Injuries Unit and Therapies department have designs which contribute to poor patient privacy and dignity.
- The trust estate overall is a relatively small site of low rise buildings. Navigation through the site can be difficult. The trust is using the Premises Assurance Model to assess estate compliance and is in the process of updating the asbestos register, guidelines for water HTM 04, electricity HTM 06 and ventilation systems HTM 03. An interim Director of Estates has been appointed to take estates compliance and planning forward.
- During our inspection staff advised us that equipment was readily available. Equipment was largely clean, in good order and electrical safety tested. However, the report identifies areas in which appropriate identification of equipment cleaning has not occurred using the green sticker system and in the outpatients department there was a lack of programmed maintenance for equipment which the trust is now addressing.
- Resuscitation equipment was available in appropriate areas and was largely checked and suitably stocked. The report does highlight that there were nineteen omission to checks on the resuscitation equipment on the burns and plastics wards since September 2015.

Safeguarding

- The trust has a board lead, named doctor, named nurse and two paediatric safeguarding nurses that constitute the Child Protection and Safeguarding team. The group produce a comprehensive annual report to board. The director nursing is also board lead for adult safeguarding and is supported by an adult safeguarding lead. The director of nursing attends appropriate multiagency safeguarding boards.

Summary of findings

- The safeguarding board meets quarterly.
- All safeguarding policies are up to date and of comprehensive content and are linked to county multi-agency policies. Clear advice is available on the trust intranet for staff. There is an emphasis within the trust that safeguarding is every member of staffs concern and our report indicates that staff are aware of the policies and how to access them as well as being conversant with escalation processes. Our report indicates examples when this has occurred in an appropriate manner. Safeguarding documentation is colour coded to enhance impact.
- Safeguarding has a prominent place within the governance of the trust. Safeguarding is a standing item on the Clinical Governance Committee. There is a Safeguarding Steering Group which meets three times a year to review national guidance and assess serious case reviews for impact.
- The trust has made safeguarding prominent and as a result a year on year increase in adult safeguarding alerts has been made. paediatric burns has also been a high priority with all burns in children under one year being discussed with health workers.

Staffing

- Recruitment of nursing staff is considered one of the key risks within the trust. However, our report indicates that against current workload levels the trust is consistently maintaining safe staffing levels. This is supported by generally low vacancy rates, low sickness rates and low turnover. Bank and agency staff usage is relatively low and when utilised controlled by appropriate induction.
- An area of exception is theatre staffing where high vacancy rates exist however risk was mitigated by the controlled use of agency staff and the development of a multi-skilled workforce that could support both anaesthetic and scrub elements of the theatre team.
- Although medical staffing levels were largely appropriate during standard working hours some concern was expressed by senior clinicians regarding the cover afforded at night. Overnight cover from 22:00 on site was provided by a plastics SHO and an anaesthetic registrar. On call support was provided by Consultants in all specialities. a maxilo-facial registrar and a plastics consultant. The size of the hospital at night team creates the risk of the anaesthetic registrar being in theatre and unable to cover a deteriorating patient on the wards or intensive care. During our inspection we saw delayed care as a result of the staffing levels at night. The trust reports such

Summary of findings

incidents as infrequent and is mitigated by a responsive on call consultant. The risk does appear on the risk register, however the trust is seeking to supplement the night team with a second anaesthetist.

Assessment of patient risk

- Adult and paediatric risk assessment tools were in use and clearly documented in records in wards across the trust. In critical care ITU charting with physiological parameters was used.
- An appropriately skilled and staffed outreach team was in place to support the management of deteriorating patients on the wards, the transfer of patients from critical care to wards and also the identification of patients requiring transfer to other units.
- Triage processes were in place in the minor injuries unit to ensure that care was appropriately prioritised. The trust had clear criteria for admissions to the hospital and a clear policy for the rapid transfer of patients to other hospitals.
- The WHO (World Health Organisation) safer surgery checklist was in use and audited in both surgical and critical care environments.

Medicines

- Medicines throughout the trust were stored securely throughout the trust, however during the inspection we identified that the trust policy for the management of refrigerated medicines was not always followed. Further to that, there was no evidence that non-compliant storage temperatures were being reported as incidents. Controlled drugs were stored and audited in an appropriate manner, apart from in theatres where controlled drugs were not always stored appropriately.
- The provision of medicines for patients at discharge was well managed and prompt. Patients received counselling about their medicines and received information leaflets. The pharmacy department provides a dedicated phone line to respond to patient queries.
- The trust had an appropriate governance structure for medicines management, with an appointed medicines safety officer investigating and reporting medicine incidents.

Records and Information Technology

- Records were comprehensive in content, reflected risk assessments, contained care pathways and were held in secure

Summary of findings

storage. 50% of the trusts ten serious incidents related to information governance breaches and the trust had responded to the root cause analysis of the incidents by enhancing training content and compliance and revising policies.

- The frailty of the information technology infrastructure within the trust featured on the trust risk register and improvement had been prioritised within the financial capital plan.

Are services at this trust effective?

The trust is rated as good for effectiveness. All core services were rated as good with the exception of critical care which requires improvement.

Policies and protocols were linked to national guidelines and accessible to staff and pain relief provision supported the patient's needs.

There was a good range of outcome measures used across the services, however the size and scale of the services provided leaves burns, critical care and paediatric services non compliant with national guidelines for the provision of qualified clinicians.

Consent processes are well designed and engage and inform the patient.

Good



Evidence based care and treatment

- Staff had access to up to date policies, protocols and guidelines. Policies were accessible through via the trust information technology. Policies were evidenced based and included pre and post operative protocols. care plans were in place that reflected the trust policies.
- In all core services we saw evidence of an audit cycle and the development of action plans leading to changes in service provision.
- The burns service was not compliant with national guidance on the management of burns patients due to the absence of supporting medical services including renal and haematology services. In the short term the trust has mitigated this with a stringent admissions criteria, avoiding the admission of patients with >40% burns and service level agreements for the provision of medical service support from another trust if required. In the long term the trust is developing a plan for service relocation, initially with paediatrics, with a university hospital.

Summary of findings

Pain relief

- The trust has a well developed and proactive pain team which wards described as responsive. This team was nurse led and supported by consultant anaesthetists.
- We saw evidence of pain scores in use in the burns and plastics services and the use of distraction methods when treating children. Appropriate child friendly approaches to pain scoring had been implemented. Information about pain management was available to patients and the pain team was involved in the education of staff.
- During the inspection we raised concerns regarding the pain management of a patient in the critical care unit. As a consequence, the director of nursing immediately investigated and reviewed the case and we were provided assurance that appropriate pain support was being provided to the patient.

Patient outcomes

- All services participated in mortality and morbidity review meetings, however the critical care service did not hold service specific reviews but were integrated with the burns service. Analysis indicated no evidence of in-hospital mortality, the hospital standardised mortality rate (HSMR) or the summary hospital mortality indicator (SHMI).
- Throughout our report there is evidence of services measuring and monitoring outcomes. Of particular note is the better than national average re-attendance rates in the minor injuries unit (1.1%), the portfolio of outcome measures used by the burns and plastic services and the success rate in breast free flap surgery. The burns mortality rate was below 5%.
- The critical care (CC) service was not reporting to ICNARC (Intensive Care National Audit and Research Centre) but does however send data to the South East Coast Critical Care Network and South East Burns Network. The service is small and specialised making benchmarking problematic, and data is not statistically significant when analysed against other CCs in the region .

Competent staff

- All services had a structure that supported the maintenance of a competent workforce. Competency frameworks were supported by practice development nurses. In terms of medicines, there was extensive use of PGDs (patient group directives) and these were well managed.

Summary of findings

- Staff were afforded opportunities for training and their development was supported. The trust had developed a simulation centre to enhance training opportunities.
- Appraisal processes had been recently improved in response to negative feedback through the national staff survey. Staff focus groups, training and workshops had been utilised by the trust to improve process and quality of appraisal however, in some areas appraisal rates remain below the trust target.
- All staff received induction and competency assessment was applied to temporary staff employed.
- In critical care the consultant staff are all anaesthetists with extensive experience in the management of burns and head and neck surgery patients. However, this meant that the service was not compliant with the requirement for intensive care trained consultants on the unit. 75% of nurse had however completed post qualification intensive care training.
- Consultants in critical care all have certification of completion training (CCT) in anaesthesia have received training in intensive care but do not have CCT in intensive care medicine.
- There is no full time dedicated paediatric cover at the trust which means that the service is not compliant with guidelines from the Royal College of Paediatrics and Child Health. Mitigation is employed in the form of stringent pre assessment and admission criteria of patients and teams managing children through burns or surgery are supported by visiting paediatricians or can access support from a local children's hospital. A policy for transfer to a tertiary hospital site was also in place. At the unannounced visit the Consultant paediatrician on the team was satisfied that the service was safe.

End of Life Care

- There was an End of Life policy which was dated April 2015, which met with latest guidance. The hospital had undertaken an audit earlier this year against the policy for the 5 patients who had died; all of the patients were cared for in line with policy.
- There was a bereavement lead that would give advice and guidance to staff and support staff to give appropriate and sensitive care but there was no dedicated bereavement service available for relatives.

Consent and Mental Capacity Act (MCA)

- Consent was guided by a trust policy that was informed by Department of Health guidance and consent forms were comprehensive. Reviewed documents were fully completed and patients reported being fully informed during the process.

Summary of findings

- Staff were aware of their requirements under the Mental Capacity Act and a colour coded flow chart was available to support staff. Training was made available, however training levels were not meeting the trust target in some areas. Deprivation of Liberty Safeguarding (DoLS) training was available for all staff and Gillick competencies were understood in areas treating children.

Are services at this trust caring?

We rated the trust overall as outstanding for caring. Both specialist burns and plastics services and children's and young persons services were rated as outstanding, whilst caring in minor injuries unit and outpatients was rated as good. We were unable to provide rating for caring for critical care due to the low number of patients and carers available to contact during the inspection.

There was a clear culture of compassion amongst all staff within the trust and an exceptionally strong awareness and empathy with the specialist patients that they treat. We saw numerous examples where staff operated beyond expected levels of care.

Patients and carers were fully involved and understood the treatment being afforded to them.

The trust provides excellent emotional support to patients and carers which again stems from the full understanding of the needs of the patients and the psychological impact of the treatment being received.

Compassionate care

- Our observations and feedback from patients provided evidence of a culture of compassionate care. This was supportive by positive findings in both Friends and Family Test and the National Patient Survey.
- Services for children and young people were sensitive to the needs of parents and had taken account of the vulnerabilities of teenagers in the design of services.
- We saw a number of examples where staff had acted in a kind and considerate manner beyond that required for clinical care. Of particular note were the empathy staff exhibit to the psychosocial impact of the patients conditions.

Outstanding



Summary of findings

Understanding and involvement of patients and those close to them

- Feedback from patients and carers and our observations during the inspection indicated efforts were made to ensure there was clear communication of treatment plans and that patients and carers were well informed and involved.

Emotional support

- There was a strong awareness within the trust of the need for emotional support for the cohort of patients the trust treats. Patients and carers have access to psychological support, counselling services and chaplaincy.
- There was also a psychological therapies unit to support patients who have had life changing body image surgery and the prosthetics department had been well designed to provide space for those patients struggling to come to terms with the impact of their condition.
- Children who had been disfigured by burns had the opportunity to meet with a mentor who was a child who had undergone similar treatment, whilst staff also arranged a unique aftercare support programme called crew camp.

Are services at this trust responsive?

We rated the trust overall as good for responsiveness. All core services were rated as good.

The trust engages appropriate stakeholders in the planning of services for both regional and local patients, however on site services are not comprehensive for the local population due to the nature of the specialised tertiary services provided.

The needs of dementia, learning disability patients and children are reflected in the design of services but the overall estate remains an inhibitory factor in being fully supportive to these patient groups.

The movement of patients through their care pathway is largely smooth without interruption due to extended waits or cancellations.

Service planning and delivery to meet the needs of local people

- The trust provides tertiary services across a broad capture area and engages commissioners, specialist networks, other tertiary trusts and district general hospitals in the planning of provision of service. This includes the development of extensive outreach services to other hospitals to provide services close to the patients home.

Good



Summary of findings

- The trust also provides services for the local population and is developing strategic plans in conjunction with local GP's, commissioners and stakeholders to enhance local services notably the minor injuries unit and therapy services.
- On the hospital site there are limitations to on site support. Currently pharmacy and therapy services only operate five days per week and there is no on call pharmacy service locally however an all call service is provided by another NHS Trust. There is no blood transfusion department on site and, whilst appropriate emergency blood stocks are held within the hospital, during the inspection staff reported delays in accessing blood, albeit without patient harm being incurred. Pathology services are provided via another local provider with the exception of Histopathology which is UKAS (United Kingdom Accreditation Scheme) accredited to ISO 15189:2012 and is well designed and planned to support the needs of the services on the hospital site.
- Radiology services are comprehensive and on call arrangements are made in conjunction with a local teaching hospital.

Meeting individual needs

- The trust had a well developed dementia strategy and a lead nurse for dementia was in post. Patients were identified at pre assessment and the butterfly indicator in use. The general estate and condition of clinical areas requires improvement to be fully dementia supportive. Consideration to dementia patients was made in post-operative arrangements and the inspection team was impressed by the 'twiddle muffs' (knitted activity gloves) initiative that had been developed by staff. The trust also has a rehabilitation flat to support the return to home of vulnerable patients.
- The trust had undergone a learning disability peer review in 2014 from which the trust had developed an action plan. When we reviewed the action plan some elements had not been completed within the projected timescales. On inspection we noted staff had good awareness of learning disability needs and services were largely planned to meet those needs, however the estate again remains the key barrier to being fully supportive of this patient group.
- The population served by the trust does not have a diverse ethnic mix. Translation services are available within the trust but staff report that they are seldom required. The trust recently celebrated the ethnic mix of it's workforce and last published it's equality, diversity and human rights annual report in April 2014.

Summary of findings

- The needs of children were well considered in the design of paediatric services. In addition to secure facilities with play areas and family friendly visiting arrangements we saw specific examples of meeting the child's needs , notably the rapid production of the Keloid body suit for a child that reduces the risk of scarring.

Access and flow

- Due to the lack of medical emergency services, admissions and associated services on the hospital site we saw little disruption to the flow of activity . Treatment of minor injuries was timely as was any required transfer to another provider.
- The trust utilised telemedicine triage and trauma co-ordinators to ensure appropriate patients were admitted to the trust and that these patients followed planned care pathways. There was a robust process for the management of elective admissions. The incidence of hospital cancellations was low.
- Length of stay on critical care was generally around one day as a result of most patients being post operative and discharged to step down beds. Delayed discharges were low at 8% and no patients were discharged at night.
- Over the last 12 months the trust had largely attained the 18 week RTT (referral to treatment target) and national cancer targets, although the 62 day target had come under intermittent pressure during that time.

Learning from complaints

- Complaint levels were low for the trust and processes for the learning from complaints were largely robust, with themes and issues identified and communicated within services.
- A major source of complaint over the last twelve months has been the quality of food. The trust has initiated a task and finish group who are monitoring and driving an action plan to generate improvements. Patients now receive a food quality survey.

Are services at this trust well-led?

We rated the leadership for the trust as good. All core services themselves had leadership rated as good with the exception of critical care where it's lack of individual governance and developing risk management processes contributed to a rating of requires improvement.

Overall the trust demonstrates clear strategic awareness and has engaged staff in developing a five year strategy.

Good



Summary of findings

The delivery of services and strategy is underpinned by an appropriate board structure. Recent changes in the governance structure and new executive team members have strengthened the quality of assurance provided at board and added further impetus to service improvement. However, both risk management and performance management require further development and embedding.

The culture of the organisation is positive and proud with visible and active leaders at all levels although further sustainable support is required at business management level.

Service improvement as an ethos is well established through all staff groups.

Vision and strategy

- The trust has a highly developed strategy. The strategy is based on high quality provision of specialist reconstructive surgery, routine elective surgery, consultant led innovation and community facing services. The strategy has been developed in conjunction with all staff groups.
- The strategy identifies a clear vision for the trust in 2020 and identifies the pathway to achieving the vision.
- The strategic direction is underpinned by a clear set of values: continuous improvement, humanity and pride. Our report indicates that these values are well recognised throughout the organisation at all staff levels. However, there is no current organisational development strategy to further support the values.
- The vision acknowledges the need for partnership working to ensure sustainability of services and the board is actively working to promote positive partnership working with a number of key stakeholders.
- All core services have identified strategies that recognise and link with the trust strategy although this is less apparent in outpatients, therapies and diagnostics.
- The trust has a highly effective outpatient 'spoke' service maximising clinical expertise and brand that allows the provision of specialist services closer to patients and promotes service growth.
- A key challenge to the delivery of the strategy will be capital planning and the development of the estate.

Governance, risk management and quality measurement

- A revised trust committee structure has been in place for the last twelve months and is arranged to provide accountability to

Summary of findings

the board through the appropriate statutory, assurance, advisory and review groups within the trust. Non-executive directors have a suitable portfolio of sub-board committee meetings at which they chair.

- The board meets on a regular basis with appropriate public content. The revised board assurance framework effectively reflects the organisation, its strategy and its risk and is reviewed on a regular basis. The changes in the board assurance framework are acknowledged by the non executive directors as an improvement on previous.
- Business units are subject to integrated performance review meetings. These occur on a monthly basis and are attended by clinical and managerial teams. These meetings provide appropriate challenge in areas of quality, performance, human resource, finance and risk management. Departmental meetings underpin the performance meetings. However, this is a relatively new approach and is yet to be fully embedded with some scorecards also requiring development.
- Risk management processes are less well developed. Risk discussions occur in all departments and although risk registers are largely held in all departments they do not appear to be comprehensive and contemporaneous. The means of risk escalation is not clear in all core services and there is not an underpinning risk management strategy. There is a risk escalation process and all risks rated greater than 12 are placed on the corporate risk register which is reviewed on a regular basis at appropriate board sub committees and reported to board. Our interviews with the executive team indicated awareness of the key risks within the trust.
- There is good clinical engagement throughout the governance structure which is enhanced by the Clinical Cabinet meeting for senior clinicians which advises the executive management team meeting.
- Our report indicates that all core services are structured to feed into the governance structure with the exception of critical care which works through the burns and plastics governance processes. It is also unclear as to how governance at spoke sites is effectively managed with little content appearing in those meeting minutes we reviewed during the inspection. The risk of governance associated with spoke sites is a feature of the corporate risk register.

Leadership of the trust

- The trust chair was appointed in April 2015 following a nine month spell as a non executive director. The chair has appropriate experience and clear understanding of the role. An

Summary of findings

appropriate board development programme is in place. The chair is supported by four non-executive directors of varying years of experience in the role but all with appropriate backgrounds and experience. New non-executive directors receive suitable induction and support.

- The chief executive was appointed in July 2013. Extensive strategic preparation and a lack of compromise in recruitment has resulted in a strong senior team being formed. The medical director provides clear and effective clinical leadership and engagement and has been in post since 2013. New appointments of Director of Nursing and Finance Director in 2015 complete the voting executive team. The programme of work and improvement of the new executive team members impressed the inspection team.
- During the inspection we reviewed four board members files for compliance with the Fit and Proper Persons regulation finding all to be so. There is a policy to support the meeting of the regulation and all board members complete an annual declaration of interest.
- During our inspection many interactions with staff of all levels provided a very positive indication of the visibility and impact that the both the Chief Executive and the Director of Nursing have within the organisation.
- The trust has recently restructured operationally into five business units (plastics, oral, eyes, sleep and clinical support) with a separate clinical infrastructure directorate (outpatients and corporate functions). The structure is designed to support the strategic direction and is led by a clinical director supported by a business manager. However, the structure currently suffers from a lack of substantive business management support which the trust is addressing.
- The trust has also enhanced it's senior nursing leadership with the appointment of three matrons.
- Our report indicates that staff feel that senior management at business unit level is also visible, effective and supportive.

Culture within the trust

- The trust has a significant history of care since the second world war and relationship with the armed forces and an almost unique link with patients and the community. This, and the specialist nature of much of the work of the trust, is clearly a positive key driver in the culture of the organisation.
- We held focus groups with all key staff groups during the inspection. All groups commented on how proud they are to work at the trust and emphasised the supportive and community nature of the workforce. Staff described the

Summary of findings

organisation as one that is always keen to provide development opportunities for both individuals and departments. Many staff commented that the design of configuration of services at the trust allows them more time to focus on patients.

- Our report indicates that throughout the core services there is a very supportive culture and there is no indication of blame culture or bullying and harassment. In addition staff feel valued and respected. This is supported by many positive elements of the staff survey. However, the move to a more strategically business orientated position with enhanced performance management alongside a number of changes and consultations has left some staff feeling unsettled. Whilst sickness rates are low, stress (potentially related to performance management) is identified by the trust as the main cause of sickness. We also heard from some staff a concern that the trust is starting to operate on the goodwill of the staff.

Staff and public engagement

- The trust maintains communication with the organisation through email and newsletter. Throughout the inspection we heard from staff that communication throughout the trust was good and staff were engaged with the organisation. The most recent staff survey had a high response rate with a high number of staff recommending the trust as a place of employment.
- A high sense of community existed amongst the workforce and was evident in the high number of employees with long service. We spoke to one member of staff who started work at the trust in 1962 who told us how wonderful it still was to be working at the trust. The trust celebrates long service and also has an annual staff awards ceremony.
- Consultants we spoke to were highly engaged in the trust and eager for service development and innovation opportunities which the trust clearly encourages. Junior doctors were very positive about the training experience they receive and a high number choose to return to the trust.
- The trust had sought extensive engagement with the organisation in the development of its strategy.
- The trust has a well designed web site that signposts services, provides background information to the trust and encourages public membership of the trust. The council of governors meet in public on a quarterly basis.
- The director of nursing chairs a patient experience group. The

Summary of findings

group looks at information relating to patient experience at the hospital and has made a number of changes as a result, for example appointment and reminder letters have been revised as a result of patients' feedback that they could be improved.

- The trust produces a comprehensive annual quality account. A public document that details trust performance over the last year.

Innovation and sustainability

- A clear financial plan is in place to achieve both revenue targets and ensure appropriate capital expenditure in year. The estate remains a significant issue with a current maintenance backlog cost of £6 million.
- The trust has strong links with on site research establishment Blond McIndoe which has supported the development of a number of the cutting edge clinical practices that are now in use within the trust.
- Innovation and improvement appears to be embedded in the trust. We saw a number of clinical examples during the inspection notably the use of telemedicine for the assessment and triage of burns patients and the development of stem cell techniques in the eye bank. We also saw a number of non-clinical initiatives driven by staff to enhance patient experience. The use of twiddle muffs for dementia patients and the use of ex-burns patients to mentor new burns patients were seen as good examples of innovative approaches to enhancing patient experience.

Overview of ratings

Our ratings for Queen Victoria Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services						
Minor injuries unit	Good	Good	Good	Good	Good	Good
Medical care						
Surgery						
Specialist burns and plastic services	Good	Good	Outstanding	Good	Good	Good
Critical care	Requires improvement	Requires improvement	N/A	Good	Requires improvement	Requires improvement
Maternity and gynaecology						
Neonatal services						
Services for children and young people	Good	Good	Outstanding	Good	Good	Good
End of life care						
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	Good	Outstanding	Good	Good	Good

Our ratings for Queen Victoria Hospital NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Good	Good	Outstanding	Good	Good	Good

Notes

Outstanding practice and areas for improvement

Outstanding practice

- The trust developed and actively uses a Telemedicine Referral Image Portal System which has been developed in collaboration with the London and South East of England Burns Network. Telemedicine is the use of telecommunication and information technologies in order to provide clinical health care at a distance. Telemedicine was chosen as the SE Coast Regional Winner in the 2008 Health & Social Care Awards in the category of “Innovative Information & Communications Technology” and went on to be a runner up at the National awards. This Innovative use of telemedicine allows trained staff to view a burn injury at a distance either in another hospital or via ambulance staff photos and give appropriate advice, assessment and advise transfer to most appropriate location.
- Staff within the paediatric service had been instrumental in developing unique aftercare opportunities for patients. One such initiative was called the CREW camp. This stands for challenging, recreational, educational weekend for all children who have received care on Peanut Ward which is funded by local businesses and provides educational activity weekends for up to 30 ex patients. A committee of eight staff have been established to run the event which selects nominated children who they consider would get the most benefit from the activities.
- The prosthetics department was cutting edge and provided a patient focussed individualised service. Clinicians worked with patients to ensure the best outcomes were achieved. Staff were enthusiastic, dedicated and were committed to continual professional development publishing regularly in professional journals. This meant that patients received the most up to date advancements in prosthetic development.
- The patient pathway for head and neck patients was comprehensive. Patients attended a pre-assessment appointment, were allocated a named nurse and visited other departments in the hospital that would be part of the treatment intervention. There was a separate waiting area in outpatients so that patients had privacy whilst waiting to be and seen and a psychology service was available to support the emotional needs of patients coming to terms with life changing body image issues.
- The trust had made innovative use of telemedicine in order to reduce the need for hospital admission, improve the patients experience and provide teaching and learning for staff.
- Staff were taking exceptional steps to improve the hospital experience for patients living with dementia. Allowing extra time during assessment, facilitation families in supporting the patient, awareness of the environment and equipment in relation to vulnerable patients and the use of distraction accessories such as ‘twiddle muffs’ demonstrated that the needs of vulnerable patients were taken into consideration and steps taken to personalise their care and treatment.
- The burns outreach nurse post was an innovative solution to the problems of dealing with burns in the community. Patients were able to be discharged quicker with continuity of care and treatment.
- The hospital’s audit office undertook the task of monitoring and auditing the quality of care and treatment across the trust. The staff demonstrated passion and enthusiasm for improving patient experience through the use of data and audit.

Outstanding practice and areas for improvement

Areas for improvement

Action the trust **MUST** take to improve

- The provider must ensure that all medication in theatres is stored appropriately.
- The provider must ensure that out of hours medical cover is sufficient to meet the needs of the patients.
- The provider must ensure that all clinical staff have had training in the Mental Capacity Act

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity

Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12(2)g the provider must ensure the proper and safe management of medicines, and staff must follow policies and guidance to ensure that controlled drugs in theatres are secured at all times.

Regulated activity

Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18.1 Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of the patients out of hours.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

This section is primarily information for the provider

Enforcement actions (s.29A Warning notice)

Action we have told the provider to take

The table below shows why there is a need for significant improvements in the quality of healthcare. The provider must send CQC a report that says what action they are going to take to make the significant improvements.

Why there is a need for significant improvements

Start here...

Where these improvements need to happen

Start here....