THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST
2nd DRAFT QUALITY ACCOUNT 2012/13

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The Royal National Orthopaedic Hospital NHS Trust (RNOH) is the largest orthopaedic hospital in the UK and regarded as a leader in the field of orthopaedics both in the UK and world-wide. We provide a comprehensive range of neuromusculoskeletal healthcare, ranging from acute spinal injuries to orthopaedic medicine and specialist rehabilitation for chronic back sufferers. This broad range of neuromusculoskeletal services is unique within the NHS.

**Values**

**Patients first**
- Achieving positive outcomes for our patients
- Providing a clinically safe environment
- Rigorous monitoring of standards
- Treating all our patients with honesty, openness and respect
- Protecting patients’ rights to courtesy and dignity
- Treating patients as individuals
- Responding to patients’ needs and expectations

**Honesty**
- Explaining options for treatment
- Explaining decisions that have been made
- Sharing key messages, whether good or bad
- Admitting when we don’t know and asking for help
- Admitting when we are wrong

**Respect**
- Challenging inappropriate behaviour from patients or colleagues
- Being constructive rather than blaming
- Listening more than telling
- Understanding difference

**Excellence**
- Learning from experience, evidence, education and research
- Working across departments and professional boundaries to achieve Trust-wide goals and targets
- Rewarding and celebrating good performance
- Maximising the benefit of partnerships
- Paying attention to detail
- Evidencing excellence

**Trust**
- Speaking well of each other
- Maintaining confidentiality for patients and colleagues
- Empowering staff to achieve their potential

**Equality**
- Celebrating the diversity of our staff and clients
- Valuing the diversity of ideas, roles and backgrounds
• Ensuring fair and consistent employment practice
• Recognising achievement at all levels of the Trust
• Challenging prejudice and discrimination

Chief Executive’s statement
To be added

Statement of directors’ responsibilities
The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Account (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Account) Regulations 2010 (as amended by the National Health Service (Quality Account) Amendment Regulations 2011).

The Quality Account presents a balanced picture of the Trust’s performance over the period covered

• The performance information reported in the Quality Account is reliable and accurate.

• There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account and these controls are subject to review to confirm that they are working effectively in practice.

• The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and

• The Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Board.

Priorities and improvements
Following consultation with patients, staff and key stakeholders, we identified three key priorities for 2012/13. The outcomes were as follows:

Priority 1 - Continue to monitor avoidable infection and maintain current low levels

Outcome To be added

Priority 2 - Increase the impact of pre-operative assessment
Outcome To be added

Priority 3 - Dementia screening of patients over 75 years of age

Outcome To be added

During 2012/13 we continued to build on the quality improvements previously reported as well as starting new programmes. Some of these have been initiated at corporate level and others by local clinical teams, reflecting a Trust-wide culture that supports quality improvement. Some of our quality highlights and challenges from the year were:

Outpatients Improvement
Improved Access
Admissions Lounge
Clinical KPI’s
Friends and Family Test
O-Arm
PACU
Refurbishment of Private Patients Wards
IV Suite
Hotel Based Programmes

To be expanded and added to

Better complaints management

To be added

Review of services

During 2012/2013 the RNOH provided and subcontracted 14 services.

The RNOH has reviewed all the data available on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2012/2013 represents 100% of the total income generated from the provision of NHS services by the RNOH for 2012/2013.

The 16 clinical services provided by the RNOH are:

- Anaesthesia
- Bone Infection Unit
- Clinical Neurophysiology
- Functional Assessment and Restoration (FARs)
- Integrated Back Unit
Participation in clinical audit

During 2012/13, four national clinical audits and one national confidential enquiry covered NHS services that the Royal National Orthopaedic Hospital NHS Trust provides.

During that period the Royal National Orthopaedic Hospital NHS Trust participated in 100% (4/4) national clinical audits and 100% (1/1) national confidential enquiry of the national clinical audits and confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Royal National Orthopaedic Hospital was eligible to participate in during 2012/13 are as follows:

- National Joint Registry: Hip, knee and ankle replacements
- National PROMs Programme: Elective surgery
- National Comparative Audit of Blood transfusion
- National Pain Database
- NCEPOD: Cardiac Arrest Procedures Study

The Trust participated within all of the above.

The national clinical audits and national confidential enquiries that the Royal National Orthopaedic Hospital NHS Trust participated in, and for which data collection was completed during 2012/13, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

<table>
<thead>
<tr>
<th>Audit</th>
<th>Number of cases required by the audit</th>
<th>Cases submitted</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>National Joint Registry: Hip, knee and ankle replacements</td>
<td>TBC</td>
<td>1103</td>
<td>TBC</td>
</tr>
<tr>
<td>National PROMs Programme: Elective surgery</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
</tr>
</tbody>
</table>
Reports from the four national clinical audits were reviewed in 2012/13 and the Royal National Orthopaedic NHS Trust intends to take the following actions to improve the quality of healthcare provided:

- Training on BCSH guidelines and hospital standard operating procedures, policies and guidelines to label the tube sample.
- To ensure the Elective Surgery PROMs forms are fully completed for all patients treated within the RNOH.
- Regular audit of early warning scoring and audit of documentation.
- Induction training for clinical staff and staff competency assessment every 3 years.

The actions/recommendations of (10/10) ‘high’ and ‘medium’ risk clinical audits were reviewed by the provider in 2012/13 and the Royal National Orthopaedic NHS Trust intends to take the following actions to improve the quality of healthcare provided, a summary of overall recommendations are listed below:

- Consent re-audit: to train, raise awareness of the consent procedure/policy for all staff and amend the consent documentation.
- Deep vein thrombosis diagnosis and early treatment: education of clinical policy on the intranet for all new starters within the Trust.
- Record keeping re-audit: to establish a medical records committee and continue to conduct the multidisciplinary record keeping audit to ensure good record keeping within the Trust.
- Unplanned re-admissions to paediatric HDU: to develop referral guidance ensuring all paediatric patients are appropriately identified for the outreach service within the Trust.
- IRMER x-ray evaluation: to raise awareness of the importance of compliance with national IRMER standards.
- Anti-microbial use at the RNOH: to develop on-going clinical education for all clinical staff.
- Dementia: ensure all eligible patients aged 75≥ are screened for cognitive impairment on admission to the Trust.
- VTE Information: to ensure patients receive the VTE information booklet at pre admission is also available at the patient’s bedside.
- To continue to implement a rolling programme of nursing led audits to highlight accurate completion of national patient safety issues including; pressure ulcers, nutrition, urinary catheters and fall assessments.
Due to the specialist nature of the services that the RNOH provides, the Trust was not eligible to participate in many of the national audits and national confidential enquiries, including studies from the Centre for Maternal and Child Enquires (CMACE) and the National Confidential Inquiry (NCI) into Suicide and Homicide by people with mental illness (NCI/NCISH).

**Research**
The number of patients receiving NHS services provided or sub-contracted by The Royal National Orthopaedic NHS Trust in 2012/2013 that were recruited during that period to participate in research approved by a research ethics committee was 126 into NIHR Portfolio studies, and 185 into non-Portfolio studies.

*Illustrative model statement:*
The number of patients receiving NHS services provided or sub-contracted by The Royal National Orthopaedic Hospital NHS Trust in 2012/2013 that were recruited during that period to participate in research approved by a research ethics committee was 126 into NIHR Portfolio studies, and 185 into non-Portfolio studies.

Participation in clinical research demonstrates The Royal National Orthopaedic Hospital NHS Trusts commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

The Royal National Orthopaedic Hospital NHS Trust was involved in conducting 60 clinical research studies of which 28 were initiated in 2012/13 in the neuro-musculoskeletal specialities.

The improvement in patient health outcomes in The Royal National Orthopaedic NHS Trust demonstrates that a commitment to clinical research leads to better treatments for patients.

There were over 30 members of clinical staff participating in research approved by a national research ethics committee at The Royal National Orthopaedic NHS Trust. These staff participated in research covering neuro-musculoskeletal specialities, across different aspects of care provided to our patients.

As well, in the last three years, 5 publications have resulted from our involvement in NIHR research and almost 100 publications link to other research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Our engagement with clinical research also demonstrates The Royal National Orthopaedic NHS Trust commitment to testing the latest medical treatments and techniques.
Goals agreed with commissioners
Commissioning for Quality and Innovation (CQUIN) is a payment framework, which allows commissioners to agree payments to hospitals based on agreed improvement work.

Through discussions with our commissioners, we agreed a number of improvement goals for 2012/13, which reflect areas of improvement interest within London, locally and nationally.

The amount of income in 2012/13 agreed between the RNOH and our host commissioner NHS North Central London based on quality improvement and innovation goals was £287,231.

A high level summary of the CQUIN measures for 2012/13 is shown in the following table:

<table>
<thead>
<tr>
<th>Performance indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>VTE prevention</td>
<td>TBC</td>
</tr>
<tr>
<td>Patient experience</td>
<td>TBC</td>
</tr>
<tr>
<td>Dementia screening</td>
<td>TBC</td>
</tr>
<tr>
<td>Patient Safety Thermometer</td>
<td>TBC</td>
</tr>
<tr>
<td>Vulnerable patients</td>
<td>TBC</td>
</tr>
<tr>
<td>Increasing the stop smoking offer in health services</td>
<td>TBC</td>
</tr>
<tr>
<td>Enhanced recovery programme</td>
<td>TBC</td>
</tr>
<tr>
<td>Complete and accurate recording of cancer staging data</td>
<td>TBC</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>TBC</strong></td>
</tr>
</tbody>
</table>

Through discussions with NHS North Central and East London we have agreed the following Commissioning for Quality and Innovation (CQUIN) for 2013/14 as follows:

<table>
<thead>
<tr>
<th>Performance indicator</th>
<th>Expected Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>VTE prevention</td>
<td>TBC</td>
</tr>
<tr>
<td>Patient experience - Friends and family test</td>
<td>TBC</td>
</tr>
<tr>
<td>Patient Safety Thermometer</td>
<td>TBC</td>
</tr>
<tr>
<td>Reduction of harm incidents</td>
<td>TBC</td>
</tr>
<tr>
<td>Dementia screening of over 75s.</td>
<td>TBC</td>
</tr>
<tr>
<td>Increasing the stop smoking offer in health services</td>
<td>TBC</td>
</tr>
<tr>
<td>Surgical site infection screening (SSIS)</td>
<td>TBC</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>TBC</strong></td>
</tr>
</tbody>
</table>

What others say about the Royal National Orthopaedic Hospital

*Quality Index Report (Assessment of NHS quality in England by MHP Health)*
The Quality Index report, published by MHP Health in March 2013, was the first ever overall assessment of NHS hospital quality in England based on what matters most to people.

Almost a quarter (23%) of respondents said that the factor they considered most important when deciding which hospital to have an operation in was the number of patients who said that they had a good experience of care at the hospital. One fifth of respondents (20%) placed greatest importance on how long they would have to wait for an operation.

As part of the ‘quality at a glance’ report 146 Trusts were assessed, with the RNOH ranked as the 7th highest performing Trust.

**Care Quality Commission**

The Care Quality Commission (CQC) is the organisation which regulates and inspects health and social care services in England. All NHS hospitals are required to be registered with the CQC in order to provide services and are required to maintain specified ‘essential standards’ in order to retain their registration.

As part of its role, the CQC is required to monitor the quality of services provided across the NHS and to take action where standards fall short of the essential standards. Their assessment of quality is based on a range of diverse sources of external information about each Trust, which is regularly updated and reviewed. This is in addition to their own observations during periodic, planned and unannounced inspections. If an issue raises concern during the data review process or from other sources of information, the CQC may undertake an unplanned, responsive inspection.

For both its locations, the RNOH is fully registered with the CQC without conditions. No enforcement action has been taken against the RNOH during 2012/13.

The CQC inspected the RNOH in January 2013 and assessed that the Trust was meeting all standards.

<table>
<thead>
<tr>
<th>Standards of treating people with respect and involving them in their care</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards of providing care, treatment and support, which meets people’s needs</td>
<td>✓</td>
</tr>
<tr>
<td>Standards of caring for people safely and protecting them from harm</td>
<td>✓</td>
</tr>
<tr>
<td>Standards of staffing</td>
<td>✓</td>
</tr>
<tr>
<td>Standards of management</td>
<td>✓</td>
</tr>
</tbody>
</table>

The CQC produces a monthly Quality and Risk Profile that provides the RNOH with a risk estimate for each outcome in the essential standards of quality and safety. These risk estimates are produced using a statistical model that aggregates individual items
of information and are displayed as dials. The risk estimate in March 2013 for each of the underlying outcomes in the essential standards of quality and safety was as follows:

<table>
<thead>
<tr>
<th>Section 1 Involvement &amp; Information</th>
<th>Outcome 1 (R17)</th>
<th>Involving people who use services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 2 (R18)</td>
<td>Consent to care and treatment</td>
<td></td>
</tr>
<tr>
<td>Section 2: Personalised Care, Treatment and Support</td>
<td>Outcome 4 (R9)</td>
<td>Care and welfare of people who use services</td>
</tr>
<tr>
<td>Outcome 5 (R14)</td>
<td>Meeting Nutritional Needs</td>
<td></td>
</tr>
<tr>
<td>Outcome 6 (R24)</td>
<td>Cooperating with other providers</td>
<td></td>
</tr>
<tr>
<td>Section 3: Safeguarding and Safety</td>
<td>Outcome 7 (R11)</td>
<td>Safeguarding people who use services from abuse</td>
</tr>
<tr>
<td>Outcome 8 (R12)</td>
<td>Cleanliness and infection control</td>
<td></td>
</tr>
<tr>
<td>Outcome 9 (R13)</td>
<td>Management of medicines</td>
<td></td>
</tr>
<tr>
<td>Outcome 10 (R15)</td>
<td>Safety and suitability of premises</td>
<td></td>
</tr>
<tr>
<td>Outcome 11 (R16)</td>
<td>Safety, availability and suitability of equipment</td>
<td></td>
</tr>
<tr>
<td>Section 4: Suitability of staffing</td>
<td>Outcome 12 (R21)</td>
<td>Requirements relating to workers</td>
</tr>
<tr>
<td>Outcome 13 (R22)</td>
<td>Staffing</td>
<td></td>
</tr>
<tr>
<td>Outcome 14 (R23)</td>
<td>Supporting Staff</td>
<td></td>
</tr>
<tr>
<td>Section 5 Quality &amp; Management</td>
<td>Outcome 16 (R10)</td>
<td>Assessing and monitoring the quality of service provision</td>
</tr>
<tr>
<td>Outcome 17 (R19)</td>
<td>Complaints</td>
<td></td>
</tr>
<tr>
<td>Outcome 21 (R20)</td>
<td>Records</td>
<td></td>
</tr>
</tbody>
</table>
Strategic Orthopaedic Alliance

To be added

How we ensure a legacy of continuous innovation and quality improvement

To be added

Data quality
The Royal National Orthopaedic Hospital NHS Trust has undertaken the following actions to improve data quality:

- A Data Quality Assurance paper was commissioned by the Trust Board this paper incorporated a section identifying the data quality assurance processes attached to all existing data quality reports and regular data submissions. As further reports are developed these will be incorporated.

- The Data Quality Group has met regularly throughout 2012/2013.

- The work embarked on previously to identify data quality requirements has progressed with the identification of a set of data quality measures. These measures have been incorporated within a monthly DQ RAG Status report which is monitored and reviewed at the DQ meetings. The report with accompanying commentary is reported through the Trust Committee structure by submission to the IM&T Committee.

- The Data Quality dashboard continues to be enhanced with additional reports incorporating additional key data items.

The Royal National Orthopaedic Hospital NHS Trust submitted records during 2012/2013 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient’s valid NHS number was:

98.8% for admitted care
99.1% for outpatient care

The percentage of records in the published data which included the patient’s valid General Medical Practice Code was:

100% for admitted care
100% for outpatient care
The Royal National Orthopaedic Hospital NHS Trust Information Governance Assessment Report score for 2012/13 was 72% and was graded green.

The last Payment by Results Clinical Coding Audit by the Audit Commission placed RNOH in the top quartile of trusts for coding accuracy. An internal Clinical Coding audit during the reporting period has shown a marked improvement over previous years with over 95% Clinical Coding accuracy.

**NHS Outcomes Framework**

*To be added*

1. The summary hospital-level mortality indicator (SHMI), value, banding and supporting palliative care data.

2. Patient reported outcome measures (PROMs).

3. Emergency readmissions to hospital within 28 days of discharge

4. Responsiveness to inpatients’ needs (the 5 CQUIN questions in Inpatient Survey)

5. Staff views on standards of care (The percentage of staff who responded to the NHS staff survey that they agree or strongly agree that if a friend or relative needed treatment, they would be happy with the standard of care provided by the trust).

   In the 2012 staff survey 89 per cent of staff would recommend the treatment available at the hospital to their friends and family.

   The Trust finished in the top 10 of hospital trusts nationally, it came 9th out of 161 hospital Trusts


7. Rate of C. difficile.

8. Reported patient safety incidents.

**The latest patient safety incident report**  
*(Published by the NHS Commissioning Board March 2013)*

The Royal National Orthopaedic Hospital NHS Trust reported incidents to the National Reporting and Learning System (NRLS) in 6 out of the 6 months between April 2012 and September 2012.
Fifty per cent of all incidents were submitted to the NRLS more than 30 days after the incident occurred. In your organisation, 50% of incidents were submitted more than 11 days after the incident occurred.
Review of quality performance

To be added

Infection control
The RNOH continues to take a zero tolerance approach to avoidable infections. The wards carry out monthly hand hygiene audits and participate in monthly high impact intervention audits relevant to their areas. The senior nurse for infection control works closely with the Facilities Department in reviewing and auditing environmental cleanliness across the RNOH.

There is a comprehensive infection control teaching programme for induction and annual updates which are held monthly, with a tailored package for non-clinical staff. The infection control team has been strengthened this year to ensure a robust system for carrying out surgical site surveillance. Patients in some sub-specialties are reviewed by clinical nurse specialists if signs of infection are self reported up to 30 days post-operatively.

MRSA
Although the RNOH experienced low rates of MRSA bacteraemia and Clostridiumdifficile for 2012/13, there is no room for complacency and the RNOH will be aiming to reduce these rates further.
Since October 2009, the RNOH has not had a case of MRSA bacteraemia acquired at the RNOH and achieved zero cases of MRSA bacteraemia in 2012/13.

**Clostridium difficile**

*To be added*

**Management and leadership**

*To be added*

**Staff turnover - tbc**

**Staff sickness - tbc**

**Involving stakeholders in the Quality Account**

The RNOH consulted staff and patients from March to May 2013 regarding its priorities for quality improvement. Patients, staff and key stakeholders are encouraged to let us know their thoughts on our priorities and to give us their views at any time on our Quality Account by email to stuart.coalwood@rnoh.nhs.uk or by post to:

Stuart Coalwood  
Assistant Director of External Compliance and Quality Assurance  
Royal National Orthopaedic Hospital NHS Trust  
Brockley Hill  
Stanmore  
Middlesex  
HA7 4LP

**Statement from NHS North Central & East London**

*To be added*

**Statement from Harrow Links**

*To be added*

**RNOH Charity**

*To be added*

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Stuart Coalwood  
Asst Director of External Compliance & Quality Assurance  
19th April 2013