

# Queen Victoria Hospital NHS Foundation Trust

## Inspection report

Holtye Road  
East Grinstead  
West Sussex  
RH19 3EB  
Tel: 01342414000  
www.qvh.nhs.uk

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

Queen Victoria Hospital NHS Foundation Trust is a leading specialist centre for reconstructive surgery and rehabilitation, helping people who have been damaged or disfigured through accidents or disease. Queen Victoria Hospital NHS Foundation Trust provides a specialist burns and plastic surgery service to both adults and children. Patients are admitted from the south east of England including south and east London. The trust also provides 'hub and spoke' specialist services at other hospitals in the south east of England, bringing Queen Victoria Hospital NHS Foundation Trust staff with specialist skills to remote hospital locations. The hospital provides a minor injuries unit and community services for people living in and around East Grinstead and is situated on the outskirts of the town.

Queen Victoria Hospital NHS Foundation Trust holds contracts with 21 Clinical Commissioning Groups (CCGs); the co-ordinating commissioner is Horsham and Mid-Sussex CCG with associates including West Kent, High Weald Lewes Havens and Coastal West Sussex CCGs. The trust also holds a contract with NHS England for the provision of specialised head and neck surgery, ophthalmic (eyes), burns services and other specialist dental services.

The trust was last inspected in 2016 and was rated as good overall.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good** ● → ←

## What this trust does

Queen Victoria Hospital NHS Foundation Trust is a leading specialist centre for reconstructive surgery and rehabilitation, helping people who have been damaged or disfigured through accidents or disease. Queen Victoria Hospital NHS Foundation Trust provides a specialist burns and plastic surgery service to both adults and children. Patients are admitted from the south east of England including south and east London. The trust also provides 'hub and spoke' specialist services at other hospitals in the south east of England, bringing Queen Victoria Hospital NHS Foundation Trust staff with specialist skills to remote hospital locations. The hospital provides a minor injuries unit and community services for people living in and around East Grinstead and is situated on the outskirts of the town.

Queen Victoria Hospital NHS Foundation Trust has 65 beds (including nine paediatric beds, and five critical care beds) thirteen operating theatres and employs over 900 staff. The hospital works in partnership with major trauma centres in south London and Brighton.

Queen Victoria Hospital NHS Foundation Trust was one of the first foundation trusts and has 7,600 public members across Sussex, Kent and Surrey.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

# Summary of findings

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. We use a risk-based approach to determine which core services to inspect. This inspection was unannounced, and we inspected three core services on 29 and 30 January 2019. The core services we inspected were burns and plastics, outpatients and critical care. We returned to review the leadership of the trust on 26 and 27 February 2019.

As part of the inspection, we reviewed information supplied by the trust and other national data and information that is available to us. We also considered any comments or concerns made directly to the Commission by members of the public or staff.

## What we found

### Overall trust

Our rating of the trust stayed the same. We rated it as good because:

We did not inspect all core services during this inspection, we inspected surgery (burns and plastics), outpatients and critical care. Overall, we rated the trust as good for safe, effective, responsive, well-led and outstanding in caring. All three core services we inspected were rated as good overall.

We rated safe, effective, responsive and well-led as good, and caring as outstanding. We rated all three of services as good. In rating the trust, we took into account the current ratings of the two services not inspected this time.

We rated the trust overall as good.

- The trust had responded to concerns raised in our last inspection in critical care and improvements had been made. These included, for example, dedicated medical cover out of hours.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises visibly clean. They used control measures to prevent the spread of infection.
- The service followed best practice when prescribing, administering, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- There was a strong, visible person-centred culture and the service truly respected and valued patients as individuals. Staff were highly motivated and inspired to offer care that was exceptionally kind and promoted people's dignity.

# Summary of findings

- Feedback from patients, those close to them and stakeholders was continually positive about the way staff treated people. The trust performed 'much better than expected' compared with other trusts in CQC's 2017 Adult Inpatient Survey. NHS Friends and Family Test data displayed on the wards showed almost all patients would recommend the service to family and friends. There were consistently high recommendation rates, which reached 100% in nine out of 12 months in 2018 on the Burns Unit, and eight out of 12 months on Margaret Duncombe Ward.
- Staff saw patients emotional and social needs as being as important as their physical needs. Staff provided emotional support to patients and those close to them to minimise their distress and help them in their recovery from traumatic events or major surgery.
- Patient safety and the patient experience were the focus of the trust's strategy and service delivery.
- Staff were fully committed to working in partnership with people and making this a reality for each patient. The service always reflected patients' individual preferences and needs in the delivery of care.
- Advice and guidance for non-urgent GPs referrals were in place, this allowed GPs access to consultant advice prior to referring patients into specialist clinics.
- Safety huddles were held every morning in each outpatient department. All staff working in the outpatient clinics met at the same time every day to discuss current safety issues relating to the premises, patient care and other relevant issues that could impact on patient safety.
- The trust's leadership team had the skills, knowledge, experience and integrity that they needed to lead the trust. Executives were given the support they needed. Where an individual board member was lacking in experience, they were supported to gain relevant expertise.
- The trust's existing strategy and projected 'strategic direction' were aligned to local plans in the wider health and social care economy and were planned to meet the needs of the relevant population. The trust worked closely with other trusts, clinical commissioning groups and sustainability and transformation partnerships to identify and meet regional patient's needs.
- The trust monitored their progress against delivery of the strategy and local plans. The strategic objectives, were outlined in the unique and exemplar Board Assurance Framework (BAF). The trusts BAF brought together the strategic objectives and used them to evaluate board work and risk. This ensured objectives were reviewed and acted against, in terms of current risks and long-term strategy.
- The different levels of governance and management functioned effectively to provide assurance. The board had a structure of committees which were chaired by non-executive members and reported directly to the board. Each committee reviewed evidence to gain information and assurances and escalated to the board in line with their terms of reference.
- The trust had arrangements for identifying, recording and managing risks, issues and had identified actions to reduce the impact of them. The trust used a risk register system to manage risks of all levels. Core service level risks were held on a departmental risk register. Risks that were strategic or affected multiple core services were held on the trust risk register. The board reviewed and managed the trust risk register.
- The trust had positive and collaborative relationships with external partners. It worked closely with other trusts in the region, clinical commissioning groups and the regional sustainability and transformation partnership to build a shared understanding of systemic challenges and identify and meet patient's needs.
- The two highest rated risks on the risk register were both rated 20. One was referral to treatment time delivery and performance and one was financial performance.

# Summary of findings

- The trust had a referral to treatment time recovery action plan to eliminate 52 week waits across the three affected areas of the trust, and reach performance compliance by September 2019. The trust was on trajectory to meet this target.
- The trust was beginning its journey to address financial performance. The board recognised that system-wide working and collaboration could be key to its financial sustainability and that they needed to utilise support within the system and determine their position and the corresponding financial strategy aligning to this.
- The trust used secure electronic systems with security safeguards. It had a clear technology infrastructure plan for the hospital hub (main) site and had implemented current cyber security systems.
- The trust had a focus on learning. They supported research internally and as part of external research projects. Learning from and participation in internal and external reviews was used to lead improvement and innovation. The trust was able to identify numerous research-based initiatives it had adopted over the past 12 months to improve patient care.

However:

- Mandatory training rates including safeguarding and Mental Capacity Act 2005 modules for all staff groups did not always meet the trust target of 95%. However, at the time of inspection compliance had improved. For example, the critical care unit had an aggregated compliance rate of 90%.
- The service's admissions policy for surgical and critical care patients relied heavily on the individual judgement of the on-call consultant as to whether a patient met the criteria for admission to the hospital. For example, there was no specific criteria for burns patients around the total body surface area affected by the burns. There were also no specific criteria for significant co-morbidities. However, the service had service-level agreements with a nearby large NHS acute teaching hospital trust for the provision of services such as general surgeons and geriatricians (specialist elderly medicine consultants) to support patients with existing co-morbidities.
- There were high numbers of registered nurse vacancies predominantly in theatres and critical care and heavy reliance on temporary staff. However, the trust had systems and processes to mitigate the risk, for example, a limit to how many agency staff could be allocated to each theatre. These services used regular agency staff to provide consistency and continuity.
- Nursing agency usage was higher than was recommended for a critical care unit. The Guidelines for the Provision of Intensive Care Services, 2015 recommended level was a maximum of 20% agency staff usage. There was a departmental policy of not having more than 50% agency on any one shift. This was an improvement which had been discussed and approved by senior clinical leads and the managers within the trust. Senior staff explained that due to the number of nurses, this would mean not more than two agency nurses per shift.
- The critical care unit was not fully meeting the Guidelines for the Provision of Intensive Care Services 2015 but there had been an improvement since the last inspection. At the time of our last inspection critical care had no intensive care consultants but now had intensive care consultant cover Monday to Friday. However, the unit still lacked this cover out of hours and at weekends.
- The trust had struggled to meet both the 18-week referral to treatment and cancer targets. Five specialties were below the England average for non-admitted pathways for referral to treatment times. The trust was acting to address this and was on a trajectory to meet the targets by April 2020.
- The trust was not meeting its targets for cancellations of outpatient appointments in the seven days prior to the appointment. These rates varied within the reporting period, but neither the plastic surgery department, sleep disorder unit and ophthalmology met their target during the reporting period. On the day cancellations by the hospital had stayed the same for a period but also failed to reach their target.

# Summary of findings

- The hospital did not meet the British Burn Association National Burn Care Standards. This was because, as a specialist trust, the hospital did not provide the usual range of hospital services such as general surgery, mental health liaison and paediatric medicine. To reduce these risks, the trust had service level agreements with a nearby acute NHS trust to provide these services in a timely way, 24 hours a day, seven days a week.
- The trust was not expected to meet its financial plan in this year and the trust was projected to have a deficit of £5.9 million in 2018 to 2019. The trust was not used to operating within such a financially challenging environment. They were in the process of developing systems to manage the trust under these pressures.

## Are services safe?

Our rating of safe stayed the same. We rated it as good because:

- Risk to patients was identified and monitored. The critical care outreach team was available 24 hours a day to support patients on the unit or on the wards. The unit used a safety checklist for invasive procedures produced by the Intensive Care Society. The unit had a policy for insertion of central lines and guidance for the use of arterial lines.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe. We saw staff had enough time to look after patients safely.
- Records we reviewed demonstrated that the National Early Warning Scoring (NEWS) system was being used consistently and correctly.
- Safety huddles were held every morning in each outpatient department. All staff working in the outpatient clinics met at the same time every day to discuss current safety issues relating to the premises, patient care and other relevant issues that could impact on patient safety.
- Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and report incidents. Staff felt supported when doing so.
- Staff managed medicines consistently and safely. Medicines were stored correctly and disposed of safely. Staff kept accurate records of medicines.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Records we reviewed had clear documentation and a high standard of record keeping in line with national guidelines.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service had suitable premises and equipment and looked after them well. Equipment received annual servicing and electrical safety testing to ensure it was safe and fit for purpose. The hospital had emergency equipment in clinical areas to allow staff to respond promptly to medical emergencies such as cardiac arrest and sepsis.

However:

- Mandatory training rates including safeguarding and Mental Capacity Act 2005 modules for all staff groups did not always meet the trust target of 95%. However, at the time of inspection compliance had improved. For example, the critical care unit had an aggregated compliance rate of 90%.
- The service's admissions policy for surgical and critical care patients relied heavily on the individual judgement of the on-call consultant as to whether a patient met the criteria for admission to the hospital. For example, there was no specific criteria for burns patients around the total body surface area affected by the burns. There were also no specific criteria for significant co-morbidities. However, the service had service-level agreements with a nearby large NHS acute teaching hospital trust for the provision of services such as general surgeons and geriatricians (specialist elderly medicine consultants) to support patients with existing co-morbidities.

# Summary of findings

- Although nursing staffing levels were safe within critical care, the service was using up to 50% agency staff on any one shift and the Guidelines for the Provision of Intensive Care Services 2015, recommends a maximum of 20% usage of agency staff on any one shift.

## Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- The trust ensured staff were competent for their roles. Staff had the right qualifications and skills to carry out their roles effectively and in line with best practice. Staff received supervision and appraisals. Staff had access to learning and development opportunities.
- There was a multidisciplinary approach to patient care. Doctors, nurses and other healthcare professionals supported each other to deliver effective care and treatment.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Records we reviewed demonstrated staff obtained and recorded patient consent in line with legislation and national guidance.
- Staff had a scheduled approach to assessing and monitoring patients. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Health promotion was provided to patients and staff. Leaflets were available on conditions such as deep vein thrombosis. Smoking cessation and alcohol consumption advice was given at pre-assessment.

However:

- The service did not meet the British Burn Association National Burn Care Standard C.05: Additional Clinical Services. This was because, as a specialist trust, the hospital did not provide the usual range of district general hospital services such as general surgery, mental health liaison and paediatric medicine. To reduce these risks, the trust had service level agreements with a nearby acute NHS teaching hospital trust to provide these services in a timely way, 24 hours a day, seven days a week as needed.
- The service did not fully participate with audits nationally. The service did not participate in the Intensive Care National Audit Research Centre audit program. However, they did participate in audit through the Southeast Critical Care Network.

## Are services caring?

- Patients were given timely support and information to cope emotionally with their care, treatment, condition in order to minimise their distress. We observed emotional support being given to a distressed patient.
- Psychological and physical care was delivered in parity. We saw mindfulness-based cognitive therapy courses were available to help patients manage emotions following traumatic injuries, burns, facial conditions or cancer surgery. Mindfulness courses were popular with patients and well-attended.
- The hospital provided a variety of equipment to support patients living with dementia for example bright coloured, dementia-friendly crockery.

# Summary of findings

- Staff involved patients and those close to them in decisions about their care and treatment. Patients and visitors told us they felt well informed and included in the decision processes
- Staff communicated well with patients, so they understood their care, treatment and condition. During our inspection, we heard many examples of staff going ‘the extra mile’ to provide compassionate care that exceeded expectations.
- Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders. Staff described how they were always able to give patients the time they needed, and managers supported and encouraged them in this. They felt this was part of the person-centred culture of the trust.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. However, complaints were not always dealt with within the timeframe in the trust policy. There was openness and transparency in how complaints were dealt with.
- The trust planned and provided services in a way that met the needs of local people, as well as patients from further away that required specialist services. The facilities and premises were suitable for the services being delivered. The trust operated ‘hub and spoke’ clinics for some specialties and held satellite clinics in locations across the south east region. This allowed patients who lived far away from the trust to benefit from the service’s specialist skills and expertise closer to their home.
- The trust worked with partner services to provide holistic care. For example, the trust had a good working relationship with a local trust to provide support for patients with a mental health condition. We saw input from mental health professionals within the patient records we reviewed.
- The trust took account of patients’ individual needs. The trust had several options available to support people with communication difficulties.
- The trust had a variety of innovative methods of supporting patients living with dementia.
- Advice and guidance for non-urgent GPs referrals were in place, this allowed GPs access to consultant advice prior to referring patients into specialist clinics.

However:

- In two surgical specialties, plastics and oral surgery, people could not always access the service when they needed it. The trust experienced a decline in referral to treatment performance in 2018. In partnership with NHS Improvement’s intensive support team, the trust reviewed their waiting list systems and processes and implemented initiatives to reduce the waiting lists. These included Saturday clinics, use of a locum breast consultant, outsourcing of some operating lists, and improving theatre efficiency and utilisation. As a result, the trust was on its trajectory to meet its target for wait times by April 2020.
- There were no wheelchair-accessible toilets in the Rowntree Theatre Unit, where patients attended for procedures such as minor skin excisions under local anaesthetic. This meant staff would need to transfer wheelchair-users to an accessible toilet elsewhere in the hospital.
- There was no hearing loop in some of the outpatient departments. Hearing loops are audio systems that help people with a hearing impairment hear more clearly.



# Summary of findings

## Are services well-led?

Our rating of well-led stayed the same. We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. They were knowledgeable about the issues and priorities for the quality and sustainability of the service, understood the challenges and how to address them. All staff we met spoke positively about the leadership, both at local and executive level. They described leaders as being visible and approachable and supporting them to deliver the best possible patient experience.
- Staff understood candour, openness, honesty, and transparency. The trust's values were embedded and promoted by all staff. Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on the shared values. Any behaviour which was inconsistent with the values was dealt with swiftly and effectively, regardless of seniority.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations effectively. The trust had several forums and groups that promoted staff engagement, both face-to-face and through newsletters and social media. The chief executive held regular staff forums, including breakfast meetings in the theatre department, which staff valued. The trust promoted staff wellbeing through mindfulness sessions and groups to support them with emotional eating and stopping smoking.
- The service was committed to improving by learning from when things went well and when they went wrong, promoting training, research and innovation. We saw examples of projects and changes to drive continuous improvement.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Staff we spoke with understood the risks to the service, and we saw the service acted to reduce risks.
- Senior staff regularly reviewed risk registers and updated them with actions taken to reduce risks and any changes in risk ratings. The service monitored a range of performance and outcome measures each month. They acted to address performance that fell below targets, such as referral to treatment times.
- The trust was managing substantial risks in relation to financial challenges and referral to treatment times.
- The trust collected, analysed, managed and used information well. Relevant information was displayed on notice boards within clinical areas. This included performance data such as safety thermometer data, staffing data and NHS Friends and Family recommendation rates.

However:

- The board's financial position changed in 2018; it had previously met its financial plans but was expected to have a deficit in 2018/19. The trust was operating under new financial pressures and it did not have past experience of managing the related challenges. The board was still establishing how it will move forward under these pressures.
- The trust did not have an agreed and structured continuous improvement programme which could support both operational and financial performance improvement, although we understood the trust was in discussion with other trusts to learn from their experiences.
- We found that the board committee which scrutinised finance and performance was not attended by the whole executive team, although the entire board received the board papers and Director of Nursing and Medical Director were able to attend the meetings.

# Summary of findings

- The trust had not met multiple referral to treatment performance targets across core services in 2018. There were internal and external reasons for the reduced compliance including; regional increase in demand, significant vacancy levels across departments and the identification of patients who had erroneously been left on a waiting list previously. The trust was working internally and with external organisations including NHS Improvement and commissioners to manage and balance the backlog, increasing demand and capacity. The trust had implemented initiatives and progressed to improve patients' waiting times. They were on trajectory to meet their targets by 2019 for 52 week breaches and March 2020 for open pathways.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in leadership, burns and plastics, critical care, sleep disorder clinic, corneoplastics, facial paralysis care and making or fitting prosthetic devices.

## Areas for improvement

We found 14 areas the trust may wish to consider to improve service quality.

## Action we have taken

*We did not issue requirement notices nor take enforcement action against the provider.*

## What happens next

We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

- Psychological and physical care was delivered in parity. A variety of therapy courses were provided to support psychological support in conjunction with physical health needs. Rehabilitation and independent living programmes were available for patients to make the transition home easier. Staff went the extra mile to support patients return to pre-injury or pre-disease health.
- Individual needs of patients were paramount and there was a range of innovations available to support patients' needs. Volunteers made heart-shaped cushions to support patients following breast reconstruction surgery and help them feel comfortable. They also made fabric bags to cover patient's drains following surgery to treat breast cancer.
- There was a variety of different equipment available to support patients living with dementia.
- The trust had a significant focus on research and development. They had been involved in developing a variety of innovations and improvements. Some of these included screening tests in the world of facial paralysis care, making or fitting prosthetic devices, sight saving procedures and accreditation as a sleep centre in the UK, in conjunction with the European Sleep Research Society.

# Summary of findings

- The strategic objectives were outlined in the Board Assurance Framework (BAF). The trust's BAF was a unique document that brought together the strategic objectives and used them to evaluate board work and manage risk. This ensured objectives were reviewed and acted against, in terms of current risks and long-term strategy.

## Areas for improvement

Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust SHOULD take to improve:

- The trust should consider reducing the amount of agency staff used on each shift within critical care.
- The trust should consider how to fully meet the Guidelines for the Provision of Intensive Care Services 2015 in relation to intensive care consultant cover within critical care.
- The trust should consider revising their admission criteria to ensure patients treated can have their needs safely supported.
- The trust should continue working to improve referral to treatment times for surgical patients.
- The trust should review the toilet facilities in the Rowntree Theatre Unit and consider whether the current facilities meet the needs of all patients attending the unit.
- The trust should ensure that resuscitation equipment is checked in line with trust policy.
- The trust should ensure complaints are responded to within the timeframe set out in their policy.
- The trust should review its mandatory training targets and ensure compliance with these targets.
- The trust should develop and document their strategic direction and corresponding financial strategy.
- The trust should ensure it has robust systems and processes to identify, govern and implement its cost improvement programme.
- The trust should ensure that it has the right resources and capacity across its leadership teams and finance and performance committee to develop a new financial strategy and operate under new financial pressures.
- The trust should consider implementing a structured process for undertaking post implementation reviews of larger business cases.
- The trust should ensure process and policies, particularly those relevant to the formal disciplinary process, are applied equally no matter a staff members race or other characteristic protected under the Equality Act.
- The trust should ensure data quality across services including at all hub sites.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

# Summary of findings

- The trust's leadership team had the skills, knowledge, experience and integrity that they needed to lead the trust. Where an individual board member was lacking in experience, they were supported to gain relevant expertise.
- The trust board included four executive directors, five non-executive directors and three non-voting directors. Board members had a variety of different backgrounds, skills and expertise which provided the balance of knowledge and experience necessary to run all elements of the board.
- The trust performed reviews during the application process and annually to ensure that all people who had director level responsibility for the quality and safety of care were fit and proper to carry out this role.
- The trust had an appraisal process to identify and support individual's development needs.
- Board members were visible and approachable. They were on the single site throughout their workday, visible in clinical areas when they were on call and more generally when they were needed on the site for clinical care or escalation. Additionally, they held responsibility for different directorates and engaged with staff at all levels within that area through attendance at meetings and presence on site.
- The trust had clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership. The trust had performed internal reviews and commissioned an external review to identify development areas. Board members provided examples of how these reviews had formed the current board development program.
- The board considered sustainable, compassionate, inclusive and effective leadership when board members changed, ensuring there was a succession plan to direct these changes. For instance, two of the board's non-executive directors would come to the end of their terms in 2019. To prepare for this change, the board performed a skills audit to identify skills and experience the board had and what it needed for the future. The audit identified the skills which the board needed and the types of previous roles an applicant might have had to develop these roles.
- The trust had a clear vision and strategy as set out in the organisation's 2020 Queen Victoria Hospital Strategic plan. It included a set of vision and values which put quality and the patient at the centre of the trust's vision. The trust had a direction of travel reflecting more recent challenges and strategic changes, which was not yet in written form.
- The trust's existing strategy and projected 'strategic direction' were aligned to local plans in the wider health and social care economy and were planned to meet the needs of the relevant population. The trust worked closely with other trusts, clinical commissioning groups and sustainability and transformation partnerships to identify and meet regional patient's needs.
- The trust monitored their progress against delivery of the strategy and local plans. The strategic objectives were outlined in the unique and exemplar board assurance framework (BAF). The trust's BAF brought together the strategic objectives and used them to evaluate board work and risk. This ensured objectives were reviewed and acted against, in terms of current risks and long-term strategy.
- The trust used the BAF to organise its work so the all projects were expressed in terms of the trust's key objectives. These objectives formed the basis for the board's work. This ensured that the board's time and energy was used to meet the objectives.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff reported they felt supported, respected and valued and the trust culture was improving. During the core service inspection staff reported a respectful and supportive culture. They said leaders were visible and approachable and the management supported an open and honest culture.
- The culture was centred on the needs and experience of people who use services. Patients we spoke to during the core service inspection reported that the trust's culture put patient's needs at the centre of services. This was supported by responses to the Friends and Family Test.

# Summary of findings

- The culture encouraged openness and honesty at all levels within the organisation. The trust had processes so staff could feel safe raising concerns and concerns would be addressed. Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution, and we saw that when concerns were raised they were investigated, learning was identified and action was taken as a result of these concerns.
- The trust addressed behaviour and performance that was inconsistent with the vision and values, regardless of seniority of those involved. All staff were required to uphold the vision and values. We saw an examples of staff members raising concerns about a senior member of staff's treatment of junior members.
- There were mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations. The board recognised the importance of development and internal promotion opportunities, it also recognised the limitations created by the nature of being a small, specialised trust.
- Staff reported receiving appraisals and being supported in their development. The staff survey verified this, reflecting the trust level of compliance with appraisals had improved significantly since 2017.
- Board papers and interviews reflected that the board and senior staff members understood that there was work to be done to ensure that the trust provide the same experience for all employees no matter their race or other protected characteristics.
- We saw that there were cooperative, supportive and appreciative relationships among staff. Staff and teams worked collaboratively, shared responsibility and resolved conflict quickly and constructively. Staff at all levels reported that they worked closely and that there was a 'family' feeling between staff at the trust.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. Board members understood roles and responsibilities and there were clear terms of reference for all committees.
- The board had a structure to ensure accountability for board decisions. As a foundation trust, the trust had a board of directors and a council of governors. The board of directors acted as a unitary board. All members of the board provided scrutiny and input across all areas of financial, operational and quality performance.
- We observed board members throughout the inspection and at board and committee meetings. We saw colleagues were supportive and challenging, which was in line with what board members reported. Board members provided good examples of debate and challenge from non-executive directors and between executive directors.
- The different levels of governance and management functioned effectively. The board had two permanent statutory committees and three formal (but non-statutory) committees. All five committees were chaired by non-executive members and reported directly to the board. Each committee fed information into the board in line with their terms of reference.
- The board had oversight of each business unit's risk and performance. Each business unit had a head and managed risk and governance at a business unit level. Business unit heads fed into the clinical and governance committee which reported to the board every other month.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The trust had a risk culture which focused on identification and management of risks using comprehensive assurance systems. Staff at all levels recognised their responsibility for risk and incident reporting.

# Summary of findings

- The trust had arrangements for identifying, recording and managing risks, issues and had identified actions to reduce the impact of them. The trust used a risk register system to manage risks of all levels. Risks were recorded on registers which were used to ensure oversight and management of the risks. Core service level risks were held on a departmental risk register. Risks that were strategic or affected multiple core services were held on the trust risk register. The board reviewed the trust risk register.
- One of the two highest rating risks was referral to treatment time delivery and performance. In August 2018, the trust agreed a referral to treatment time recovery action plan, to eliminate 52 week waits across the three affected areas of the trust and reach performance compliance by September 2019. The referral to treatment time plan addressed elements of improvement including: 'systems and processes, trajectories and performance reporting, capacity and pathways and sustainability'.
- The trust was managing risks associated with the referral to treatment time issues. We attended a weekly meeting which confirmed all departmental leads were aware of every patient on their waiting list, the challenges they faced and were supported by the director of operations to overcome these challenges. The director of operations offered an appropriate amount of challenge and support to department leads in delivering performance.
- The other highest rating risk was financial sustainability. The trust recognised that system-wide working and collaboration could be key to its financial sustainability and that they needed to utilise support within the system and determine their position and the corresponding financial strategy aligning to this.
- The trust was in the process of developing internal strategies, programs and structures to manage the trust in light of the financial challenges it had not faced previously.
- Potential risks were taken into account when planning services. The trust was a small, specialist trust remotely situated between other, larger acute trusts in the region. It recognised that many of the risks to the trust were intertwined with its size and specialist nature. The trust was forward looking and recognised that system-wide working and collaboration could be the way to address many of the risks that faced the trust.
- The trust had a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken. The trust had an audit program that included audits at divisional, and provider level. The trust submitted information from some audits for benchmarking against other, similar, providers. Divisional clinical audit results were fed into the quality and safety committee which reported to the board.
- The trust had a wider information technology strategy which it was implementing to create a holistic information technology system across the trust. The strategy was signed off by the board and chief information officer.
- It used secure electronic systems with security safeguards. The trust had a clear infrastructure plan for the hospital hub (main) site. The trust had implemented current cyber security systems. This included systems, cybersecurity and commitment from the sustainability and transformation partnership to help the trust to obtain and electronic observation system that would allow secure mobile access. The program included telephony systems and secure messaging.
- The trust engaged well with patients and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. People who use services, those close to them and their representatives were engaged and involved in decision-making to shape services and culture. The trust reached out to the public through a variety of mediums and benefited from transactional feedback, it had recently drafted a strategy for collecting and using community feedback to inform change.
- The trust reached out to staff members using a variety of media, but staff members did not always feel engaged. Staff were somewhat engaged so that their views were reflected in the planning and delivery of services and in shaping the culture.

# Summary of findings

- There were positive and collaborative relationships with external partners to build a shared understanding of challenges and needs within the system and to deliver services to meet those needs. The trust worked closely with other trusts in the region, clinical commissioning groups and the regional sustainability and transformation partnership to identify and meet regional patient's needs.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- Leaders and staff aimed for continuous learning, improvement and innovation including participating in appropriate research projects and recognised accreditation schemes. Current research studies at the trust were either initiated 'in house' by their own clinicians or part of multi-centre studies which the trust was invited to join. The trust had effective governance processes for research and patient involvement.
- In 2017 to 2018 the trust had initiated four of its own fully grant-funded studies. Additionally, they collaborated with another regional trust on research initiatives in burns and infection control and a trust in another region of the country, with a commercial partner, to develop a new device to assist with the rehabilitation of facial palsy patients.
- Learning from and participation in internal and external reviews was used to lead improvement and innovation. The trust was able to identify numerous innovative, research-based initiatives it had adopted over the past 12 months, particularly in the areas of burns and plastics and outpatients.
- The trust managed concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. There was openness and transparency in how complaints were dealt with.

However:

- The trust saw a financial deterioration in 2018 to 2019 and was not expected to meet its financial plan in this year. The trust originally submitted a forecast that it would have a £6.8 million surplus. However, it had submitted a revised forecast which showed a deficit of £5.9 million in 2018 to 2019.
- The trust did not have an agreed and structured continuous improvement programme to support both operational and financial performance improvement. Although they were exploring opportunities with other organisations.
- Oversight of the finance and performance of the trust was through the finance and performance committee, which was not attended by the whole executive team. This meant that the committee could not hold the whole executive team to account for the financial performance of the trust.
- The trust had identified a strategic direction to address recent concerns including financial and referral to treatment time challenges. However, it did not have a written strategy for achieving the priorities and delivering good quality sustainable care under these pressures.
- The trust was not used to operating within a financially stressed environment. It had not yet ensured that it had effective systems to manage the trust under these pressures.
- The trust did not have a system to ensure it understood the impact of business case investments or use this information to inform future investments or business case applications. There was no structured approach to reviewing the outcome of business case investments.
- Across the trust mandatory training rates did not meet the trust target of 95%.
- Workforce Race Equality Standard data showed that the experience of BME employees was not always the same as of non-BME employees although this data is derived from a small percentage of BME staff at the trust. It noted BME employees were significantly more likely than their white counterparts to enter the formal disciplinary process. The trust was taking action to address this inequity by reviewing how it applied disciplinary processes across all employees.

# Summary of findings

- The organisation did not have targeted methods to engage with or include staff with a protected equality characteristic under the Equality Act. The trust generally reached out to the entire staff body in an open manner but did not direct messages or communications to particular staff groups.
- The trust had not met multiple referral to treatment performance targets across core services in 2018. The trust had implemented initiatives and progressed to improve patients' waiting times. They were on trajectory to meet their targets by 2019 for 52 week breaches and March 2020 for open pathways.
- All information technology systems were not integrated and did not provide a holistic understanding of performance or patients throughout their pathway. This created a risk and was an aggravating factor that led to challenges including certain patients being left off waiting lists.
- The trust did not always collect, analyse, manage and use information well to support all its activities. The trust used several different key systems to manage information within the trust. These included systems to manage administrative systems, radiology, patient care notes and electronic documents management.
- The trust did not have complete visibility of data relating to all spoke sites. The trust was working diligently to address this issue, but some challenges continued regarding data held at and by other sites.



## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↔ May 2019	Good ↔ May 2019	Outstanding ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for Queen Victoria Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good May 2019	Good May 2019	Outstanding May 2019	Good May 2019	Good May 2019	Good May 2019
Critical care	Good ↑ May 2019	Good ↑ May 2019	Good May 2019	Good ↔ May 2019	Good ↑ May 2019	Good ↑ May 2019
Services for children and young people	Good Apr 2016	Good Apr 2016	Outstanding Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016
Outpatients	Good ↔ May 2019	Not rated	Outstanding ↑ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019
Minor injuries unit	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016	Good Apr 2016
<b>Overall*</b>	Good ↔ May 2019	Good ↔ May 2019	Outstanding ↔ May 2019	Good ↔ May 2019	Good ↔ May 2019	Good ↔ May

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# The Queen Victoria Hospital (East Grinstead)

Holtye Road  
East Grinstead  
West Sussex  
RH19 3DZ  
Tel: 01342414362  
[www.qvh.nhs.uk](http://www.qvh.nhs.uk)

## Key facts and figures

Queen Victoria Hospital NHS Foundation Trust is a leading specialist centre for reconstructive surgery and rehabilitation, helping people who have been damaged or disfigured through accidents or disease. Queen Victoria Hospital NHS Foundation Trust provides a specialist burns and plastic surgery service to both adults and children. Patients are admitted from the south east of England including south and east London. The trust also provides 'hub and spoke' specialist services at other hospitals in the south east of England, bringing Queen Victoria Hospital NHS Foundation Trust staff with specialist skills to remote hospital locations. The hospital provides a minor injuries unit and community services for people living in and around East Grinstead and is situated on the outskirts of the town.

Queen Victoria Hospital NHS Foundation Trust has 65 beds (including nine paediatric beds, and five critical care beds) 13 operating theatres and employs over 900 staff. The hospital works in partnership with major trauma centres in south London and Brighton.

Queen Victoria Hospital NHS Foundation Trust was one of the first foundation trusts and has 7,600 public members across Sussex, Kent and Surrey.

At our last inspection we rated the hospital overall as 'good.'

## Summary of services at The Queen Victoria Hospital (East Grinstead)

Good   

Our rating of services stayed the same. We rated it them as good because:

- There were arrangements to keep service users safe from abuse which were in line with relevant legislation. The majority of staff had received training, were able to identify who might be at risk of potential harm and knew how to seek support or advice.
- The hospital was providing safe care. There were sufficient staff to meet the needs of patients although some services were heavily reliant on a temporary workforce. Recent recruitment campaigns both locally and overseas had been successful.

# Summary of findings

- The critical care unit had improved its out of hours medical cover since our last inspection. At the time of our last inspection one doctor out of hours was needed in multiple places at once including in theatre and attending to unwell patients. This inspection there had been a change in policy to ensure surgery had finished before the other medical staff would leave the hospital.
- Services were delivered by staff that were competent, trained and supported by their managers, to provide safe and effective care. The trust provided regular training and development opportunities for staff. The trust invested in research, for example, there was specialist research nurses in burns and plastics.
- Staff kept themselves, equipment and the premises clean. Staff demonstrated good hand hygiene practice and safe disposal of sharps and waste. Staff complied with national and trust processes to control and prevent the spread of infection.
- Medicines were stored, prescribed and given correctly and medicines fridge temperatures checked.
- Patients were given enough food and drink to meet their needs. The hospital had recently extended the range of teas available to include ginger and peppermint teas to hydrate patients suffering from post-operative nausea or gas. Pain levels were assessed, and patients received adequate pain relief.
- Staff understood and complied with the relevant consent and decision-making requirements of legislation, including the Mental Capacity Act, 2005.
- Staff provided compassionate and respectful care. Staff provided emotional support to patients and relatives and involved patients and those close to them in decisions about their care and treatment. During our inspection, we heard many examples of staff going 'the extra mile' to provide compassionate care that exceeded expectations.
- The hospital provided care and treatment in accordance with evidence-based guidance. Staff were aware of clinical guidance for patients with specific needs or diseases.
- There was an audit program that covered many areas of practice in the critical care unit. The unit looked for areas to improve. There was a positive culture to learning from things when they went wrong or went well.
- The hospital made improvements following learning from complaints and patient feedback. We saw managers feed back complaint learning to staff in staff newsletters. However, the trust did not always respond to complaints within the timeframe set out in the trust's policy.

However:

- The hospital did not meet the British Burn Association National Burn Care Standards. This was because, as a specialist trust, the hospital did not provide the usual range of hospital services such as general surgery, mental health liaison and paediatric medicine. To reduce these risks, the trust had service level agreements with a nearby acute NHS trust to provide these services in a timely way, 24 hours a day, seven days a week.
- The critical care unit was not fully meeting the Guidelines for the Provision of Intensive Care Services 2015 but there had been an improvement since the last inspection. At the time of our last inspection critical care had no intensive care consultants but now had intensive care consultant cover Monday to Friday. However, the unit still lacked this cover out of hours and at weekends.
- Nursing agency usage was higher than was recommended for a critical care unit. The unit had a target of a maximum 50% usage, but the recommended level was a maximum of 20%.
- There were significant numbers of registered nurse vacancies predominantly in theatres and critical care and heavy reliance on temporary staff. However, the trust had systems and processes to mitigate the risk, for example a limit to how many agency staff could be allocated to each theatre. These services used regular agency staff to provide consistency and continuity.

# Summary of findings

- The trust's admissions policy for surgical patients and critical care patients relied heavily on the individual judgement of the on-call consultant as to whether a patient met the criteria for admission to the hospital. For example, there was no specific criteria for burns patients around the total body surface area affected by the burns. There were also no specific criteria for significant co-morbidities. Comorbidity describes two or more disorders or illnesses occurring in the same person.
- Mandatory training rates including safeguarding and Mental Capacity Act modules for all staff groups did not always meet the trust target of 95%. However, at the time of inspection compliance had improved.
- The trust had struggled to meet both the 18-week referral to treatment and cancer targets. Five specialties were below the England average for non-admitted pathways for referral to treatment times.
- Plastic surgery department, sleep disorder unit and ophthalmology appointment cancellations by the hospital within seven days varied in the reporting period, none met their target. On the day cancellations by the hospital had stayed the same for a period but failed to reach their target.
- Resuscitation equipment within the plastic and burns department and maxillofacial department had some daily and weekly checks missing which was not in line with the trust's policy.

# Surgery

Good   

## Key facts and figures

The surgical services Queen Victoria Hospital provides include burns care (unit level care) to Kent, Surrey and Sussex, elective and trauma care in plastic and reconstructive surgery, predominately in breast reconstruction, skin cancer and complex hand surgery. Hand surgery accounts for approximately one quarter of all elective plastic surgical operations at the trust. It also comprises approximately 80% of the trauma workload at the hospital. In 2017, the burns service accepted 1,182 adult new referrals. Of these, 96 required inpatient care. The service also accepted 907 paediatric burns referrals, 20 of whom required inpatient care on the children's ward, Peanut Ward.

The trust provides a nationally recognised facial palsy service and are one of the biggest oral and maxillofacial surgery units in the country, providing surgery for all ear, nose, throat and maxillofacial cancers, (except for thyroid cancer). It is the designated cancer surgery centre for West Kent and Medway. The service also supports head and neck multidisciplinary teams at Guildford and Brighton. The trust provides complex eye surgery, including corneo-plastic (corneal transplants) and oculoplastic (surgery to the eye socket, eyelids or tear ducts). This is supported by an on-site eye bank, supplying harvested corneal tissue. Surgery for all these specialties is provided 24 hours a day, seven days a week for both adults and children age three and over. The trust accepts trauma referrals from all of Kent, Sussex and Surrey. The trust provides services on a 'hub and spoke' model to networked trusts, including support to the major trauma centre at a nearby NHS acute teaching hospital.

The hospital has 13 operating theatres. The recovery area has 12 bays, including two specific bays at one end of the recovery area used for the post-operative recovery of children. Canadian Wing comprises of a male ward (Ross Tilley Ward) and female ward (Margaret Duncombe Ward). Adult inpatients stay on Canadian Wing following plastic and reconstructive surgery. The hospital has a total of 65 inpatient beds, including six on the Burns Unit.

Our inspection was unannounced (staff did not know we were coming) over two days. During our visit, we spoke with 31 members of staff, including consultants, nurses, operating department practitioners, service managers, secretaries and psychological therapists. We spoke with four patients and reviewed seven sets of patient records. We reviewed a variety of documents, including staffing rotas, meeting minutes, clinical policies and performance data.

## Summary of this service

We inspected burns services and plastic surgery services during this inspection but not surgery overall.

Our rating of this service stayed the same. We rated it as good because:

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The service controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- **The service had suitable premises and equipment and looked after them well.** We saw records of daily checks of critical equipment, such as oxygen, suction, call bells and hoists. Equipment received annual servicing and electrical safety testing to ensure it was safe and fit for purpose.
- **Staff completed and updated risk assessments for each patient.** They kept clear records and asked for support when necessary.

# Surgery

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- **Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date and easily available to all staff providing care.
- **The service followed best practice when prescribing, giving, recording and storing medicines.** Patients received the right medication at the right dose at the right time.
- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- **The service used safety monitoring results well.** Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.
- **The service provided mandatory training in key skills to all staff.** Although not all staff held up-to-date mandatory training, data available at the time of our visit showed mandatory training rates now met the trust target of 95% in some areas.
- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- **Staff assessed and monitored patients regularly to see if they were in pain.** They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.** They compared local results with those of other services to learn from them.
- **The service made sure staff were competent for their roles.** Managers appraised staff performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- **Staff of different kinds worked together as a team to benefit patients.** Doctors, nurses and other healthcare professionals supported each other to provide good care.
- **The service provided consultant cover 24 hours a day, seven days a week, for any patients needing consultant review.** Records we reviewed demonstrated daily medical review of patients.
- **The service promoted healthy living with its patients.** Staff referred patients for stop smoking services and support to reduce alcohol consumption where relevant.
- **Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.** They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- **There was a strong, visible person-centred culture and the service truly respected and valued patients as individuals.** Staff were highly motivated and inspired to offer care that was exceptionally kind and promoted people's dignity.

# Surgery

- **Feedback from patients, those close to them and stakeholders was continually positive about the way staff treated people.** The trust performed 'much better than expected' compared with other trusts in CQC's 2017 Adult Inpatient Survey. NHS Friends and Family Test data displayed on the wards showed almost all patients would recommend the service to family and friends. There were consistently high recommendation rates, which reached 100% in nine out of 12 months in 2018 on the Burns Unit, and eight out of 12 months on Margaret Duncombe Ward.
- **Staff saw patients emotional and social needs as being as important as their physical needs.** Staff provided emotional support to patients and those close to them to minimise their distress and help them in their recovery from traumatic events or major surgery.
- **Staff were fully committed to working in partnership with people and making this a reality for each patient.** The service always reflected patients' individual preferences and needs in the delivery of care.
- **The trust planned and provided services in a way that met the needs of local people, as well as patients from further away that required specialist services.** The facilities and premises were suitable for the services being delivered.
- **The service took account of patients' individual needs.** Staff acted to meet the needs of different patient groups so they could access the service on an equal basis to others.
- **The service treated concerns and complaints seriously and investigated them. They learned lessons from the results and shared these with all staff.** We saw examples of improvements following learning from complaints and patient feedback.
- **Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.** They were knowledgeable about the issues and priorities for the quality and sustainability of the service, understood the challenges and how to address them.
- **The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups.** Staff we spoke with at different levels knew the strategic objectives for the service and how they contributed to them.
- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** All staff we spoke with were highly positive about the caring culture of the trust.
- **The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.**
- **The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.** Staff we spoke with understood the risks to the service, and we saw the service acted to reduce risks.
- **The trust collected, analysed, managed and used information well.**
- **The trust engaged well with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations effectively.**
- **The trust engaged well with patients, staff, the public and local organisations to plan and manage services.** They collaborated with partner organisations effectively.
- **The service was committed to improving by learning from when things went well and when they went wrong, promoting training, research and innovation.** We saw examples of projects and changes to drive continuous improvement.



# Surgery

However:

- **For some surgical specialties, people could not always access the service when they needed it.** The trust experienced a decline in referral to treatment performance in 2018. Between September 2017 and August 2018, referral times were better than the England average for the ophthalmology and ear, nose and throat specialties. They were worse than the England average for the plastic surgery and oral surgery specialties.
- We saw chemicals subject to Control of Substances Hazardous to Health (COSHH) regulations, such as floor cleaner, toilet cleaner and a biohazard spill kit stored in unlocked sluice rooms on Canadian Wing on the second day of our visit. We highlighted this issue to a matron, who took immediate action to lock the chemicals away to prevent unauthorised access.
- The service did not meet the British Burn Association National Burn Care Standard C.05: Additional Clinical Services. This was because, as a specialist trust, the hospital did not provide the usual range of district general hospital services such as general surgery, mental health liaison and paediatric medicine. To reduce these risks, the trust had service level agreements with a nearby acute NHS teaching hospital trust to provide these services in a timely way, 24 hours a day, seven days a week as needed.
- The service's admissions policy for surgical patients relied heavily on the individual judgement of the on-call consultant as to whether a patient met the criteria for admission to the hospital. For example, there was no specific criteria for burns patients around the total body surface area affected by the burns. There were also no specific criteria for significant co-morbidities.
- Mandatory training rates for medical and dental staff were 81%, which did not meet the trust target of 95%.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- **The service provided mandatory training in key skills to all staff.** Although not all staff held up-to-date mandatory training, data available at the time of our visit showed mandatory training rates for nursing staff now met the trust target of 95% in some areas. Trust data from 31 December 2018 showed mandatory completion rates for nursing and theatre staff ranged from 90% to 96%. Medical and dental staff overall mandatory training completion rates were 81%. Completion rates for individual modules ranged from 47% (information governance) to 91% (health, safety and welfare).
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The service controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- **The service had suitable premises and equipment and looked after them well.** We saw records of daily checks of critical equipment, such as oxygen, suction, call bells and hoists. Equipment received annual servicing and electrical safety testing to ensure it was safe and fit for purpose. The service had emergency equipment in clinical areas to allow staff to respond promptly to medical emergencies such as cardiac arrest and sepsis.
- **Staff completed and updated risk assessments for each patient.** They kept clear records and asked for support when necessary. The service assessed a comprehensive range of risks to patients, including anaesthetic risks, falls,

# Surgery

risks of venous thromboembolism (VTE, or blood clots in veins) and mental health. We observed theatre staff following the World Health Organisation (WHO) Surgical Safety Checklist to ensure the right patient received the right operation. Observational and quantitative audits provided assurances staff completed the checklist thoroughly to keep patients safe.

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- **Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date and easily available to all staff providing care. Records we reviewed had clear documentation and a high standard of record keeping in line with General Medical Council and Nursing and Midwifery Council guidance. Records included care plans that identified all patients' care needs.
- **The service followed best practice when prescribing, giving, recording and storing medicines.** Patients received the right medication at the right dose at the right time. The service stored medicines, including controlled drugs, securely in line with national standards for medicines management. This was an improvement from our previous inspection in 2015, when we found controlled drugs were not always stored securely in theatres. The service stored refrigerated medicines within the manufacturer's recommended temperature range to maintain their function and safety
- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- **The service used safety monitoring results well.** Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However:

- We saw chemicals subject to COSHH regulations, such as floor cleaner, toilet cleaner and a biohazard spill kit stored in unlocked sluice rooms on Canadian Wing on the second day of our visit. We highlighted this issue to a matron, who took immediate action to lock the chemicals away to prevent unauthorised access.
- Mandatory training rates for medical and dental staff did not meet the trust target of 95%.
- The service's admissions policy for surgical patients relied heavily on the individual judgement of the on-call consultant as to whether a patient met the criteria for admission to the hospital. For example, there was no specific criteria for burns patients around the total body surface area affected by the burns. There were also no specific criteria for significant co-morbidities. However, the service had service-level agreements with a nearby large NHS acute teaching hospital trust for the provision of services such as general surgeons and geriatricians (specialist elderly medicine consultants) to support patients with existing co-morbidities.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance. Audits provided assurances around compliance with

# Surgery

policies, national guidance and best practice, as well as identifying areas for continuous improvement. The service participated in burns research projects and had a dedicated burns research nurse, in line with National Burns Care Standard B.05. We reviewed recent peer-reviewed publications, and saw the service's research helped to optimise care for their own patients and to promote advancements in the field of burns care.

- **Staff gave patients enough food and drink to meet their needs and improve their health.** They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences. The Burns Unit multidisciplinary team included a burns dietitian, who reviewed patients five days a week in line with National Burns Care Standard B.27.A.
- **Staff assessed and monitored patients regularly to see if they were in pain.** They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain. All patients we spoke with told us staff managed their pain well. Pain audits, such as a recent dental abscess pain management audit, provided assurances around pain management.
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.** They compared local results with those of other services, national guidance or published literature to learn from them. Excision rates for melanoma (a type of skin cancer that develops from pigment-containing cells such as moles) were 94.6% in the period April 2017 to March 2018. This was better than the 75% the trust benchmarked against, which came from National Institute for Health and Care Excellence (NICE) guidance. Patients using the burns service also had good outcomes. Data published in the trust's 2017-18 quality report showed the trust's average healing times for burns in 2017 were 11 days for children under 16 years, 13 days for 16 to 65-year olds, and 18 days for adults over 65 years. Burns healing in less than 21 days are less likely to be associated with poor long-term scars. The quality report showed healing times had improved from the previous year, when average healing times were 17 days for 16 to 65-year olds, and 28 days for over 65-year olds.
- **The service made sure staff were competent for their roles.** Managers appraised staff performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Appraisal records we reviewed showed documentation of meaningful appraisal, with set objectives for the staff member and team. The service provided ongoing training and continuous professional development to help staff provide the best care they could to their patients. Staff working in the Burns Unit attended Emergency Management of the Severe Burn (EMSB) courses, and a matron was a qualified coordinator for this course. This was in line with the British Burn Association National Burn Care Standard B.23: Education and Training- EMSB.
- **Staff of different kinds worked together as a team to benefit patients.** Doctors, nurses and other healthcare professionals supported each other to provide good care. All staff we spoke with reported effective multidisciplinary relationships with colleagues from different groups. Patient records we reviewed demonstrated input from a range of professionals into patient care, including consultants, nurses, mental health, dietitians, physiotherapy and occupational therapy staff. The trust had telemedicine facilities to enable staff to join regional specialist multidisciplinary team meetings, such as for breast and melanoma. In theatres, staff attended monthly multidisciplinary simulation training to help them respond effectively as a team to emergency situations such as major haemorrhage (significant blood loss).
- **The service provided consultant cover 24 hours a day, seven days a week, for any patients needing consultant review.** Records we reviewed demonstrated daily medical review of patients.
- **The service promoted healthy living with its patients.** Staff referred patients for stop smoking services and support to reduce alcohol consumption where relevant. On the wards, we saw a range of health promotion posters and leaflets available for patients. Patient notes we reviewed demonstrated staff encouraged patients to adopt healthy living habits, such as reducing screen time and caffeine at night to help them sleep better.

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- **Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.** They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Records we reviewed demonstrated staff obtained and recorded patient consent in line with legislation and national guidance.

However:

- The service did not meet the British Burn Association National Burn Care Standard C.05: Additional Clinical Services. This was because, as a specialist trust, the hospital did not provide the usual range of district general hospital services such as general surgery, mental health liaison and paediatric medicine. To reduce these risks, the trust had service level agreements with a nearby acute NHS teaching hospital trust to provide these services in a timely way, 24 hours a day, seven days a week as needed.

## Is the service caring?

**Outstanding**   

Our rating of caring stayed the same. We rated it as outstanding because:

- **There was a strong, visible person-centred culture and the service truly respected and valued patients as individuals.** Staff were highly motivated and inspired to offer care that was exceptionally kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders. During our inspection, we heard many examples of staff going 'the extra mile' to provide compassionate care that exceeded expectations.
- **Feedback from patients, those close to them and stakeholders was continually positive about the way staff treated people.** The trust performed 'much better than expected' compared with other trusts in CQC's 2017 Adult Inpatient Survey. NHS Friends and Family Test data displayed on the wards showed almost all patients would recommend the service to family and friends. There were consistently high recommendation rates, which reached 100% in nine out of 12 months in 2018 on the Burns Unit, and eight out of 12 months on Margaret Duncombe Ward.
- **Staff saw patients emotional and social needs as being as important as their physical needs.** Staff provided emotional support to patients and those close to them to minimise their distress and help them in their recovery from traumatic events or major surgery. Specialist psychological therapists worked within the multidisciplinary team. They supported patients and relatives to manage their fears, anxieties and feelings. The service provided various support groups and mindfulness courses to help patients cope emotionally and access peer support from others in a similar situation.
- **Staff were fully committed to working in partnership with people and making this a reality for each patient.** The service always reflected patients' individual preferences and needs in the delivery of care. Staff used determination and creativity to overcome obstacles to help patients realise their potential. One example of this was physiotherapists going out running with patients if this was part of their usual routine to help them feel 'normal' during their hospital stay. Staff recognised people needed to have access to, and links with, their support networks in their community and they supported people to do this. This included helping arrange charity funding for accommodation for patients' relatives so they could stay nearby and spend more time visiting their loved one in hospital. Staff took time to get to know patients and provide 'home comforts' to them, such as by making their tea the way they liked it and playing their favourite music.

# Surgery

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- **The trust planned and provided services in a way that met the needs of local people, as well as patients from further away that required specialist services.** The facilities and premises were suitable for the services being delivered. The trust operated 'hub and spoke' clinics for some specialties, and held satellite clinics in locations across the southeast region. This allowed patients who lived far away from the trust to benefit from the service's specialist skills and expertise closer to their home.
- **The service took account of patients' individual needs.** Staff acted to meet the needs of different patient groups so they could access the service on an equal basis to others. This included the needs of patients living with dementia, patients with learning disabilities, bariatric patients (those with a high body mass index) and patients unable to speak English. Staff 'went the extra mile' to meet the individual needs of patients and their loved ones. They helped relatives apply for charitable funding for accommodation nearby so they could spend more time visiting their loved ones. They allowed patients with learning disabilities to come into the ward the day before their operation so they could get to know the environment and the staff who would be caring for them. The service allowed carers of patients living with dementia or learning disabilities to stay overnight on the ward to provide comfort and support to the patient. The service had a dedicated burns flat to help patients make the adjustment from the burns unit to independent living.
- **The service treated concerns and complaints seriously and investigated them. They learned lessons from the results and shared these with all staff.** We saw examples of improvements following learning from complaints and patient feedback. Complaint responses we reviewed showed evidence of investigation, explanation, learning and apology.

However:

- **For some surgical specialties, people could not always access the service when they needed it.** The trust experienced a decline in referral to treatment performance in 2018. Between September 2017 and August 2018, referral times were better than the England average for the ophthalmology and ear, nose and throat specialties. They were worse than the England average for the plastic surgery and oral surgery specialties. In partnership with NHS Improvement's intensive support team, the trust reviewed their waiting list systems and processes. We saw initiatives and progress to improve patients' waiting times for operations. These included Saturday clinics, use of a locum breast consultant and the outsourcing of some operating lists to a local independent hospital. There was further work to reduce waiting lists by improving theatre efficiency and utilisation. In August 2018, the trust agreed a referral to treatment recovery action plan to reach performance compliance by September 2019. The department's performance against the plan reflected that from August 2018 to January 2019 (the most recent information available at the time of our visit), plastics remained on its trajectory against the plan.
- There were no wheelchair-accessible toilets in the Rowntree Theatre Unit, where patients attended for procedures such as minor skin excisions under local anaesthetic. This meant staff would need to transfer wheelchair-users to an accessible toilet elsewhere in the hospital.

## Is the service well-led?

Good   

# Surgery

Our rating of well-led stayed the same. We rated it as good because:

- **Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.** They were knowledgeable about the issues and priorities for the quality and sustainability of the service, understood the challenges and how to address them. All staff we met spoke positively about the leadership, both at local and executive level. They described leaders as being visible and approachable and supporting them to deliver the best possible patient experience.
- **The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups.** Staff we spoke with at different levels knew the strategic objectives for the service and how they contributed to them. The trust values were humanity, continuous improvement of care and pride, under-pinned by quality. Staff we spoke with described how they brought the values to life through their day-to-day work, such as the pride they took in the care they gave to patients.
- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** All staff we spoke with were highly positive about the caring culture of the trust. Staff described the trust as a “fantastic place to work”.
- **The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.** Governance meeting minutes we reviewed demonstrated staff reviewed governance and risk items including incidents, complaints, audit performance and learning to drive continuous improvement.
- **The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.** Staff we spoke with understood the risks to the service, and we saw the service acted to reduce risks. Senior staff regularly reviewed risk registers and updated them with actions taken to reduce risks and any changes in risk ratings. The service monitored a range of performance and outcome measures each month. They acted to address performance that fell below targets, such as referral to treatment times.
- **The trust collected, analysed, managed and used information well.** Relevant information was displayed on notice boards within clinical areas. This included performance data such as safety thermometer data, staffing data and NHS Friends and Family recommendation rates. Staff spoke positively around recent improvements to IT systems, which included improvements in accessing laboratory results electronically. The service had processes for reviewing, managing and implementation of national patient safety alerts.
- **The trust engaged well with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations effectively.** The trust had several forums and groups that promoted staff engagement, both face-to-face and through newsletters and social media. The chief executive held regular staff forums, including breakfast meetings in the theatre department, which staff valued. The trust promoted staff wellbeing through mindfulness sessions and groups to support them with emotional eating and stopping smoking.
- **The service was committed to improving by learning from when things went well and when they went wrong, promoting training, research and innovation.** We saw examples of projects and changes to drive continuous improvement. A theatre safety improvement project had helped improve theatre safety culture, resulting in a reduction in the number of never events.

## Outstanding practice

We found examples of outstanding practice in this service:

- We identified the dedicated burns rehabilitation flat as an area of outstanding practice for helping patients make the transition back to independent living following a burn injury.

# Surgery

- We identified the person-centred culture and determination of staff to go “above and beyond” for their patients as an area of outstanding practice.
- We identified the trust’s support for staff wellbeing, with the provision of mindfulness sessions and a dedicated, psychological therapist-led support group for emotional eating, as an area of outstanding practice.

## Areas for improvement

We found areas for improvement in this service.

- The trust should consider revising their burns admission criteria to ensure the service is consistent in only accepting patients with co-morbidities and total body surface area affected by burns that they can safely support on the Queen Victoria Hospital site.
- The trust should ensure products subject to Control of Substances Hazardous to Health (COSHH) regulations are stored securely at all times. The trust should consider carrying out audits or checks to gain ongoing assurances around the storage of COSHH products.
- The trust should continue working to improve referral to treatment times for surgical patients.
- The trust should work to improve mandatory training rates for medical and dental staff to meet the trust target of 95%.
- The trust should review the toilet facilities in the Rowntree Theatre Unit and consider whether the current facilities meet the needs of all patients attending the unit.

# Critical care

Good  

## Key facts and figures

The intensive, high dependency and step-down areas had been joined into one critical care unit (CCU), caring for level 1-3 patients and there was a maximum of five patient beds, admitting 20 to 30 patients per month. Over the past 12 months this unit had cared for 228 patients.

Level 1 patients are those at risk of their condition deteriorating, or recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team.

Level 2 patients are those needing more detailed observation or intervention including support for a single body organ not working or post-operative care and those 'stepping down' from higher levels of care.

Level 3 patients are those that need a machine to breathe for them alone or monitoring and support for two or more organs not working. This level includes all complex patients requiring support for multi-organ failure.

This critical care unit had a two-bed bay and three individual rooms to care for up to five patients. The unit at the entrance had a large office and nurses' station to welcome patients and visitors. The critical care unit at the time of our last inspection had a shared management structure with the burns unit and the emergency care department. The unit at this inspection had been separated clinically and managerially from the burns unit and medical management was delivered by anaesthetic doctors and critical care consultants. The unit only cared for patients over 18 years old. The hospital's patients were admitted after referrals from other hospitals. The unit mostly cared for elective patients for maxillofacial post-operative care, but the unit did also care for emergency burns patients.

The trust had appointed three accredited intensivists since the last inspection to support anaesthetic consultants. On-site resident anaesthetic, plastic and maxillofacial consultant cover out of hours had increased since our last inspection. At the time of our last inspection there was one doctor that had to cover out of hours and was needed in multiple places at once including to work in theatre and to attend to unwell patients. This inspection there had been a change in policy to ensure that if the one doctor at night was needed in theatre then there would be another doctor that would be called in to cover the hospital.

We inspected the department over two days. During this inspection, we spoke with two patients, two relatives, 21 members of staff and reviewed six sets of patient records and seven medication charts. We also reviewed information from a range of sources, including information provided by the trust before, during and after the site visit.

## Summary of this service

Our rating of this service improved. This was because the service had improved the medical cover and the governance structure. We rated it as good because:

- **The unit had a governance structure focused on critical care.** This monitored incident trends, unit performance, risks and managed improvement. This was an improvement from our last inspection.
- **The unit was visibly clean and infection control was a priority.** All staff complied with infection control policy. Cleaning records were clear and showed compliance with national standards.
- **Openness and transparency about safety was encouraged.** Staff understood and fulfilled their responsibilities to raise concerns and report incidents. Staff felt supported when doing so.



# Critical care

- **Staff managed medicines consistently and safely.** Medicines were stored correctly and disposed of safely. Staff kept accurate records of medicines. Medication charts were completed in line with national guidance with allergies clearly recorded and no missed doses. Microbiological samples were taken before administering antibiotic treatment.
- **People's care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation.** This was monitored to ensure consistency of practice.
- **Feedback from patients we spoke with was always positive and praised staff's care and availability.** People were treated with dignity, respect and kindness during all interactions with staff and relationships with staff were positive. Patients relatives felt they were involved in the care process.
- **There was an audit program that covered many areas of practice in the critical care unit.** The unit looked for areas to improve. There was a positive culture to learning from things when they went wrong or went well. This included feedback from patients.
- **There was a new proactive leadership team which had the respect of their staff.** This team had created a positive culture but as they were new to the unit this was not yet embedded.
- The unit had managed to recruit more permanent and bank staff since our last inspection.
- **The unit had improved it's out of hours medical cover since our last inspection.** At the time of our last inspection there was one doctor that had to cover out of hours and was needed in multiple places at once including to work in theatre and to attend to unwell patients. This inspection there had been a change in policy to ensure that if the one doctor at night was needed in theatre then there would be another doctor that would be called in to cover the hospital.

However:

- Mandatory training figures submitted showed some of the trust targets were not being achieved, however the trust set a high target of 95% and these figures had improved when we visited the site on inspection.
- There was a departmental policy of not having more than 50% agency on any one shift which had been discussed and approved by senior clinical leads and the managers within the trust. This was a positive step, but was not in line with the 20% usage limit from the Guidelines for the Provision of Intensive Care Services, 2015.
- The unit was not fully meeting the Guidelines for the Provision of Intensive Care Services 2015 but had improved from the last inspection. The unit at our last inspection had no intensive care consultants but now had intensive care consultant cover Monday to Friday but still lacked this cover out of hours and at weekends.
- The unit did not take part in the Intensive Care National Audit and Research Centre which was a national audit program designed for critical care units. However, the unit did take part in the South East Coast Critical Care Network.

## Is the service safe?

Good  

Our rating of safe improved. Medical staffing had improved at the unit since our last inspection. The unit had a positive culture of protecting patients through learning from incident reports and thorough risk assessment. We rated it as good because:

- **Cleaning, infection control and hygiene was understood by staff.** The unit was visibly clean and had processes in place to keep the unit clean. We also saw staff adhering to the bare below the elbow policy as well as using personal protective equipment correctly. The unit had hand hygiene audits that showed high rates of compliance.

# Critical care

- **Equipment and the environment in the unit was suitable and kept people safe.** Most equipment was serviced yearly in accordance with the manufacturer's guidance. We saw that substances subject to Control of Substances Hazardous to Health regulations were stored securely. The resuscitation trolley for the critical care unit had a tamper evident seal, a log showing daily checks had been completed. The unit had clear segregation of clinical and non-clinical waste.
- **Risk to patients was identified and monitored.** The critical care outreach team was available 24 hours a day to support patients on the unit or on the wards. All patients were continually assessed with the revised National Early Warning System (NEWS2) in line with national guidance. NEWS2 is based on a simple aggregate scoring system in which a score is allocated to physiological measurements, such as blood pressure and heart rate which were already recorded in routine practice. This scoring system was then used to identify deteriorating patients. We saw this in use in the critical care unit for three patients and was being recorded in line with national guidance. The clinical lead told us that they were now using the safety checklist for invasive procedures produced by the Intensive Care Society which are in line with national guidance.
- **Staffing levels and skill mix were planned, implemented and reviewed to keep people safe.** We saw staff had enough time to look after patients safely.
- **Staff had access to information they needed to assess, plan and deliver care, treatment and support to people in a timely way.** Records were accurate and kept up to date. Staff told us that they could always access information that they needed to care for patients. The critical care unit used a daily multidisciplinary record. This was used by medical staff, nursing staff and allied healthcare professionals. We reviewed six patient records and saw they were completed legibly in line with trust policy.
- **Staff managed medicines consistently and safely.** Medicines were stored correctly and disposed of safely. Staff kept accurate records of medicines. The seven medication charts we review were completed in line with national guidance. Controlled medicines were stored securely, and all cupboards clearly labelled. Records showed that nursing staff had completed all checks for controlled medicines in line with trust policy.
- **Managers encouraged openness and transparency about safety.** Staff understood and fulfilled their responsibilities to raise concerns and report incidents. Staff felt supported when doing this. The matron of the critical care unit investigated incidents and we saw in the meeting minutes these were reviewed at the monthly meeting. We saw an incident report about a patient fall that had been investigated. We also saw that the learning had been shared via email and a notice board in the critical care office.
- The Patient Safety Thermometer data was displayed at the entrance to the unit for staff, visitors and patients to see.
- **Safeguarding of people at risk was understood by staff and management as a priority.** Staff could describe what they would do to protect patients from abuse. However, the trust was not meeting all its targets for training in safeguarding.

However:

- Mandatory training targets were not being met when the unit submitted their information. The trust set a high target of 95% completion and was only meeting one of these targets for nursing staff and no modules met this target for medical staff. However, nursing staff had seven modules between 80% to 96% and the remaining four modules were between 64% and 79%. Medical staffing had five modules between 80% to 90% and the remaining five modules were between 65% and 79%. There had been an improvement in the completion rates when we visited the unit.
- Although nursing staffing was in line with safe staffing levels, the service was using up to 50% agency staff on any one shift and the Guidelines for the Provision of Intensive Care Services 2015, recommends a maximum of 20% usage of

# Critical care

agency staff on any one shift. The service had regular agency staff that they used. Agency staff had an induction to the unit which included showing them how to access the unit's policies. The unit had managed over the year of 2018 to have at maximum an unfilled shift rate for registered nursing staff of 7% in one month with the other months being 4% or less of unfilled shifts.

## Is the service effective?

Good  

Our rating of effective improved. The service had improved their pain management since the last time we inspected. The service had prompt cards based on the national guidance to act as a reminder for staff. We rated it as good because:

- **People's care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation.** This was monitored to ensure consistency of practice. The critical care units had policies, protocols and care bundles that were in date and based on guidance from the National Institute for Health and Care Excellence (NICE) and the Intensive Care Society. We saw the unit used a delirium scale in line with national guidance.
- **The service provided patients with enough food and drink.** The service put a priority on having high levels of nutritional support for patient. The unit had dietitian cover five days a week. The dietitian was present on the multidisciplinary ward round. The unit used the Malnutrition Universal Screening Tool to identify patients that needed extra help with nutrition. The unit had adapted this tool to identify more burns patients.
- **There was suitable process to monitor pain and given relief as needed.** We spoke to a patient and relatives; both agreed pain relief was given as needed. Care plans for dressing changes included a review of pain and the effectiveness of pain relief given.
- **The service monitored patient outcomes and had local audit programs.** The service did not participate in the Intensive Care National Audit Research Centre audit program. However, they did participate in the Southeast Critical Care Network.
- **The service made sure staff were competent for their roles.** Managers appraised most staff member's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Appraisal rate for nursing staff had improved to 86% in the last report it was 84%.
- **Staff of different kinds worked together as a team to benefit patients.** Doctors, nurses and other healthcare professionals supported each other to provide good care. There was a multidisciplinary ward round that included the critical care consultant, a doctor from the surgical team, nurse in charge of critical care, dietician, physiotherapist, occupational therapist and the speech and language therapist.
- **Health promotion was provided to patients and staff.** Leaflets were available on conditions such as deep vein thrombosis. The service had support for those with alcohol dependency. Patients that required help to lose weight were identified and offered signposting to support available in the community by the dietician.
- **Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act (MCA) 2005.** They knew how to support patients experiencing a mental health condition and those who lacked the capacity to make decisions about their care. All staff described when they would use of the Mental Capacity Act and how to find the guidance on the unit's computer.

# Critical care

## Is the service caring?

Good ● → ←

We previously inspected, but had insufficient evidence to rate, caring. On this inspection, we rated it as good, because:

- **Feedback from patients we spoke with was always positive and praised staff's care and availability.** People were treated with dignity, respect and kindness during all interactions with staff and relationships with staff were positive. Patients' relatives felt they were involved in the care process.
- **Staff cared for patients with compassion.** We spoke to two patients, two visitors and saw eight compliment cards. Feedback from patients confirmed staff treated them well and with kindness. A compliment card we saw talked about the amazing care and this said, "fantastic team from consultants right down to domestic staff."
- **Staff provided emotional support to patients to minimise their distress.** We observed emotional support being given to a distressed patient. We also saw a compliment card that talked about the emotional support they were given for their emotional state. We saw one patient being offered colouring equipment to help their anxiety.
- **Staff involved patients and those close to them in decisions about their care and treatment.** Patients and visitors told us they felt well informed and included in the decision processes.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- **The trust planned and provided services in a way that met the needs of local people.** The unit worked with partner services to provide care. The unit had a specialist mental health nurse that assessed patients when the unit made a referral. The service was designed to have extra capacity in critical care to accept any emergency burns admission. This capacity could be used for other deteriorating patients.
- **The service took account of patients' individual needs.** The service had several options available to support people with communication difficulties. As the unit had many maxillofacial patients that would be awake but unable to talk, written communication was more significant to this unit. The service had small whiteboards that were given to patients to allow them to communicate by writing instead of talking. Patients with a risk of self-harm were risk assessed and when needed given constant supervision by a mental health nurse. They would provide assessment, guidance and support when needed.
- **People had access to the service when they needed it.** Waiting times for treatment and arrangements to admit, treat and discharge patients were in line with good practice. The unit had minimal delayed discharges, only six in four months. The unit also had only had ten operations that were delayed due to bed pressures. Bed pressures could be that the unit either did not have enough bed spaces or that the unit did not have enough staff to open more bed spaces.
- **The service treated concerns seriously, investigated them and learned lessons from the results, which were shared with all staff.** The service had no formal complaints from July 2017 to January 2019. The service had one informal complaint about food temperature that they had investigated, and learning had been shared. The service

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sought patient feedback via a display that asked patients and visitors about comments or complaints which included paper complaint forms with a box for them to be posted into. The unit also asked patients to tell them comments about the service which were then displayed on a “you said” board along with a “we did” board that described what the service had done as a result of the comments from patients.

## Is the service well-led?

Good  

Our rating of well-led improved. The unit had implemented an individual governance and leadership structure for the unit since the last time we inspected. There was a new proactive leadership team which had the respect of their staff. This team had created a positive culture but as they were new to the unit this was not yet imbedded. We rated it as good because:

- **The unit had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.** We saw leaders were visible and approachable. Staff told us they reported concerns to their leaders and felt supported by their leaders to do this. We saw successful strategies were in place to ensure and sustain delivery and development of the desired culture. The unit’s leadership team had recently been appointed.
- **The unit had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and key groups representing the local community.** Staff told us they were involved in creating the unit’s strategy and vision. There was a clear vision and set of values, with quality and sustainability as top priorities. Staff we spoke to understood the principles of these values and vision. The unit had a plan for the next five years to expand the service.
- **Managers promoted a positive culture that supported and valued staff.** This created a sense of common purpose based on shared values. All staff reported there was a warm and welcoming feeling to the unit’s team. Nursing staff, medical staff and support staff told us that all disciplines were included and valued. Leadership had organised a social group that included all members of staff and adapted to the needs of individuals within the team.
- **The unit used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.** The last time we inspected this service they did not have their own governance meetings. On this inspection the critical care service had monthly governance meetings. We saw in meeting minutes that critical care audits and mortality reviews were discussed at these meetings.
- **The unit had effective systems for identifying risks, planning to eliminate or reduce them.** The critical care unit had its own risk register and discussed this at their monthly governance meetings. There were robust arrangements for identifying, recording and managing risks, issues and mitigating actions. The unit’s pharmacist is responsible for the unit’s antimicrobial stewardship and is supported by a microbiologist one day a week.
- **The trust collected, analysed, managed and used information well to support its activities, using secure electronic systems with security safeguards.** Performance issues were discussed at the monthly governance meetings. We saw the unit had a monthly newsletter that shared information with unit staff. This included information on training courses available and action that had been taken about the staffing shortage.
- **The unit engaged well with patients, staff and local organisations to plan and manage services, and collaborated with partner organisations effectively.** There was a service level agreement with another NHS trust to provide a range of support to the critical care unit. Staff told us about a wellness training course that was available to help train staff to cope with stress.

# Critical care

- **The unit was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.** The leadership team for the unit had produced a list of improvements that were identified from our last report on the service and they had taken actions on these. This included simplifying their fluid charts to increase completion rates.

## Outstanding practice

We found examples of outstanding practice in this service:

- The service had a positive culture that clearly supported staff and patients. The staff talked about the family atmosphere. The new leadership team had a positive impact on service improvements and were visible and available on the unit to provide support.
- The multi-disciplinary team worked together to support patients and ensured this continued after discharge from the unit back to a ward. We were told that everyone was included, and this was supported by all levels of staff. Patients, consultants, nurses, therapist and cleaners all reported feeling part of one team.
- The service had processes to identify and protect patients with mental health conditions. The service had an agreement in place with another NHS trust to provide them with registered mental health nurses when needed.

## Areas for improvement

We found areas for improvement in this service:

- The service should continue to improve mandatory training completion, so they meet their targets and ensure all staff are always receiving training.
- The service should reduce their reliance and usage of agency nursing staff to meet with the Guidelines for the Provision of Intensive Care Services 2015, which recommends a maximum of 20% usage of agency staff on any one shift.
- The service should ensure medical staffing meets with the Guidelines for the Provision of Intensive Care Services 2015 by having intensive care consultant cover seven days a week.
- The service should participate in national audits to monitor and improve patient care.

# Outpatients

Good   

## Key facts and figures

The Queen Victoria Hospital is a specialist NHS hospital providing life-changing reconstructive surgery, burns care and rehabilitation services for people across the South of England.

The outpatient department supports the trust's surgical specialties of maxillofacial (mouth and face), plastic, burns and ophthalmic (eye) surgery for adults and children. They also have an outpatient department serving the sleep disorder centre, seeing a full range of respiratory and neurological sleep disorders.

Queen Victoria Hospital NHS Foundation Trust runs regular clinics in other specialties, including cardiology, rheumatology (disorders of joints muscles and ligaments), dermatology (disorders of the skin), ear nose & throat, urology (urinary disorders), care of the elderly and general paediatrics, staffed by consultants from other local teaching hospitals and district general hospital trusts.

Occupational therapy, physiotherapy, psychological therapy and rehabilitation teams run outpatient appointments that serve both regional surgery services and the needs of the local population.

The trust also holds a local GP rapid access clinic, alongside the minor injuries unit.

The trust outpatient department had 184,975 appointments from August 2017 to July 2018.

As part of our unannounced inspection we visited, ophthalmology and corneo-plastics outpatients; hand therapies department; burns and plastics; the sleep disorder unit; and maxillofacial clinics.

During our inspection we spoke with nine patients and two carers. We spoke with 19 members of staff including nurses, health care assistants, consultants, therapists, divisional leads and managers. We reviewed five patient records and one complaint record. We reviewed performance information about the department and the trust.

The service provided both consultant and nurse led outpatient clinics across a range of specialities. Outpatient clinics were held Monday to Friday from 9am to 5pm with some additional clinics on a Saturday.

The last inspection rated the service as good overall. On this inspection we rated this service as good.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- **Staff understood how to protect patients from abuse.** Most of the staff had training in recognising the signs of abuse and how to apply their knowledge.
- **The service controlled infection risk well.** We observed staff following national guidance on infection control and prevention. For example, we observed staff decontaminating their hands immediately before and after every episode of direct contact or care.
- **Staff completed and updated risk assessments for each patient.** Safety huddles were held every morning in each outpatient department. All staff working in the outpatient clinics met at the same time every day to discuss current safety issues relating to the premises, patient care and other relevant issues that could impact on patient safety.
- **The service had suitable premises and equipment and looked after them well.** The design, maintenance and use of facilities and equipment kept people safe. Equipment was maintained and monitored to ensure it was fit for use.

# Outpatients

- **Staff kept detailed records of patients' care and treatment.** People's individual care records, **including** clinical data was written, stored and managed in a way that kept people safe.
  - **The service followed best practice when prescribing, giving, recording and storing medicines.** Medicines in outpatients were managed safely and stored in a lockable cupboard.
  - **The department provided care and treatment based on national guidance.** Speciality clinics operating within the outpatient department followed relevant national guidance and participated in national and local audits.
  - **The service made sure staff were competent for their roles.** The trust figures showed below target figures, however; compliance for appraisal rates exceeded the trust target in the departments we visited.
  - **Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.** They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
  - **Staff cared for patients with compassion.** People were treated with compassion, kindness, dignity and respect, when receiving care. Staff communicated with people in a way that supported them to understand their care and treatment.
  - The **department** was clearly signposted and we observed staff helping to direct patients to where they needed to go. We observed staff interacting with patients in a way that was supportive and helpful.
  - **Advice** and guidance for non-urgent GPs referrals were in place, this allowed GPs access to consultant advice prior to referring patients into specialist clinics.
  - **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** There was evidence of learning and improvement from complaints, but response times were not in line with the trust policy.
  - **Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.** There was a trust wide vision for 'delivering excellence' and a strategy detailing 'outstanding patient experience, world class clinical service, operational excellence, financial sustainability and organisational excellence'. All departments we visited were aware of the vision and were committed to achieving it.
  - The **trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.** Data security standards were being implemented by the trust which underpinned its cyber security strategy in 2017/18. They achieved the Cyber Essentials accreditation in February 2018 and Cyber Essentials Plus in March 2018.
  - The Compliance in Practice inspection process as a quality improvement initiative was being used by the trust.
  - The trust had an onsite psychological therapies team who supported patients and staff who were experiencing mental health or emotional difficulties. Access to the team was reported to be timely and efficient.
  - The sleep disorder centre was one of the six largest centres in the UK, it admitted up to 42 patients for inpatient studies in a week, there were 15 outpatient clinics per week, and day case admissions for therapy each weekday.
- However:
- Resuscitation equipment within the plastic and burns department and maxillofacial department was subject to daily and weekly checks but there were some gaps in the recording of these.
  - Complaint response time was not in line with the trust policy of 30 days.



# Outpatients

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Most staff had training in recognising the signs of abuse and how to apply their knowledge.
- **The service controlled infection risk well.** Standards of cleanliness across the department were maintained, with systems to prevent healthcare associated infections. Staff kept the environment, premises visibly clean. Staff followed national guidance on infection control. We observed staff decontaminating their hands immediately before and after every episode of direct contact or care.
- **The service had suitable premises and equipment and looked after them well.** To monitor cleaning standards the domestic supervisor completed between 12 and 15 cleanliness audits weekly. If areas were not to a satisfactory standard immediate action was taken.
- **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.** Safety huddles were held every morning in each outpatient department. All staff working in the outpatient clinics met at the same time every day to discuss current safety issues relating to the premises, patient care and other relevant issues that could impact on patient safety.
- **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.** People's individual care records, including clinical data was written, stored and managed in a way that kept people safe.
- **The service followed best practice when prescribing, giving, recording and storing medicines.** Medicines' in outpatients were managed safely. Medicines were kept in a locked cupboard in a treatment room which was locked when not in use.
- **The service managed patient safety incidents well.** Lessons were learned and improvements made when things went wrong. Staff understood their responsibilities to raise concerns, record safety incidents and report them internally and externally.

However:

- Resuscitation equipment within the plastic and burns department and maxillofacial department were not checked daily and weekly in line with the policy.

## Is the service effective?

We inspected, but did not rate:

- The **service provided care and treatment based on national guidance and evidence of its effectiveness.** The department provided care and treatment based on national guidance. Speciality clinics operating within the outpatient department followed relevant national guidance and participated in national and local audits.
- The **service made sure staff were competent for their roles.** Staff that were new to the department had an appropriate induction and appraisal completion rates within outpatient department was high. All staff were supported to develop in their chosen speciality and received many opportunities to learn in the clinical environment. We saw examples of learning logs, competencies were assessed in line with best practice and national guidelines.

# Outpatients

- **Staff gave patients enough food and drink.** To meet their needs whilst in the outpatient department.
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.** Outpatient services had processes to record patient outcomes after each clinic appointment. The service used an outcome form which medical and clinical staff completed at the end of each appointment.
- Therapy services used a range of validated measures for before and after treatment to monitor the effectiveness of the therapy services.
- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.** Staff we spoke with understood their roles and responsibilities regarding the Mental Capacity Act 2005 and received training, however the trust target was not met.
- The sleep disorder units clinical lead was an elected member of the Committee of the British Sleep Society and was actively engaged in developing an accreditation process for sleep centres in the UK, in conjunction with the European Sleep Research Society.
- The trust developed innovations and improvements to screening tests in the world of facial paralysis care.
- The trust was the main centre for reinnervating the cornea in the United Kingdom and Europe. Corneal neurotisation was a revolutionary sight-saving procedure which restores sensation to the cornea by using nerve grafts.
- Electrochemotherapy treatment had been available at the trust since summer 2017 for head and neck, skin and breast cancer patients. National Institute for Health and Care Excellence (NICE) approved this treatment, it is combined with a low dose chemotherapy drug and an electrical pulse applied directly to the cancer cells. The treatment allowed more of the cancer drug to enter the cells with a dramatic increase of its effectiveness.

## Is the service caring?

**Outstanding** ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- **Staff cared for patients with compassion.** People were continuously treated with compassion, kindness, dignity and respect, when receiving care. Feedback from people who used the service and those who were close to them was positive about the way staff treated people.
- Patients told us staff were continually positive about the way they treat people and expressed that staff go the extra mile to support their needs. For example, one patient was unexpectedly admitted to the ward, staff ensured their relative was kept informed, they were offered food and drink then staff arranged transport home for the relative as they were unable to do this themselves.
- Staff interacted with patients and those close to them in a respectful and considerate manner. Patients throughout all outpatient areas consistently reported that staff were kind and respectful and that the service offered was exceptional.
- **Staff provided emotional support to patients to minimise their distress.** Patients were always given appropriate and timely support and information to cope emotionally with their care, treatment or condition. Staff communicated well with patients so they understood their care, treatment and condition.
- We were continually told by patients they were active partners in their care, staff were committed to working in partnership with them and those close to them which made them feel really cared for and their individual preferences were always considered and discussed in the delivery of their care.

# Outpatients

- Staff demonstrated the need to respond in a compassionate, timely and appropriate way to people's experience of physical pain, discomfort or emotional distress. Patients told us that their emotional health was considered by staff as important as their physical health. Staff we spoke with demonstrated an exceptional understanding of the need to assess and support patients from a psychological and social perspective as well as a physical one.
- Psychological therapy services were available on site which all staff we spoke to knew how to refer patients. Staff told us they could also access this service should they require psychological support.
- **Staff involved patients and those close to them in decisions about their care and treatment.** Patients' we spoke with told us they felt involved in their treatment and care. They told us that clinical staff were open in their approach and that information was readily available, both verbally and in written formats to help them understand their condition and treatment plans, 'nothing was too much trouble'.
- Patients consistently told us, they always felt fully involved in their care and felt fully informed about their diagnosis and managing risks. Staff supported carers and loved ones to assist the patient with appropriate care to support and enable independence.
- Patients relatives told us they were 'overwhelmed' with the 'kindness and inclusion' they felt being involved with the treatment for their relative received. We were told: 'At all times I felt I could ask any question and it was not too much trouble.'
- Staff said there was an open-door policy for carers and encouraged their participation in the care and support of their loved ones.
- Patients were asked whether they would recommend NHS services to their friends and family if they needed similar care or treatment. Test results for outpatients was 95% which was better than the England average of 94%.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- **The trust planned and provided services in a way that met the needs of local people.** Staff told us patients living with dementia had access to the butterfly scheme. A sticker was put on the patients notes to alert the staff that the patient may require support. Outpatient department staff had received training for this.
- **The service took account of patients' individual needs.** Booklets were devised and improved for patients who were visually impaired by staff in the corneo-plastics department. It was printed in larger text and fully detailed all procedures that took place, there was the option to have even larger print if required. The team also developed a patient helpline within clinic hours from Monday to Friday, from 9am to 5pm to assist with patient queries. Out of hours, the helpline was supported by the inpatient ward area to assist with patient queries. If it was urgent then patients would be seen that day.
- Bariatric (patients with a high body mass index) equipment was available; beds, chairs and sofas. Staff told us they could access equipment from other departments as well if needed. Wheelchairs were available in the main corridor, near the entrance from the visitor car park. If none were available, a member of staff would assist in obtaining one.
- The learning disability nurse was accessible to all staff within the trust. Staff would contact the nurse for advice and input when required.
- The department was clearly signposted and we observed staff helping to direct patients to where they needed to go. We observed staff interacting with patients in a way that was supportive and helpful.

# Outpatients

- There were notice boards in clinic waiting areas advising who the relevant nurse and healthcare assistant attached to that clinic was. Staff also monitored the wait times and informed the patients if the clinic was running late.
- Four specialties were better than the England average waiting time for non-admitted pathways (waiting to start treatment which does not involve admission to hospital). Five specialties were better than the England average waiting time for incomplete pathways (patients who have been referred but treatment had not yet started).
- The 'did not attend' rate was similar to the England average. Waiting times are recoded centrally so patients can compare hospitals across the country.
- From 1 October 2018 all outpatient referrals nationally were to be received via the NHS e-Referral System. Senior staff told us they had worked with clinical commissioning groups to improve the uptake of e-referrals, the trust reported it was working well.
- Advice and guidance services for non-urgent GP referrals were in place, this allowed GPs access to consultant advice prior to referring patients into specialist burns care, general plastic surgery, head and neck surgery, maxillofacial surgery, corneo-plastic surgery and community services.
- An agreed plan with support from external agencies to eliminate 52 week waits and reach performance compliance was agreed and was on track to be achieved, we have reviewed the trajectory which supported this. The referral to treatment plan was implemented in August 2018 which included extra theatre lists, virtual clinics and recruitment incentives.
- The trust told us they had weekly patient tracking list meetings and reviewed every patient on the list. They had accommodated extra clinics and developed spoke clinics in surrounding areas and were meeting weekly with commissioners.
- We saw the trust had a comprehensive recovery plan, was completing actions on the recovery plan and was on trajectory for meeting its waiting time targets.
- The trust had undertaken harm reviews of patients who had not received treatment within national guidelines. These reviews had shown no patient had experienced physical harm.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** Between July 2017 and June 2018 there were 20 complaints about outpatients at Queen Victoria hospital. All complaints were responded to and outcomes shared with staff when relevant.

However:

- **The service was not meeting all of its 18-week referral to treatment and the cancer targets. The trust had systems and an action plan to rectify the backlog of referrals.** The trust had sought advice and support from external agencies to ensure the plan was achievable and sustainable. The trust had undertaken harm reviews of patients who had not received treatment within national guidelines. These reviews had shown no patient had experienced physical harm although the trust acknowledged that patients may have experienced emotional distress. The trust was meeting their trajectory to address the waiting times.
- Five specialties were below the England average for non-admitted pathways (no admission to hospital/day cases) for referral to treatment times.
- Plastic surgery department, sleep disorder unit and ophthalmology appointment cancellations by the hospital within seven days varied in the reporting period, none met their target. On the day cancellations by the hospital had stayed the same for a period, but failed to reach their target.
- The trust took an average of 39 working days to investigate and close complaints, this was not in line with their complaints policy, which states complaints should be completed in 30 working days.

# Outpatients

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- **Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.** The outpatient services had the leadership capacity and capability to deliver high-quality, sustainable care. Leaders had the skills, knowledge, experience and integrity needed and there were clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership.
- Staff told us the chief executive talked openly and the leadership team were visible and approachable.
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.** There was a trust wide vision for 'delivering excellence and a strategy detailing 'outstanding patient experience, world class clinical service, operational excellence, financial sustainability and organisational excellence. Staff were aware and committed to achieving it.
- **Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** Staff told us there was an open and honest culture and were aware how to raise concerns in the workplace but staff we spoke with reported there were not any.
- **The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.** Information governance toolkit assessments were completed, overall score for 2017/18 for the trust was 79% and was graded as satisfactory.
- **The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.** The trust had systems and processes to engage with patients, staff, the public and local organisations to plan and manage services. Patients had been involved in service improvement activities within the department.
- **The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.** The trust began implementing data security standards that underpinned its cyber security strategy in 2017/18. They achieved the Cyber Essentials Accreditation in February 2018 and Cyber Essentials Plus in March 2018.
- **The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.** Maxillofacial was currently the lead for many evidenced based research projects and the lead site for the national portfolio artificial eye study. The study was collecting nationwide data on artificial eye patients via a questionnaire covering patient's cleaning regimes, the presence of any deposit/discharge for ocular prostheses, overall experience of ocular rehabilitation treatment and quality of life after eye loss.
- **The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.** The trust reported to have used the Compliance in Practice inspection process as a quality improvement initiative. Newly devised action plans were completed by department leads following each 'inspection' to remedy any areas of poor performance or inconsistencies identified.

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## Outstanding practice

We found areas of outstanding practice in this service.

- Information booklets were devised for new patients by staff in the corneo-plastics department. It was printed in larger print and fully detailed all procedures that took place, there was the option to have even larger print if required. The team also developed a patient helpline within clinic hours from Monday to Friday, from 9am to 5pm to assist with patient queries. Out of hours, the helpline was supported by the inpatient ward area to assist with patient queries. If it was urgent then patients would be seen that day.
- The trust developed innovations and improvements to screening tests in the world of facial paralysis care.
- The principal maxillofacial prosthetist, which is a person skilled in making or fitting prosthetic devices, had set up a national study to examine the quality of care delivered to those patients who use prosthetic eyes. External funding was obtained for this study. It had been adopted onto the national portfolio. So far 472 patients have joined nationally. In recognition of this, the principal maxillofacial prosthetist received the 'Rising Star' award from the Comprehensive Research Network in February 2018.
- Improving learning opportunities had been a focus for the trust. Nurse associates were now in post and reported it to be a supportive and positive learning experience.
- The trust was the main centre for reinnervating the cornea in the United Kingdom and Europe. Corneal neurotisation was a revolutionary sight-saving procedure which restores sensation to the cornea by using nerve grafts.
- The sleep disorder units clinical lead was an elected member of the Committee of the British Sleep Society and was actively engaged in developing an accreditation process for sleep centres in the UK, in conjunction with the European Sleep Research Society.

## Areas for improvement

We found areas for improvement the trust should do;

- The trust should ensure they identify issues preventing the regular checks of emergency equipment and act to address this.
- The trust should ensure they continue to improve the waiting list times to meet the 18-week target.
- The trust should ensure they improve Mental Capacity Act training compliance to meet trust target.
- The trust should ensure they identify factors which affect the response time to complaints and improve the process.

# Our inspection team

Catherine Campbell, head of hospitals inspection south east, chaired this inspection and Sarah Ivory-Donnelly, inspection manager led it. An executive reviewer, Garry Marsh, Executive Director of Patient Services and Directors of Infection Prevention and Control, supported our inspection of well-led for the trust overall.

The team included two further inspection managers, eight inspectors, one assistant inspector and eight specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.