QUALITY ACCOUNT

Royal National Orthopaedic Hospital
NHS Trust

2015/16
Reduction in *C. difficile* cases from last year, to 2 incidents

Rated as one of the TOP 100 places to work by the HSJ

NO category 3 & 4 (the most severe) PRESSURE ULCERS in 2015/16

Halving of SURGICAL SITE infections from 28 to 14 in 2015/16

99.7% patients were assessed for life-threatening blood clots

125,000 outpatient ATTENDANCES

96% of patients would recommend the hospital to their friends and family

Over 17,000 inpatient ADMISSIONS in 2015/16

161+ Doctors

373+ Registered Nurses

130+ Allied Professionals
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Putting patients first remains at the heart of everything we do, and it underpins our organisational values and our strategic objectives. It also guides our work to overcome the challenges we face as an organisation. Operationally, the Trust continued to face challenges in 2015/16 around access and meeting national referral-to-treatment targets, often due to the complexity of much of our work as a specialist centre. To tackle this, the Trust has implemented a remedial plan that should see us meet national targets by September 2016.

As the redevelopment of the Stanmore site made progress through the planning stages, the Trust has continued to adapt to the challenges of remaining operational in buildings which are in desperate need of replacing. The efforts of all of our staff have ensured the continued delivery of high quality patient care despite the condition of the hospital site. In 2016/17 construction works are expected to commence on the new Inpatient Ward Block and on the UCL bio-engineering hub and the Trust will continue to take all available action to ensure that this work does not impact upon the quality and standard of care and service patients receive.

Excellent quality patient care is delivered by people, and there are clear connections between patient and staff experience. The RNOH has continued to focus on improving the experience of our staff, including introducing Schwartz Rounds to allow staff to share and discuss experiences and challenges that they have faced in their work, developing training to equip staff with the confidence to challenge conflict and inappropriate behaviour, and ensuring that executive and non-executive directors have regular ‘walkabouts’, ‘back to the floor’ visits, and night visits to better understand and support staff in their work.

The Trust operates a very favourable ratio of five patients to each nurse, despite ongoing challenges with nurse staffing. The location of the hospital, at the periphery of the London region, means competition with
other London Trusts for nurses while transport to the hospital can be difficult. We have taken action to improve our recruitment and retention of staff, through our recruitment campaigns, international recruitment, and will be introducing careers clinics.

In support of our objective to remain a leading academic centre we have once again recruited more patients than ever before into NIHR (National Institute of Health Research) trials.

The commitment and resourcefulness of staff at the RNOH has ensured that the Trust has performed well across many quality indicators, including:

- 99.7% of our patients were assessed for VTE, a slight increase from last year’s 99.6%.
- Further reducing the incidence of Clostridium difficile infection from 9 cases in 2013/14, 3 cases in 2014/15, to 2 cases in 2015/16.
- No cases of MRSA bacteraemia acquired on site since 2009, which is the longest period of any London acute trust.
- A halving of our surgical site infection numbers, to 14 from 28 from the previous year.
- There were no observations of the severe category 3 and 4 pressure ulcers in 2015/16, although a rise in the recording of category 1 and category 2 pressure ulcers was noted.

Additionally, we have continued to develop our approach to patient feedback, and now have significant inpatient engagement with a near 57% response rate for the Friends and Family Test, significantly above national average. 96% of our inpatient respondents would recommend the Trust to their family and friends if they needed similar care or treatment.

Our patient feedback isn’t all positive and there are key areas we need to address. These are highlighted in our Quality Priorities for the coming year, and will include: improving the discharge process, enhancement of shared learning from incidents and complaints, and a focus on customer care across the trust. The Trust is proud of all it has achieved over the last year, but we are not complacent and I am confident that we will continue to work hard to maintain our high standards whilst continuously improving quality.

The Quality Account is our report on the services and care we provide to our patients. Some of the indicators used within the account are interpretative, based on patient perceptions and experiences. Other indicators are more robustly empirical and statistical.
Both have value in creating a full picture of quality at the RNOH. We believe they evidence once again what the Care Quality Commission found in 2014, that both the effectiveness of our services and the caring way our staff deliver these services is outstanding.

I confirm to the best of my knowledge that the information contained in this report is accurate.

ROB HURD
CHIEF EXECUTIVE
June 2016
INTRODUCTION

The Royal National Orthopaedic Hospital

The Royal National Orthopaedic Hospital is the UK’s leading specialist orthopaedic hospital. We provide a comprehensive and unique range of neuro-musculoskeletal healthcare, ranging from acute spinal injuries to orthopaedic medicine and specialist rehabilitation for chronic back sufferers.

As a national centre of excellence, the RNOH treats patients from across the country, many of whom have been referred by other hospital consultants for second opinions or for treatment of complex or rare conditions.

Over 20% of all UK orthopaedic surgeons receive training at the RNOH, and our patients benefit from a team of highly specialised consultants, many of whom are internationally recognised for their expertise.

The RNOH has a long track record of innovative research, and our research projects are pertinent to patient needs. Research is focused on musculoskeletal as well as neuro-musculoskeletal conditions, rehabilitation, peripheral nerve injury repair, sarcoma detection, surgical treatments and much more. Together with our research partner, University College London’s Institute of Orthopaedic and Musculoskeletal Science, our work has led to new devices and treatments for some of the most complex orthopaedic and musculoskeletal conditions.

What is Quality?

Quality is not just about the final outcome of a treatment, although this is obviously a very important component. At the RNOH our commitment to quality includes ensuring all aspects of our patients’ journey to successful treatment outcome is of the highest standard. That means that we do all we can to prevent avoidable patient harm; such as hospital acquired pressure ulcers or surgical site infections.

It also means that we work tirelessly to improve the experience of our patients and their families using our services. This includes inpatient and outpatient visits as well as ongoing communications with our staff via phone, emails, and letters. For example we actively work to reduce unnecessary delays in arranging appointments or procedures and we try to create a culture in which staff are polite and helpful in line with our Trust values.

High quality care also means continuously checking that our services are clinically effective compared to our peers. This includes participation in National Audits and implementation of guidance from organisations like the National Institute for Health and Care Excellence (NICE). It also includes undertaking audits locally to identify areas in which we can improve. This is
particularly important in a specialist organisation like the RNOH.

Focusing on quality also means recognising that things can sometimes go wrong. We know that the provision of healthcare can be very complex. Like all complex systems it is vulnerable to error. One of the true marks of a high quality organisation which is focused on continuous improvement is a ‘pre-occupation with failure’. This is particularly important in healthcare because every error can cause harm to one of our patients, or contribute to a poor experience. This means we constantly monitor how often we do not provide the highest quality of care so that we can identify the systems which we need to improve. Our quality priorities for 2016-17 have not been set in isolation. They are the product of us listening to our patients, their families, and our staff to understand how we can do things better.

The Quality Account

Every year the Trust is required to produce an account of the quality of the services it provides. The account is an important way for NHS services to provide information to the public about the quality of care it provides as well as demonstrating what work it is undertaking to improve services.

The RNOH is committed to continuously reviewing and improving the quality of its services to ensure our patients have the very best experience of care and successful clinical outcomes. Within this document the Trust provides information about how we have performed against national quality indicators for patient safety, clinical effectiveness, and patient experience. We also outline our quality improvement priorities for 2016/17 as well as reviewing our progress against last year’s priorities.
Quality Highlights of 2015/16

Over the past year, work has gone on around the Trust to improve the quality of our care and services. This section takes a look at some notable highlights in our quality improvement work in 2015/16.

Patient Welcome Packs

As part of the drive to further improve safety and patient experience at the Royal National Orthopaedic Hospital, the Trust has implemented a new patient admission process. When patients are admitted to our wards they receive a short safety briefing from a registered nurse and will be provided with a welcome pack that contains a variety of items to improve and ensure comfort and safety during their stay. The pack contains non-slip socks, an eye mask, earplugs, a welcome book, and a safety leaflet that contains 8 steps to keeping safe in hospital. The pack has been made possible by support and funding from the RNOH Charity.

Patients are given the welcome pack on arrival on the ward. Their nurse sits down with them after they have been shown to their bed and shows them a short safety video on a tablet computer. The nurse explains what each item in the pack is for and points out key sections of the welcome book.

This briefing is the perfect opportunity for the patient to get to know their nurse and to feel settled, informed, and reassured about their hospital visit.
Noise-at-night is a recurrent problem that most hospitals face. For that reason we included in the welcome pack two items designed to address problems with disturbances at night: an eye-mask and a pair of earplugs. Also included is a pair of non-slip slipper socks that can help to prevent patient falls. In cases when a patient is assessed as a high risk of falling, the standard blue socks will be replaced by a red pair that will alert all staff to the fall risk of that patient and allow them to provide appropriate support.

The welcome pack also contains a handy guide to the hospital, which details what to expect, what facilities are available, a staff uniform guide, information about providing feedback and making complaints, staying safe, and much more.

The pack was launched in February 2016, and the Trust will be monitoring its impact on falls, noise-at-night, and on several patient experience indicators.

‘I delivered great care’- a new way to champion high-quality care

The welcome pack also includes an innovative new staff recognition scheme. Each pack contains a small ‘I delivered great care’ badge that patients are able to award to a member of staff that has delivered fantastic care to the patient.

LYNN PIAG
HCA ON DUKE OF GLOUCESTER WARD

“It’s nice for patients to have the chance to give nurses something back when they see them going the extra mile. I was actually given a badge by a patient three years ago at the RNOH. She said ‘I have nothing else to give you but this’. I wear it always and will never forget that patient. It is very special to me.”
The scheme allows patients to define what quality means to them, and recognise and reward staff for delivering it. Staff who earn five badges receive a bronze badge, with five bronzes resulting in a silver, and five silver badges earning a gold badge.

Since the scheme’s launch in February 2016, many staff have reached bronze level and some have already begun earning silver awards. As staff earn badges, conversations about what they did to receive a badge places quality at the heart of care at the RNOH.

**MARCELLE GOWERS**
STAFF NURSE ON SHORT STAY UNIT

“It’s a good idea and it’s nice to have badges. It shows I am doing a good job. I wanted to be a nurse since I was a child and to make a difference, and I do. I’ve been at the RNOH for 16 years and will retire in April so I wanted to get silver before I left. I’m really pleased I got it!”

**LINDIWE SIBANDA**
STAFF NURSE ON SHORT STAY UNIT

“It makes us feel appreciated and shows that I am happy in my job. I have a good manager, good support and good training. It makes me very happy and because of that I have happy patients.”

**MAYA BENNY**
STAFF NURSE ON SHORT STAY UNIT

“I think it’s very motivating. I have been a nurse for 21 years and this is the first real appreciation for nurses from a director and patients. It proves that we are continuing to deliver great care.”
Online Patient Guide

In March 2016, the RNOH launched an online portal to transform the way patients can learn about their visit and treatment in hospital: the RNOH Patient Guide. Developed as part of our ongoing innovation programme to significantly improve patients’ experience of their care, the Patient Guide sets a new standard in patient information.

We have worked with patients, medical teams and an award winning film director, Jan Letocha, to produce an online portal that uses the latest web design, filming techniques and technology to deliver information across a range of orthopaedic conditions from spines, hips, and knees to ankles and feet.

Continuing its national role as a centre of innovation, the RNOH Patient Guide delivers crucial information to patients such as “What is an MRI scan” to “What will happen in my visit to hospital?”, giving reassurance and guidance when it is most needed. Much of the Patient Guide content was filmed using cutting edge filming techniques such as 360° gimbals and high resolution GoPro cameras usually used for extreme sports.

Alongside professional videos, the Patient Guide also features animated graphics showing the key stages in the patient pathway, patient testimonials, videos explaining the various diagnostic services at RNOH, including X-ray, ultrasound, MRI and fluoroscopy, as well as information on therapies and rehabilitation and ‘how to get here’ films covering all aspects of public transport access to our two sites in Stanmore and central London.

RNOH CHIEF EXECUTIVE, ROB HURD SAID:

“The RNOH has been setting the national standard in orthopaedic medicine for many years and now, with the RNOH Patient Guide, we are raising the bar in how patients receive their information. This Guide makes it easier for patients to find out what they need to know. The RNOH believes in getting it right first time and putting patients first. The Patient Guide delivers that, ensuring we continue to provide quality services to patients.”
FILM DIRECTOR JAN LETOCHA SAID:

“This was a collaborative project between the hospital staff and patients. That’s what made it a successful, innovative and interesting project to work on. The involvement of the medical teams along with real patients means the RNOH Patient Guide covers all the essential information you need to know before coming into hospital. Video and online is increasingly the way we receive information and this Patient Guide points the way to the future.”
A new volunteer service

2015 saw the creation of the Trust’s first volunteer service, with volunteers recruited by the hospital to help improve the experience of our patients. By involving volunteers we develop and strengthen our relationship with the local community while enhancing the care we provide to patients.

Volunteers in outpatients provide information, directions, and valuable sociable interaction to patients arriving for their appointment. A friendly and welcoming presence, volunteers also escort patients to their destination, encourage completion of the Friends and Family Test, and support outpatients staff when needed.

PATIENT FEEDBACK HAS BEEN EXTREMELY POSITIVE:

“You have lovely volunteers in the reception area.”
“Friendly, helpful staff and volunteers.”
“Despite being very busy I was directed quickly to X-Ray and then picked up by a volunteer lady in a yellow top who alerted Mr Ashton’s team that I was back.”
“In the summer Angela the volunteer brought water round to the patients.”
“Welcoming volunteer on reception.”

Volunteers have also begun to visit inpatient wards to provide patients with company and conversation. With patients coming from all over the country, many are far from home and their family and friends, volunteers play a valuable supportive and sociable role for our inpatients. Our paediatric ward now benefits from a regular doggy visitor as part of the Pets-as-Therapy programme, and the dog provides a welcome distraction for many of our child and adolescent patients.
Across the hospital, volunteers assist with patient surveys by encouraging and supporting patients to complete them, entering data, and answering any questions patients may have. Other volunteers have taken up roles behind-the-scenes, helping in orthotics, HR, PALS, infection control, and in the therapy garden.
Partnerships

In addition to the Trust’s own volunteer service, a number of productive partnerships with the charitable and voluntary sectors provide services of benefit to patients. These include:

Radio Brockley is London’s longest running hospital radio station and winner of numerous awards, including most recently gold in ‘Station of the Year’ at the Hospital Broadcasting Association awards. Radio Brockley continues to broadcast quality programming to patients and is run exclusively by volunteers. Approaching its 50th year, the station welcomed a number of new volunteers in the past year to compliment the committed and passionate established team of volunteers.

The Disability Foundation is based on the grounds of the hospital and offers a range of alternative and complimentary therapy and treatments to people with disabilities. They also run a ward-based therapy programme where their therapists volunteer their time to offer a number of treatments to patients. The RNOH’s Spinal Cord Injury Centre continues to benefit from close working with Aspire, the spinal cord injury charity. In addition to the convenient accessibility of Aspire facilities, RNOH patients benefit from peer support and mentoring, and training in assisted living and technology.

RNOH Pharmacy

The Pharmacy department have undertaken a number of projects to improve the quality of their services and the experience of patients who make use of them. These projects include:

Improving safety: Medicine Safety Newsletter
This year, the RNOH Drug and Therapeutics Committee launched the Medicine Safety Newsletter with the aim of updating staff on issues related to the safe use of medicines, with a focus on local developments in order to improve medicines safety for patients at the RNOH. The newsletter includes medicines safety advice from Medicines and Healthcare Products Regulatory Agency (MHRA) and Patient Safety Alerts from NHS England as well as information specific to medication safety incidents we have learned from at the RNOH. The Newsletter is made available to all staff on the intranet.
Improving patient experience: patient comfort
The hospital pharmacy building is limited in space, meaning patients are unable to sit and wait for their prescriptions to be prepared. Patient feedback showed us that patients had to find somewhere else to wait or wander around site until their medicines were ready. Many patients remained in the outpatients department, which has seating, and is a considerable distance away from pharmacy.

We recognised that this was not delivering a good patient experience, particularly for many of our patients who have limited mobility, without factoring in the possibility of poor weather.

In order to improve the experience of our pharmacy service users, we liaised with the RNOH Charity who agreed to fund vouchers entitling all patients using pharmacy a complimentary drink in the hospital restaurant. This not only provides them somewhere to sit and wait comfortably, but allows us to deliver a much more positive patient experience and be more responsive to their needs.

Improving clinical effectiveness: OPAT
Through the bone infection service OPAT (outpatient parental antimicrobial therapy), 150 patients a year are able to go home on intravenous antibiotics on average 35 days earlier than they would have done in the past. Our patients have told us that they prefer this, and we know that there is less risk of developing complications associated with a prolonged hospital stay. Of the patients surveyed, 100% of the patients were confident to be discharged on OPAT and would have OPAT again. 98% of patients thought OPAT was preferable to inpatient treatment and 90% of patients were very satisfied with being discharged home on OPAT. Although our complication rates from the vascular access devices are low we have managed to reduce them further by the introduction of a patient held booklet, better patient education and changing the line fixation devices as demonstrated on the graph overleaf.
93% of bone infection patients are successfully treated on OPAT and at the end of the planned duration of treatment either finish their antibiotics or are switched onto an oral regimen.

Alongside the OPAT service bone infection patients have been recruited to take part in the Oral Versus IV Antibiotic (OVIVA) trial being run by Oxford University. IV antibiotics have always been seen as the gold standard treatment in bone infection. Oxford are coordinating a Randomised Control Trial to test this and the RNOH has been the largest recruiter for this study outside of Oxford.
Priority 1
Reduction in pressure ulcers

Avoidable pressure ulcers are a key indicator of the quality of nursing care. Preventing them happening will improve all care for vulnerable patients.

Pressure injuries are known to have a significant effect on an individual’s physical and mental health which subsequently affects their lifestyle choices. Pressure injuries are classified in terms of the severity, categorising from 1 (superficial) to 4 (extensive destruction).

There have been no grade 3 or grade 4 pressure ulcers at the RNOH in 2015/16. This is a significant achievement given the dependence of some of our patients. This reflects the high quality of our nursing care and the dedication of our Tissue Viability Team.

The Trust aimed to reduce the level of harm associated with the number of hospital acquired pressure ulcers of all grades in 2015/2016. In order to do so we recognised it was important that we understood the cause of any pressure damage (not just the severe cases), so we introduced a Pressure Ulcer Rapid Review led by the Director of Nursing, to examine the cause of the pressure ulcer within 48 hours of reporting. The outcome of this has been shared learning and changes to practice which have had implications to both clinical practice and equipment reviews.

2015/2016 reporting and validation of pressure injuries has observed a rise in medical device related pressure injuries. 65% of pressure injuries were related to devices, 52% attributed by medical devices.
Work is being undertaken to reduce/eliminate avoidable pressure ulcers by:

- Mandatory training/education
- Message of the week
- SSKIN chart documentation
- Raising the risk factor awareness of device related pressure injuries
- Nursing documentation
- Reviewing innovation devices within the pressure ulcer prevention market

Through our focus on education and raising awareness about pressure damage, we have seen higher rates of reporting by our staff who are keen to ensure that the cause of the damage is thoroughly reviewed and used to improve care in the future.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>2010/11</th>
<th>2011/12</th>
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<tr>
<td>Total pressure ulcers</td>
<td>32</td>
<td>28</td>
<td>16</td>
<td>32</td>
<td>42</td>
<td>54</td>
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<tr>
<td>Category 3-4 pressure ulcers</td>
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<td>5</td>
<td>2</td>
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Priority 2
Reduction of surgical site infections

Having a surgical site infection (SSI) is not a pleasant experience for the patient. It may mean extra pain and discomfort, additional medication, an extended length of stay and sometimes additional procedures. The RNOH made it a priority to reduce SSI amongst its patient population.

We have dedicated personnel in our Infection Control Team undertaking surveillance in the following specialities: spinal, hip, and knees, with the aim of future surveillance across all categories of surgery done at the Trust.

The Trust has successfully reduced its rate of surgical site infections by more than 40% two years in a row by strengthening its SSI prevention care elements as described in the NICE Quality Standards (2013).

<table>
<thead>
<tr>
<th>YEAR</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of SSI</td>
<td>56</td>
<td>48</td>
<td>28</td>
<td>14</td>
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Note: the information above refers to specific procedures and not all procedures carried out at the RNOH.
Priority 3
Robust processes for learning from incidents and complaints

RNOH is committed to becoming the safest specialist provider in the NHS. A key element of this commitment is learning from things that have gone wrong. This includes patient safety incidents that our staff identify and feedback we receive from patients and their families. Such learning is essential for improvement in our systems of care and prevention of similar issues occurring in the future.

In 2015-16 we identified a trend of issues related to our safety processes in radiology through review of our incidents and complaints. In order to ensure that we addressed these issues swiftly and effectively we set up a Safety Task Force, led by our Medical Director. This group has met regularly and has overseen lots of important changes in the area to improve safety, quality, and throughput. This includes:

- Positive identification procedure - patient will not have a procedure unless all staff are present and have confirmed the correct patient and procedure. The clinical details are confirmed by patient and two radiographers will confirm what is to be done and ensure that previous images correlate with current examination.

- A reduction in number of imaging requests with incorrect details - all referrals are required to be correct at time of referral. If incorrect request is received, the procedure will not be carried out.

- An audit of the WHO checklist is carried out to ensure the checklist is performed at appropriate times. This will aid positive identification of procedure and patient.

- Benchmarking / assurance – regular walk-about are carried out by Non-executive directors and, occasionally, by NHS-Trust Development Authority.

We recognised that an important part of learning from incidents and complaints was ensuring that the outcome of the investigation was shared broadly in the organisation. This year we have introduced ‘Message of the Week.’ This is communicated to all nursing staff and includes important information about safety and patient experience issues. We have developed an Integrated Quality Report which includes aggregated information about our incidents, complaints and feedback from our Friends and Family Test. This is shared broadly through the hospital’s governance processes and is also sent directly to all medical staff by the Medical Director.

Copies of all of our serious incident investigations are included on our intranet so that all staff have an opportunity to read
about what happened and see what actions are required as a result.

We commissioned an audit in October 2015 to look for evidence that action plans developed following incidents and complaints are implemented. This audit (which includes a visit to the area involved) happens regularly and direct feedback is given to the management teams about actions which require still more work.

An important part of learning from things that have gone wrong is ensuring that we investigate these events in a timely and thorough way. Although we have made some improvements in meeting timescales for the completion of incident and complaint investigations, we are convinced that our performance can be improved further. That is why we have committed to this maintain this quality priority for 2016/17.

In order to help improve our timeliness of investigations, we have:

- Introduced a fortnightly Serious Incident and Complaint Review Panel meeting. This enables early identification of merging safety risks, while keeping a clear focus on timescales for investigation and action completion.
- A staff handbook entitled ‘Patient Safety Guidance Book’ has been developed and covers patient safety, risk management, and incident reporting. The aim of this guide is to provide better understanding to our staff on how to report incidents and what aspects to consider or follow when dealing with patient safety concerns.
- A new incident and serious incident policy has been approved and became effective from the end of 2015/16. The new policy combines the previous incident policy and serious incident policy into one, in order to reflect changes in the new Serious Incident Framework realised by the Department of Health in 2015/16.
Priority 4
Reduction in serious incidents and never events

We committed to try to reduce the number of serious incidents and never events that occur within the Trust to below the benchmark of specialist acute providers by March 2016.

As a specialist Trust there are sometimes challenges in identifying appropriate peers to benchmark against, but we have been able to use the data published monthly by NHS England regarding Never Event reporting.

In 2015-16 we reported one Never Event. This is a reduction from the three Never Events reported in the previous year. The incident related to an imaging guided injection procedure which was carried out on the wrong site. Although this incident didn’t result in serious harm for the patient involved, the significant patient safety risks were identified. As a result of this incident we have:

• Put systems in place to ensure that induction for new and visiting fellow Radiologists takes place regularly. This will enable the new radiologists and visiting

<table>
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<th>TRUST</th>
<th>NEVER EVENTS 2012/13</th>
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<td>-</td>
<td>2</td>
<td>3</td>
<td>1</td>
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<td>3</td>
<td>3</td>
<td>7</td>
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</table>

Source: NHS England
radiology fellows to become familiar with the rules, policies and procedures of the department and understand the roles of each member of staff during interventional procedures.

- In addition, we have encouraged staff not to be afraid to speak out if they have queries.

In order to ensure that we are doing all we can to prevent the occurrence of Never Events in our hospital we undertake monthly audits of our use of the WHO Surgical Safety Checklist. Audits are carried out within Recovery Department (on daily basis) and within Imaging Department (on monthly basis). Please see overleaf a snapshot of the data collected for WHO Surgical Safety Checklist within the Recovery Department.
<table>
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<th></th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
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<td>83</td>
<td>84</td>
<td>30</td>
<td>600</td>
<td>726</td>
<td></td>
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<tr>
<td><strong>Total number of operations</strong></td>
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<td>765</td>
<td>759</td>
<td>760</td>
<td>728</td>
<td>648</td>
<td>741</td>
<td></td>
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<tr>
<td><strong>Percentage of operations audited</strong></td>
<td>12%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>4%</td>
<td>93%</td>
<td>98%</td>
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<td><strong>WHO Safety Checklist for procedure in notes/presented with patient in Recovery</strong></td>
<td>100%</td>
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<td>96%</td>
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<td>96%</td>
<td>98%</td>
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</tr>
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<tr>
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<td>1%</td>
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</tr>
</tbody>
</table>
Never Events include incidents such as:

- Wrong site surgery
- Retained instruments post operation
- Wrong route administration of chemotherapy

- NHS England

<table>
<thead>
<tr>
<th></th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
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<td>99%</td>
<td>99%</td>
</tr>
</tbody>
</table>

Never Events are serious incidents that are wholly preventable, as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death is not required to have happened as a result of a specific incident occurrence for that incident to be categorised as a Never Event.
Priority 5  
**Focus on staff culture, values and behaviours**

We have had a plan in place for improving staff experience for three years, with a particular focus in the last twelve months on improving staff culture. We have done this by focusing on our values – those key standards that describe “how we want to do things around here”. The work we have undertaken to date falls into four main categories:

- Listening to staff and helping them to turn their views and ideas into action.
- Using our values as a framework to help us all improve staff experience where it is needed.
- Supporting all of us to overcome workplace conflict and to try and resolve this informally and positively wherever possible and appropriate.
- Supporting all of us to tackle inappropriate behaviour.

**Specifically in the last year we have:**

- Introduced Non-executive Director and Executive Director walkabouts and night visits alongside our ‘Back to the Floor’ session, where executive directors spend a day in a department learning and working as a member of staff.
- Introduced Schwartz Rounds allowing staff to share experiences and challenges of patient care.
- Developed training to ensure staff have the confidence to effectively resolve workplace conflict where necessary and focus on what we need to do for patients.
- Developed improved ways in which staff can raise ideas and concerns.
- Used our values to help us all think about the best way to respond to every situation we may face including at recruitment, induction, and appraisal and within our training programmes.
- Addressed formally specific examples of poor behaviour and bullying and harassment concerns with over 140 formal employee relations issues resolved.
All these initiatives have allowed the Trust to support staff and respond to their queries and/or concerns. The national staff survey in 2015 showed that there has been an increase in staff feeling engaged with the organisation and although it was disappointing that we didn’t see a larger increase, culture change takes time. The staff survey scores in relation to staff engagement suggest that focussed action and leadership from the executive team can have a meaningful impact on staff experience and perceptions and the Trust will continue to focus on this in the coming year. We have a number of projects planned for this year including a leadership development programme and the extension of our values into a behaviour framework.
Quality Priorities for 2016/17

Priority 1
Improving patients’ health before surgery in order to improve post-surgical outcomes

There is consensus that patients who have their health maximised before they undergo surgical intervention have better post-operative outcomes with less complications. There are a range of factors that can improve outcomes, such as ensuring adequate iron levels, cessation of smoking, control of weight or stabilization of blood glucose level. We will identify national best practice in relation to preparing patients for surgery and will implement a programme of work, through our pre-operative assessment unit.

How we will monitor this
We will measure this improvement in a number of ways. Firstly we will monitor the post-operative complication rates for patients who have received the new intervention and compare these with patients from 2015/16 who have not had this intervention. We will also measure patients length of stay for patients who have received the intervention and compare this with patients from 2015/16.

Priority 2
Reducing illness or injury associated with surgery, in particular injury of the kidneys

Post-operative complications can occur from time to time and where we believe there is a chance of this we will advise patients of the risk as part of the consent process. There are however opportunities to reduce the likelihood of patients developing particular complications, such as acute kidney injury. We will develop a programme of work that will help identify patients who are at increased risk of acute kidney injury and a bundle of interventions that will reduce that risk.

How we will monitor this
We will monitor the number of patients that develop acute kidney injury following surgery in the RNOH. We will compare this data to patients from 2015/16 to ensure that the interventions that we are putting in place have a measurable impact.

Priority 3
Implementation of a programme of exemplar discharge

We recognise that being discharged from hospital, which patients often feel is a place of safety, can be an anxious time. We also recognise that, once the decision has been made...
made that discharge home can take place it is an important element of a patient’s experience that this takes place quickly and efficiently. We will therefore undertake a programme of work that will be designed to improve our discharge processes, based on national best practice.

**How we will monitor this**
We will measure this improvement in a number of ways. Firstly we will monitor the number of patients that are discharged on the day that we expected it to happen, we will also monitor the time of the day that patients are discharged and finally we will ask patients, via the in-patient survey, if they are happy with the preparation that has been made for their discharge. We will triangulate this data with other sources of patient feedback to ensure that the changes we make are improving the experience for our patients.

**Priority 4**
Enhancement of shared learning from incidents and complaints

We are committed to making our services better for patients and we recognise the importance of learning from patient safety incidents and from complaints. In order to ensure that the issues we identify do not occur again it is important that staff across the organisation, at all levels, understand what has gone wrong, what we have learnt and what this means for their own work.

**How we will monitor this**
We will undertake a regular audit of learning, which will assess how widely information has been disseminated and how fully actions have been completed and embedded in practice.

**Priority 5**
Focus on customer care and service across the Trust to deliver a positive patient experience

The experience that our patients receive whilst being cared for at the RNOH is one of our most important priorities. Clinical outcomes for our patients are amongst some of the best nationally and internationally and it is our intention to ensure that patient experience, which is already of a very high standard, is even further enhanced. We will do this by engaging with an experienced organisation who have developed and delivered customer service training in the retail sectors and using this to roll out a refreshed programme within the RNOH.

**How we will monitor this**
We will measure this improvement in two ways. Firstly we will monitor the roll out of the training programme by monitoring the number of staff that have attended and
secondly we will monitor the impact that this has on feedback we receive from our patients, both through the in-patient survey and via formal and informal feedback that we receive.

**Statements of assurance from the Board**

All providers of NHS services are required to provide certain mandatory reporting elements within their annual Quality Account. This section of the account contains the required mandatory information and, where necessary, an explanation of our quality governance arrangements relating to these indicators.

**Review of services**

During 2015/16, the RNOH provided 22 NHS services. The RNOH has reviewed all the data available to them on the quality of care in all of these NHS services.

The 22 clinical services provided by the RNOH are:

- Anaesthesia
- Bone Infection Unit
- Clinical Neurophysiology
- Foot and Ankle
- Functional Assessment and Restoration (FARs)
- Histopathology and Pathology
- Integrated Back Unit
- Joint Reconstruction
- London Sarcoma Unit
- London Spinal Cord Injury Centre
- Orthopaedic Medicine
- Orthotics and Prosthetics
- Paediatric and Adolescents
- Pain Management Services
- Peripheral Nerve Injury Unit
- Plastics
- Radiology
- Rehabilitation and Therapy
- Rheumatology
- Shoulder and Upper Limb
- Spinal Surgical Unit
- Urology

The percentage the income generated by the NHS services reviewed by the provider, as identified above, represents 100% of the total income for the provider for the reporting period under all contracts, agreements and arrangements held by the provider for the provision of, or sub-contracting of, NHS services.
Participation in clinical audits

In 2015/16, 2 national clinical audits and 3 national confidential enquiries covered relevant health services that the RNOH provides.

During the reporting period the RNOH participated in 100% (2) national clinical audits and 100% (3) national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the RNOH was eligible to participate in during 2015/16 are listed below, alongside the number of cases submitted compared to the requirements set out by the enquiry/audit.

<table>
<thead>
<tr>
<th>NATIONAL CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES</th>
<th>NUMBER OF CASES REQUIRED BY THE AUDIT</th>
<th>PERCENTAGE SUBMITTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Joint Registry: Hip, Knee and Ankle Replacements</td>
<td>Benchmark figure of 95% of activity (as reported on HES)</td>
<td>92.48% (January 2015 - December 2015)</td>
</tr>
<tr>
<td>National Comparative Audit of Blood Transfusion</td>
<td>45</td>
<td>18 (100% eligible)</td>
</tr>
<tr>
<td>National Confidential Enquiry – SEPSIS</td>
<td>n/a – Organisational data submitted</td>
<td></td>
</tr>
<tr>
<td>National Confidential Enquiry – Gastrointestinal Haemorrhage</td>
<td>n/a – Organisational data submitted</td>
<td></td>
</tr>
<tr>
<td>National Confidential Enquiry – Mental Health</td>
<td>Required data i.e. Organisational questionnaire and clinical questionnaire 3 cases (100%) submitted.</td>
<td></td>
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</tbody>
</table>
The Trust continues to contribute to the National Joint Registry (NJR). The compliance rate for submission of Hip and Knee replacement operations was 92.48% (January 2015 to December 2015) as compared to 79% last year. Further work is being undertaken to ensure future compliance is in alignment with the benchmark figure of 95%.

The Trust participated in the National Comparative Audit of Blood Transfusion (2015 Audit of Patient Blood Management in Adults undergoing elective, scheduled surgery). The minimum sample requirement was 45 patients who had blood transfusion from 1st Feb 2015 to 30th April 2015. However we only had 18 patients in the data collection period requiring blood transfusion. Data were submitted for all 18 (100%) patients.
The Trust submitted organisational questionnaire for National Confidential Enquiry – Gastrointestinal Haemorrhage. Clinical data submitted, however, didn’t meet the necessary inclusion criteria for clinical data part.

The Trust submitted organisational questionnaire for National Confidential Enquiry – SEPSIS. The National Confidential Enquiry required data for patients admitted 06/05/2014 to 20/05/2014 with Sepsis. RNOH did not have any patients with sepsis during that period, so were unable to make any submissions for this national audit.

The reports of 2 national clinical audits were reviewed by RNOH in 2015/16 and we intend to take the following actions to improve the quality of healthcare provided:

NATIONAL CLINICAL AUDITS

National Joint Registry: Hip, Knee and Ankle Replacements

- To continue to participate in the Registry to monitor the performance of joint replacement implants and the effectiveness of different types of surgery, improving clinical standards; benefiting patients and clinicians
- Ensure better links between the NJR and clinicians to understand requirements for cancer patients
- Monthly reports from NJR and information (HES data) to allow monthly compliance to be reported
- Compliance figures to be produced showing figures with and without outsourced work

National Comparative audit of blood transfusion (2015 Audit of Patient Blood Management in Adults undergoing elective, scheduled surgery)

- Pathway for anaemic patients is being developed including blood testing and interpretation of results
- IV iron clinic for treatment is being established
- A process is being developed to identify patients who would benefit from IV iron pre op
- IV iron service group has been established and meetings held
- Restrictive transfusion thresholds added to revised transfusion policies and newsletter
In addition to participation in National Audits we are also working on many clinical audits which are specific to RNOH. These have helped us to change our practice to provide safer more effective care. Some of the achievements following these audits are included below:

LOCAL CLINICAL AUDITS

**World Health Organisation (WHO) Surgical Safety Checklist Audit**

The audit is aimed at ensuring the WHO checklist is used and completed at each stage of surgery within the Theatre and Imaging Departments within the RNOH in order to improve patient safety. Compliance remains high throughout the year however the following actions were taken to further improve the current practice:

- Old consent booklets in Theatres & Wards were replaced with the new version consent booklets containing the revised WHO checklist
- Daily real time monitoring audits are now conducted in recovery on all patients post theatres
- WHO Audit Results are disseminated to teams during the weekly Theatre Departmental meeting
- Monthly results are displayed via an information board situated in Theatres ‘Who Dun it?’
- ‘Aide-memoire’ WHO checklist boards have been developed and displayed outside each theatre
- WHO training is provided during medical induction
- Leaflets produced ‘Do it our way’ to support staff in undertaking the checklist properly
LOCAL CLINICAL AUDITS

Vascular Access Management Audit

Audit findings revealed that dressings were clean and intact, and the device was within allowed length of continuous use however insertion of the device was not documented at all times and V.I.P score charts were not completed for every shift.

Following actions were taken to improve compliance:

• Infection Prevention & Control team have raised awareness of the non-compliance issues with the Theatres Management; infection control link nurses/ward managers
• Revision of theatre documentation is underway to aid compliance supported by the Project Nurse
• Further training has been arranged through the IV study day taking place on the 23/05/16

Human Tissue Local Inspection Re-Audit (Human Tissue Regulations 2007)

The establishment is licensed for the procurement, testing, storage and distribution of tissues and cell under the Human Tissue Regulations 2007. Audit revealed good standards of documentation/record keeping however certain areas required improvement i.e. lack of quality manual for the procurement and storage of bone and tissue, lack of evidence of corrective and preventative action for a logged event and thermometer in the store/freezer required calibration.

Following actions were taken to improve compliance:

• A copy of NHSBT Tissue and Eye Quality manual was provided to help produce a quality manual for RNOH
• Timelines for logging major events, targets for performing root cause analysis and CAPA have been included in the SOP
• Escalation process has been documented and only calibrated thermometers are used
LOCAL CLINICAL AUDITS

Hand Hygiene

This audit is carried out on a monthly basis. The average compliance across 2015/16 was 94.4%. We are aiming for 100% compliance so the following actions are being implemented to help us improve:

- The infection prevention and control team is working in collaboration with Estates to install additional hand hygiene stations. Hand hygiene posters are produced and distributed to all areas to display monthly hand hygiene scores.
- An infection control awareness week was organised by the Infection Control team to coincide with International Hand Hygiene Day in May 2016.
- Life size pictures of senior clinical staff promoting hand hygiene are to be displayed in various places in the Trust.
- Infection control team has provided general hand hygiene training to ISS staff. ISS to ensure regular checking and refilling of hand gel dispensers across the Trust with assurance received from the monthly environment spot check audit.
- Infection control on quarterly basis publishes hand hygiene report onto grapevine (Intranet).
Nutritional Initiatives Audit

The audit identified high level of compliance against screening for malnutrition on admission, accurate information on food record charts and providing menu prior to choosing meals.

Certain areas were identified as requiring improvement e.g. Weekly repetition of malnutrition screening, recording nutritional care needs in the care plan, implementation of protected meal times and monitoring of food & drink intake when at risk of poor nutrition or dehydration. Following actions were taken to improve compliance:

- The Nutrition and Dietetic department offer ad hoc training
- Ward managers release clinical staff to attend nutrition based training sessions
- Clarification and training from the Dietetics department on the completion of the newer Nutrition Care plan and certain Action Plan sections
- Trust Nutrition Policy has been rewritten and disseminated to ward managers
- Protected mealtimes information is reviewed in the ward nutrition folders
- Matrons to re-launch the Nutrition Link nurses programme to ensure local ‘nutrition champion’ on each ward to improve nutritional monitoring
LOCAL CLINICAL AUDITS

Treating UTIs in Spinal Injury Patients

The audit identified low compliance with the following standards:

- Complicated UTIs should be treated with initial dose of gentamicin
- Both oral and IV sensitivities should be provided for all positive urine cultures

Following actions are being undertaken to improve compliance:

- Infection policy for UTIs for spinal injury patients is being updated
- Microbiologists release appropriate sensitivities onto ICE system
- Complicated UTI definition is being refined for the Trust to clarify dosage as most patients have a low creatinine – 5 or 7mg

Controlled Drugs (CD) Audit

Audit on Controlled Drugs identified various areas requiring improvement. Audit is repeated quarterly to ensure continuous improvement. Following actions are being undertaken to improve compliance:

- Results are fed back to the relevant staff
- CD stock list for the clinical area are reviewed by ward pharmacist and ward manager
- Nurse/OPD’s signatures list is checked regularly to ensure it is up to date
- ADIoS are reviewed regularly to ensure any abnormal supply of CDs are investigated immediately
- Education and training sessions are held for nurses and ODPs in relation to documentation
LOCAL CLINICAL AUDITS

**Chondrocyte Implantation Re-Audit**

Chondrocyte Implantation Re-Audit noted marked improvements in completion of consent forms, performing HTLV-I/II antibody testing on all patients, performing serology testing for blood tests since the previous audit cycle. However there is scope to make further improvement to increase our compliance further. The following actions have been identified to support this:

- Training of junior doctors to fill in the consent forms in patient notes
- Surgeons cascade the information and instruct their teams to order HIV I/II, Hep B, Hep C, Syphilis testing before the planned procedure of ACI and fill the reports in patient’s notes
LOCAL CLINICAL AUDITS

Respiratory Function Test assessment and documentation audit

RFT assessment and documentation audit identified the following areas requiring improvement:

• Completion of RFT within 24 hours of admission (for RFB patients: only if their level of injury is above T12) on ICE and in notes
• Weekly completion of FVC throughout the admission if FVC is less than 3L
• Assessment of the peak cough flow if FVC less than 2L
• Completion of RFT on discharge on ICE and in written notes
• Assessment of PCF on discharge, if applicable

The following actions have been taken to ensure improvement:

• Respiratory Function Test is completed for patients at risk within 24 hours of admission
• Respiratory function testing clinic has been set up with therapy technicians taking a leading role
• Prior to rehab ward round on Tuesdays, relevant respiratory paperwork is checked in the rehab ward round folder to ensure it is filled in correctly
• Adequate provision of Peak cough flow meters and masks is ensured by therapy technicians
• Prior to discharge, all paperwork is checked to ensure it has been completed. This includes checking of the respiratory function test paperwork
Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by The Royal National Orthopaedic NHS Trust in 2015/16 that were recruited during that period to participate in research approved by a research ethics committee was 508 into NIHR Portfolio studies, and 200 into non-Portfolio studies.

Participation in clinical research demonstrates The Royal National Orthopaedic Hospital NHS Trust’s 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. We work closely with our university partners to develop new treatments for our patients and our collaborations have produced impact on patient care locally and beyond. We’re committed to producing new ideas across all staff groups to deliver research, which has a potential to change the way we treat our patients. Involving staff and patients in developing and delivering is essential for gaining the benefit associated with being a research active organisation.

The Royal National Orthopaedic Hospital NHS Trust was involved in conducting 68 clinical research studies of which 29 were initiated in 2015/16 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 100 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.

Our engagement with clinical research also demonstrates The Royal National Orthopaedic NHS Trust commitment to testing the latest medical treatments and techniques. RNOH collaborates with universities as well as industry partners in delivering cutting edge technology to everyday care. Our engagement with clinical research also demonstrates The Royal National Orthopaedic NHS Trust commitment to testing the latest medical treatments and techniques.

RNOH has received Certificate of Recognition form the NIHR Clinical Research Network Chief Executive Officer for 2nd year running for our contribution to maximising the impact of research activity undertaken in our organisation.
Plan to open new academic facilities with joint investment between RNOH and University College London have been given a go ahead, and will provide state of the art space to deliver translational clinical research.

**CASE STUDY 1**

**Full title:**
Acceptability of real time 1:1 videoconferencing consultations after shoulder rehabilitation.

**Short title:**
Shoulder Link

**Lead:**
Anthony Gilbert (featured in HSJ special edition)

**Project:**
NIHR supported project. The aims of this study is to ascertain the acceptability of real time 1:1 videoconferencing follow up consultations using SKYPE for patients and clinicians attending the shoulder rehabilitation programme at the RNOH. Implementation of such intervention would reduce patients need to attend appointments and long travel, with follow possible in the comfort of their own home.

**CASE STUDY 2**

**Full title:**
A pilot study to compare Virtual Reality (VR) versus VR plus haptic feedback as a possible technique to decrease upper limb phantom pain responses in amputees

**Short title:**
AMPSIM

**Lead:**
Dr Rui Loureiro

**Project:**
The project aims evaluate the effect of immersive virtual haptic therapies on perceived pain using a sensorimotor training system that provides direct physical contact with a haptic device, mapping of the information from the device to the virtual representation of the physical limb and an application that maintains challenge and interest to the individual. It is hoped that introduction of such therapy could improve symptoms of phantom limb pain in amputees.
Use of the CQUIN payment framework

A minority of providers including the RNOH opted to continue on current prices (the 2014/15 ‘Default Tariff Rollover’, or DTR) until such time as a new tariff was established for 2015/16. This would not be until later in the year and therefore as providers (including the RNOH) on the 2014/15 DTR would not be contributing proportionately to the shared NHS-wide 2015/16 efficiency goals through the tariff deflator, they were ineligible for discretionary payments, including CQUIN, in 2015/16.

CQC registration and compliance

All NHS hospitals are required to be registered with the CQC in order to provide services and are required to maintain high quality care in order to retain their registration. RNOH is required to register with the CQC and its current registration status is ‘without conditions’.

Data Quality

RNOH will be taking the following actions to improve data quality: continued focus on improving data quality through the Information Quality and Governance Steering Subcommittee which has a remit to look at information quality assurance. The subcommittee will ensure that information asset owners have validation and management arrangements in place to enable them to report assurance on data quality. In addition, the Trust also has a data quality assurance risk rating for all metrics reviewed monthly as part of the Trust’s balanced scorecard.
NHS number and General Medical Practice Code Validity

RNOH submitted records during 2015/16 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:

- **99.3%** for admitted patient care
- **99.25%** for outpatient care

The percentage of records in the published data which included the patient’s valid general medical practice code was:

- **99.09%** for admitted patient care
- **98.8%** for outpatient care

Information Governance Toolkit attainment levels

Information Governance (IG) assesses the way organisations ‘process’ or handle information. It covers personal information (i.e. that relates to patients/service users and employees) and corporate information (e.g. financial records). IG provides a way for employees to deal consistently with the many different rules about how information is handled, including those set out in:

- The Data Protection Act 1998
- The common law duty of confidentiality
- The Confidentiality NHS Code of Practice
- The NHS Care Record Guarantee for England
- The Social Care Record Guarantee for England
- The Information Security NHS Code of Practice
- The Records Management NHS Code of Practice
- The Freedom of Information Act 2000

RNOH Information Governance Assessment Report overall score for 2015/16 was 71%, and was graded ‘Not Satisfactory’. The Trust scored level 2 for 44 requirements out of 45; unfortunately one requirement was scored at scored level 1. This related to Information
Governance Training compliance which the Trust failed to meet the annual target of 95%. The Trust is active working to improve this position with a recovery plan which should ensure compliance by July 2016.
Clinical coding error rate

RNOH commissioned an independent clinical coding audit in February 2016. The aim of this audit was to assess the quality and consistency of clinical coding at the Trust and make any necessary recommendations for improvement of quality and processes. The quality and consistency of the coding in this sample (of 200 Finished Consultant Episodes) was found to be excellent. These figures correspond to a level 3 attainment in the Information Governance Toolkit requirements.

The results of the audit are included in the table below:

<table>
<thead>
<tr>
<th>AREA AUDITED</th>
<th>NUMBER OF FCES</th>
<th>PRIMARY DIAGNOSIS ACCURACY</th>
<th>SECONDARY DIAGNOSIS ACCURACY</th>
<th>PRIMARY PROCEDURE ACCURACY</th>
<th>SECONDARY PROCEDURE ACCURACY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Governance</td>
<td>200</td>
<td>96.5%</td>
<td>98%</td>
<td>95%</td>
<td>98%</td>
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</tbody>
</table>
Quality Account regulations from the Department of Health require trusts to report performance against a core set of indicators, using data made available to the Trust by the Health and Social Care Information Centre (HSCIC) where available. The RNOH has added a number of other quality indicators that form part of our quality agenda.
Patient Safety Measures

Rate of admissions assessed for venous thromboembolism (VTE)
– CORE INDICATOR

The RNOH considers that this data is as described for the following reasons: the Trust has a multidisciplinary VTE group that works to:

• Ensure that the hospital follows national guidance on VTE and meets the requirements of the All Party Parliamentary Thrombosis Group
• Keep VTE related policies and processes up to date
• Implement and review mechanisms for VTE related clinical audits
• Complete root cause analysis investigations of all cases of VTE as nationally recommended
• Collate and analyse data on VTE risk assessment, prophylaxis and events including in-depth trend analysis using RCAs finding
• Set up training and education for staff including medical doctors, pharmacists, and ward staff on VTE prevention, recognition, and treatment.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>% patients admitted who were risk assessed for VTE</td>
<td>98.3</td>
<td>99.6</td>
<td>99.7</td>
</tr>
</tbody>
</table>

Source: NHS England published data
**Clostridium difficile infection rate**  

– CORE INDICATOR

The Royal National Orthopaedic Hospital NHS Trust considers that the rate per 100,000 bed days of cases of C. difficile infection is as described for the following reasons: the Trust complies with the Department of Health guidance for mandatory reporting and management of positive cases of C. difficile infections acquired in the Trust. The data is submitted to Public Health England and it is benchmarked nationally against other Trusts. The RNOH board subjects outs C. difficile data to external audit for assurance purposes.

In 2015/16 financial year the Trust had two cases of C. difficile infections against a target of two. The Trust recorded a further three cases of C. difficile carrier status in its inpatient group within the year. The infection control team on behalf of the Trust continues to embed the following actions targeted at reducing its rate of C. difficile infection in order to improve the quality of its services and patient experience by:

- Maintaining and monitoring standards of cleanliness in the hospital and patients surroundings.
- Continuous staff education on C. difficile infection; its causes/pathway, identification, prompt treatment, isolation precautions, handwashing and other preventive measures.
- Maintaining and monitoring compliance with good infection control practice across the Trust including good hand hygiene practice as a priority.
- Maintenance of the Outpatient Parenteral Antimicrobial Therapy (OPAT) service, patient monitoring via the bone infection clinic and assurance through Antibiotic stewardship group and infection control committee.
- Strengthening Antibiotic stewardship within the Trust via consistent review of antibiotic prescribing, assessment and management of patient with or at risk of C. difficile infection in line with best practice.
- Ensuring robust root cause analyses of patients who develop C. difficile in hospital, to identify areas for improvement in patient care.
The graph below provides comparison of the number of C. difficile infections in the Trust last 4 years versus allocated target by NHS England. The target score is a yearly rolling figure calculated by NHS England and is based on performance indicators of the previous year.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. diff infections</td>
<td>11</td>
<td>9</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Target</td>
<td>3</td>
<td>3</td>
<td>13</td>
<td>2</td>
</tr>
</tbody>
</table>

Note: from Trust data. Nationally published data for the reporting period not available.
Incident Reporting
– CORE INDICATOR

The RNOH considers that the rate of patient safety incidents reported and the number and percentage of such incidents that resulted in severe harm or death are as described for the following reasons:

- The Trust actively promotes an open and fair culture that encourages the honest and timely reporting of adverse events and near misses to ensure learning and improvement actions are taken.
- The Trust submits patient safety incident data to the National Reporting Learning System. We are ranked against other Trusts in respect of the rate of reporting and category of harm.

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patient safety incidents reported¹</td>
<td>363</td>
<td>440</td>
<td>478</td>
<td>501</td>
</tr>
<tr>
<td>Rate of patient safety incidents reported, per 100 admissions (as of 14/15 per 1000 bed days)²</td>
<td>4.66</td>
<td>5.55</td>
<td>6.03</td>
<td>22.15</td>
</tr>
<tr>
<td>% incidents that resulted in severe harm (or death)</td>
<td>0.8%</td>
<td>2.3%</td>
<td>3.6%</td>
<td>3.8%</td>
</tr>
<tr>
<td>% incidents that resulted in death</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>National Average*</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

In the six months period between April 2015 and September 2015, the Trust reported 2 incidents with severe degree of harm. This constitutes 0.6% of the total number. This compares favourably with other Trusts in the same category of specialist hospitals. There were no incidents of death reported by the Trust. (Source: NRLS Organisation data for Acute Specialist Hospitals – 1st April 2015 – 30th September 2015. The data covering the October 2015 – March 2016 data has not yet been released.)
The Royal National Orthopaedic Hospital recognises that although serious incidents in health and social care are relatively uncommon, from time to time things can and do go wrong. When adverse incidents do occur the Trust has a responsibility to ensure that there are systematic measures in place for safeguarding people, property, Trust resources and reputation. This includes responsibility to learn from these incidents in order to minimise the risk of these happening again.

A new combined incident and serious incident policy was approved in 2015/16. This policy is supported by the Complaints Policy and Being Open and Duty of Candour Policy which helps the organisation to understand why things went wrong, how we can prevent or minimise similar incidents and how we can share that learning across the organisation and externally. Serious incidents are investigated by a nominated multidisciplinary team using the root cause analysis process and action plans are monitored by the Serious Incident and complaints Review Panel. Monthly reports are submitted to the Clinical Quality Governance Committee.
Medication Errors

In 2015/16, there were 132 medicines incidents in comparison to 208 that occurred in the 2014/15. This represents a significant reduction in the number of reported medication errors. None of the incidents reported in 2015/16 resulted in serious harm of patients. Where a serious harm “near miss” incident has been reported, a root cause analysis investigation is undertaken.

A multidisciplinary team meets twice a month to review all medication errors, identify trends and make recommendations for future practice. Future work of the group will include the production of “Podcasts” directed at staff to promote safety around medicines use and administration.

The Table below shows the trend for medication errors over the last three years.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication errors</td>
<td>190</td>
<td>208</td>
<td>132</td>
</tr>
</tbody>
</table>

Source: Trust data
Nutritional assessments

Nutritional assessments are used to monitor for the risk of malnutrition, in this case as defined by the NICE Quality Standard 24 ‘Quality Standard for Nutritional Support in Adults’. At RNOH, a malnutrition monitoring tool has been developed, which is line with NICE recommendations. Nutritional risk assessment completed within 24 hours of patient admission/transfer. All Wards, excluding SCIC, audit this question on a monthly basis.

Overall Trust wide compliance has remained reasonably steady with each month recording scores of over 90% compliance. There is a decline August and September which has improved since and the standard has been increased to 100% this year compared to 95% last year.

The Trust continues the practice of the “Red Tray” system to highlight those in need of feeding support and also the use of an indication magnet with the “Patient Status at a Glance” boards.

The Nutrition Folder is a ward based folder with lots of nutrition information, charts and the revised Malnutrition Screening tool that also has a How to Guide on how to complete it. This guide remains prominent on all wards and is to ensure there is education at the ward level always available.

Source: Trust data
The chart shows overall compliance rate for all Wards 2015/2016.
Clinical effectiveness measures

Summary hospital-level mortality indicator (SHMI)
– CORE INDICATOR

The measure for Summary Hospital-level Mortality Indicator (SHMI) is not applicable to the Trust.

Patient Reported Outcome Measures
– CORE INDICATOR

RNOH considers that the Patient Reported Outcomes Measures (PROMS) are as described for the following data is as described for the following reasons: RNOH has a process in place to ensure that relevant patients are given questionnaires to complete and that patients are encouraged to do so. It is important to note that the Trust has no control over the completion and return of these forms.

PROMS are designed to allow patients to assess improvements to their health following surgical treatment. Patients answer questions about their quality of life before surgery and again after surgery. The two scores are compared and the difference is regarded as a health gain (or loss). These results provide an indication of the success and benefit of their surgery on their health. The responses are analysed independently and benchmarked against other trusts.

PROMS use three different measures to assess improvements to health following surgery. Although each measure is slightly different, a positive number means the patient has experienced an improvement to their health. The greater the number, the greater the patient reported improvement to their health.

Four procedures currently subject to PROMs are carried out at the RNOH and the table below provides RNOH performance against the three measures: EQ-5D, EQ-VAS, and the Oxford Hip and Knee Scores. EQ-5D asks questions about mobility, ability to self-care, ability to carry out usual activities, pain and discomfort, and anxiety and depression. EQ VAS asks patients to rate their overall health on a scale (VAS = visual analogue scale). The Oxford Score is a short questionnaire designed to assess function and pain.
## PROMS – CASEMIX ADJUSTED HEALTHGAINS

<table>
<thead>
<tr>
<th></th>
<th>NATIONAL AVERAGE 2015/16</th>
<th>RNOH 2013/14</th>
<th>RNOH 2014/15</th>
<th>RNOH 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hip Replacement - PRIMARY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EQ-5D</td>
<td>0.449</td>
<td>0.410</td>
<td>0.410</td>
<td>0.413</td>
</tr>
<tr>
<td>EQ VAS</td>
<td>12.035</td>
<td>8.014</td>
<td>10.635</td>
<td>9.149</td>
</tr>
<tr>
<td><strong>Hip Replacement - REVISION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EQ-5D</td>
<td>0.286</td>
<td>0.198</td>
<td>0.280</td>
<td>X</td>
</tr>
<tr>
<td>EQ VAS</td>
<td>5.359</td>
<td>5.870</td>
<td>6.471</td>
<td>X</td>
</tr>
<tr>
<td>Oxford Hip Score</td>
<td>13.199</td>
<td>8.703</td>
<td>12.992</td>
<td>X</td>
</tr>
<tr>
<td><strong>Knee Replacement - PRIMARY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EQ-5D</td>
<td>0.331</td>
<td>0.288</td>
<td>0.269</td>
<td>X</td>
</tr>
<tr>
<td>EQ VAS</td>
<td>5.506</td>
<td>3.593</td>
<td>4.900</td>
<td>X</td>
</tr>
<tr>
<td><strong>Knee Replacement - REVISION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EQ-5D</td>
<td>0.268</td>
<td>0.185</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>EQ VAS</td>
<td>0.229</td>
<td>-3.054</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Oxford Hip Score</td>
<td>12.172</td>
<td>6.867</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Source: HSCIC published data April 2015 – December 2015 (published May 2016)

X = low sample size, results not available.

Some data is not yet available due to the 6 month delay in sending out post-operative questionnaires and their return, and because the published data only covers part of the reporting year. The 6 month delay allows patients to fully assess their post-operative health.
Emergency readmissions with 28 days
– CORE INDICATOR

The Royal National Orthopaedic Hospital NHS Trust considers that the percentage of emergency readmissions within 28 days of discharge from hospital is as described for the following reasons: every time a patient is discharged and readmitted to hospital the episode of care is coded. The Information Team continually monitors and audits data quality locally and the Trust participates in external audit which enables the Trust to benchmark its performance against other Trusts.

The Royal National Orthopaedic Hospital NHS Trust admitted 16335 NHS patients in 2015/16. Of these 92 were emergency readmissions within 28 days of discharge.

The Royal National Orthopaedic Hospital NHS Trust intends to take the following actions to reduce readmissions to improve the quality of its services by working to implement a process of exemplar discharge, while continuing to monitor those patients discharged from the Royal National Orthopaedic NHS Trust and readmitted to other hospitals to ensure accurate readmission rates and appropriate clinical review of any readmissions within 28 days.

<table>
<thead>
<tr>
<th>PERCENTAGE OF EMERGENCY READMISSIONS WITHIN 28 DAYS OF DISCHARGE FROM HOSPITAL OF PATIENTS:</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) 0 to 14 year olds</td>
<td>0.20%</td>
<td>0.04%</td>
<td>0.04%</td>
</tr>
<tr>
<td>ii) 15 or over</td>
<td>0.04%</td>
<td>0.50%</td>
<td>0.52%</td>
</tr>
</tbody>
</table>

Source: Trust Data
Patient Experience Measures

Responsiveness to patient needs
– CORE INDICATOR

The Royal National Orthopaedic Hospital NHS Trust considers that the means core of responsiveness to inpatient personal needs is as described for the following reasons:

- Each year the Trust participates in the National Inpatient Survey. A random sample of patients are sent a nationally agreed questionnaire and the results are independently analysed before being published by the CQC.
- This indicator shows the average weighted score of 5 questions relating to responsiveness to inpatients’ personal needs. (Score out of 100)
- Results from the 2015/16 survey were not published at the time of writing.

The Royal National Orthopaedic Hospital NHS Trust has taken the following actions to improve this rate and so the quality of its services:

- Implemented changes to its real time / Friends and Family Test survey to ensure that patients are asked questions relevant to their experience.
- Introduced new reporting process for patient experience surveys to ensure that learning from patient feedback enables positive action to take place.
- Included on the Trust’s Balanced Scorecard indicators specific to patient experience and patient needs. These include measures of length of stay, patient experience of the discharge process, staffing levels, and patient perception of staffing levels.

The Trust has also introduced a patient-driven staff recognition scheme that allows patients to acknowledge and reward staff delivering high-quality care. Patients reward staff for delivering on the aspects of care most important to patients themselves, placing patients at the centre of our quality improvement drive.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsiveness to personal needs</td>
<td>73.9</td>
<td>77.8</td>
<td>78.7</td>
<td>86.1</td>
<td>59.1</td>
<td>68.9</td>
</tr>
</tbody>
</table>

Source: HSCIC
Friends and Family Test
– CORE INDICATOR

Patient Friends and Family Test

The Friends and Family Test (FFT) is a single question which asks patients whether they would recommend the NHS service they have used to friends and family who need similar treatment or care. At the RNOH, the FFT question is asked in all inpatient wards, outpatients, and in therapies.

For inpatients, the FFT question is part of a longer real-time patient survey in which we ask patients to tell us about their experience of our care, services, and hospital environment.

Over 2015/16, the RNOH consistently placed in the top 8 trusts nationally for inpatient response rate. The Trust had a 57% response rate for the year, compared to 25% average for the NHS London region. Additionally, the Trust also benefitted from an increase in number of responses, increasing by over 1100 compared to the previous year.

Patients also left over 6000 free text comments during the year, and these are analysed and reported to ward level.

Our results:

<table>
<thead>
<tr>
<th></th>
<th>RESPONSES</th>
<th>RESPONSE RATE</th>
<th>WOULD RECOMMEND</th>
<th>WOULD NOT RECOMMEND</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatients</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015/16</td>
<td>5536</td>
<td>56.6%</td>
<td>96.0%</td>
<td>1.1%</td>
</tr>
<tr>
<td>2014/15</td>
<td>4422</td>
<td>52.4%</td>
<td>96.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td><strong>Outpatients</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015/16</td>
<td>3442</td>
<td>4.7%</td>
<td>93.8%</td>
<td>2.0%</td>
</tr>
<tr>
<td>2014/15</td>
<td>3401</td>
<td>6.0%</td>
<td>93.0%</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

Source: Trust data
The RNOH has taken the following actions to improve our patient feedback and so the quality of patient experience we deliver.

Each month, all wards receive a positive patient feedback report that provides staff with all of the good comments patients have made about the ward. These reports are discussed at team meetings and also displayed on the ward for patients and visitors to see. This reinforces not only the Trust’s high standards of care but also allows staff to see that patients recognise and value their efforts.

**What patients thought:**

**98% would recommend the ward**

- 100% rated cleanliness between good to excellent
- 100% thought there was enough time to discuss the procedure
- 100% felt involved in decisions about their care
- 98% found nursing staff communicated well with them

**About the ward:**

- ‘The atmosphere caring and friendly. The staff willing to help in all circumstances. I was particularly impressed with patience and help given to student nurses.’
- ‘Excellent care, communication, cleanliness. The best hospital I have ever experienced.’
- ‘Care given every side of procedure and after not experienced in any other hospital.’
- ‘Very efficient, relaxed, caring staff. Good spacious ward with natural light.’
- ‘Everyone who dealt was considerate and made me feel at ease. I think the ward is a credit to this hospital, and something everyone concerned with should be proud of. All staff, no matter what their role was excellent.’

**Duke of Gloucester Ward**

**Positive patient feedback: March 2016**

**Inpatient Friends and Family Test**

**Praise for staff:**

- ‘Nurses very friendly.’
- ‘Pain team were really fantastic, friendly & visited everyday.’
- ‘Very friendly staff and very professional.’
- ‘The staff are very nice, the best I have seen.’
- ‘Very well organised by lovely staff. Kind, friendly, and so helpful- 5 star!’
- ‘Friendly and helpful nurses and staff.’
- ‘Excellent, attentive nursing care, well managed ward with good communication with patients!!’
- ‘The nursing staff in general were fantastic.’
When we don’t get it right and we fail to deliver the experience of care our patients expect, it is important that we listen to patients to learn what we could have done to improve their experience. Senior nurses and ward managers receive a regular report on all of the less positive feedback. These reports establish common themes, and senior nurses and managers can use this feedback to formulate a plan of action to ensure issues are addressed.

In 2015/16, some of the main themes of patient dissatisfaction included:

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>WHAT WE’VE DONE AND WHAT WE ARE DOING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge process</td>
<td>The Trust has made establishing a programme of exemplar discharge one of its quality priorities for 2016/17, with the aim of reducing length of stay, and minimising delays on day of discharge.</td>
</tr>
<tr>
<td>Staff behaviour and attitude</td>
<td>The Trust has made customer care and service one its quality priorities for 2016/17 with the aim of ensuring that all patients consistently receive the very best care and service from all staff. This includes the delivery of a new training programme, based on the most successful private and commercial sector customer service principles.</td>
</tr>
<tr>
<td>Responsiveness to patient needs</td>
<td>Being responsive to patient needs means understanding what is most important to them. With the launch of the Trust’s new ‘I delivered great care’ recognition scheme, patients themselves are empowered to recognise and reward staff who have delivered great care. Staff are recognised for delivering on what is most important to patients, reinforcing these needs and establishing patient-led standards.</td>
</tr>
<tr>
<td>Difficulties navigating the site</td>
<td>Many patients face difficulties navigating the hospital site. With the hospital spread out over a uneven site, even the fittest patient can find getting about tiring and difficult. In 2016/17 the Trust will be launching a volunteer-run electric buggy service to transport patients to and from hospital destinations, making the site much more accessible and reducing patient anxiety about getting lost or being late.</td>
</tr>
</tbody>
</table>
Staff recommendation of the Trust as a provider of care to their family or friends – CORE INDICATOR

The RNOH considers that this data is as described for the following reasons: annual national staff survey is carried by an independent organisation.

The RNOH has taken the following actions to improve this rate and so the quality of its services: by making the staff FFT test available in real-time, the Trust is able to monitor staff satisfaction and engagement, which are linked with patient satisfaction with their experience. The Trust’s organisational development programme will continue to ensure that the Trust is proactively learning from feedback from staff, through the identification of key themes and concerns.

<table>
<thead>
<tr>
<th></th>
<th>RNOH 2013/14</th>
<th>RNOH 2014/15</th>
<th>RNOH 2015/16</th>
<th>NATIONAL AVERAGE FOR SPECIALIST ACUTE TRUSTS 2015/16</th>
<th>HIGHEST SPECIALIST ACUTE TRUST PERFORMANCE TRUST 2015/16</th>
<th>LOWEST SPECIALIST ACUTE TRUST PERFORMANCE TRUST 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of staff employed by, or under contract to, the Trust during the reporting period would recommend the trust as a provider of care to their family or friends.</td>
<td>90%</td>
<td>87%*</td>
<td>83%</td>
<td>89%</td>
<td>93%</td>
<td>80%</td>
</tr>
</tbody>
</table>

*Note: 2014/15 Quality Account used data from the real-time staff Friends and Family Test. This has been changed to the result from the National Staff Survey for that year, as per Quality Account reporting requirements. The score has therefore dropped from 98% to 87%.
Complaints

In 2015/16 the RNOH received 88 formal written complaints compared with 92 in the previous year, which represents an improvement of 4.3%. We continue to actively encourage patients to highlight their concerns to us as we know this is an important means for learning and improving. Our new Patient Welcome Pack provides information on raising concerns in the Trust.

Complaints received by the Trust

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent of patients for procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff communication with patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge process</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Trust data
In 2015/16 we had 10 re-opened complaints. This amounts to 11% of all received complaints. We recognise that in some cases this can be an indicator of the quality of the complaint response, although it is somewhat imprecise. Many things may contribute to this, including the following:

- Not clarifying with the person that has made the complaint what the main points are
- A literal interpretation of the points raised as opposed to understanding the overall theme
- A response that does not reflect or describe what the RNOH will do to reduce the chances of the same thing happening to someone else

There were 4 complaints referred to the Parliamentary and Health Service Ombudsman (PHSO) by complainants for further review. Two of these complaints originated in 2015/16, the remaining 2 were from the previous year. After discussion with the PHSO, the Trust agreed to re-open 3 of these complaints for investigation. One of these complaints is still under investigation in the Trust at the time of writing. The other 2 complaints were investigated and further responses were provided to the complainants. Following these further responses, the PHSO made the decision to investigate 1 of these, which remains under investigation with the PHSO at the time of writing. The PHSO investigated 1 other complaint which the Trust had previously re-opened, and they concluded it as upheld due to not all concerns being answered in both responses sent to the complainant.

We recognise that our investigation timescales for complaints fall short of the national standards. In 2015/16 we responded to 45% of complaints within 25 working. However when we recognised that the complaint response was likely to be delayed, we contacted the respondent to agree a different timescale- which we met in 99% of cases.

The RNOH has taken the following actions to improve the patient experience as a result of complaints:

- An improved pre-operative assessment process to prevent significant delays to admissions
- Scheduled and regular meetings within Orthotics Department between clinicians and management teams to improve communications between both and thus to prevent delays in patients receiving their orthotic devices
- Drain management and care training provided to nursing staff
- Regular reviews of processes and improved communication between department leads
covering the same areas (e.g. CBO and Medical Secretaries) to ensure streamlined efficient service

- Customer service training for administrative staff
- A review of ordering and administrative processes within Orthotics
- Training provided to nursing staff ‘The Importance of Communication’
- Review of timeliness of MRI reporting

We have also been working hard to improve the complaints process internally. To this end we have:

- Undertaken workshop sessions with Heads of Departments to review the complaint process. The sessions looked at ways of better refining the complaints management process
- Developed a new formal complaints process map outlining the responsibilities of complaint investigators, including agreeing timescales with the complainant and increased contact with complainants during the investigation
- The Patient Experience Lead produced a Standard Operating Procedure for all those involved in the complaint process, thus enabling clarity of process and what was required from staff.
- Patient Experience Team monitor the timescales being agreed with complainants and actively support investigators with their timeframes and production of response letters
- Audit of actions put in place as the result of a complaint and is ongoing to date
PALS (Patient Advice & Liaison Service)

In 2015/16, the Trust has continued to provide a responsive PALS service which seeks to provide a responsive and accessible service through email, telephone contact and face-to-face interaction, providing patients, relatives and carers with information about the hospital services. Contacts through PALS are not necessarily a concern or problem but can be an enquiry. Each contact is assessed individually and proactive measures are taken to assist as efficiently and effectively as possible.

The number of PALS contacts has increased by 26% since last year. The common themes noted are: concerns with the hospital transport service; callers not being able to get through by telephone to departments; patients having to chase up the Trust to receive new appointments. The Trust has highlighted these areas for improvement in 2016/17.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of PALS contacts</td>
<td>1229</td>
<td>1367</td>
<td>1497</td>
<td>1881</td>
</tr>
</tbody>
</table>
Maintaining continuous quality improvement

The RNOH is committed to improving the quality of its services. This section details some of the quality improvement work currently underway at the Trust, including work addressing particular issues and concerns. Additionally, NHS England has requested each trust’s 2015/16 Quality Accounts contain information on:

- Implementation on Duty of Candour
- Patient safety improvement plan
- NHS staff survey results for key finding indicators KF21 and KF26
- CQC ratings grid and action plan

These are detailed below, with the exception of the patient safety improvement plan as this information is provided above as part of our review of last year’s quality priorities.
CQC action plan

The Care Quality Commission (CQC) monitors, inspects and regulates health and social care services in England to ensure they meet fundamental standards of quality and safety. Performance ratings and findings from the CQC on the quality and safety of services are published regularly. The CQC ask a number of key questions to inform their view on the quality and safety of services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people’s needs?
- Are they well-led?

All NHS hospitals are required to be registered with the CQC in order to provide services and are required to maintain high quality care in order to retain their registration. RNOH is required to register with the CQC and its current registration status is ‘without conditions’.

RNOH was inspected by the CQC in May 2014, with subsequent inspection report published in August 2014. RNOH was one of the first specialist Trusts to be inspected under CQC’s new inspection approach.

Overall, the Trust was rated as ‘Requires improvement’. The ratings for each of the Trust’s service areas are shown overleaf. In response to the CQC inspection report, the Trust had in place an action plan to address the conclusions reported by the CQC.

RNOH has made good progress in implementing the actions to address these issues.
Areas that require improvement and achievements and outcomes

Addressing the layout and design of the Stanmore site, ensuring it is suitable for all service users;

On 17 March 16 there was a House of Lords debate, led by Labour peer, Baroness Dean of Thornton-le-Fylde, which highlighted our case. The Full Business Case (FBC) was submitted to the Trust Development Authority (TDA) in April16. It is expected that the TDA will confirm the FBC in June 16, followed by the start of construction during the Summer. Completion of the project is planned for the first quarter of 2018.

This project will provide a hospital in which we continue to deliver high quality clinical care in wards and buildings that are fit for purpose.

Reducing late starts in clinic times within the Outpatients department;

Late starts in Outpatient clinic times have been reduced. Since the inspection, on average 95.7% of clinics have started on time compared to 91% and 94% in May 2014 and May 2015 respectively. Hence there has been a year on year improvement since the inspection. Key performance indicators (KPIs) relating to the start times of clinics are continually monitored as part of the overall performance for the Outpatient department.

Implementing improved processes and governance systems for managing risk and patient safety;

The trust is continuing to develop its new risk management structure across the Trust.
Ensuring there are increased and improved mechanisms for learning from incidents;

Continued work to improve learning from incidents across the Trust.

At a local level our wards and departments review and investigate each reported incident to identify areas for improvement. In the event of more serious incidents, formal action plans are developed and their implementation is monitored by audits undertaken by the Patient Safety Team. In 2016/17 we plan to introduce a ‘Care to Share’ forum to provide staff with an opportunity to share learning between teams and to celebrate examples of good practice.

Focusing on shifting culture, values and behaviours of all staff;

We have had a plan in place for improving staff experience for three years.

We have begun embedding staff values which has resulted in improvements in the culture. Values describe how we want to do things around here

Key areas we are currently working on:

- Listening to staff and helping staff turn their views and ideas into action
- Using our values as a framework to help us all improve staff experience where that’s needed
- Supporting all of us to overcome workplace conflict and to try and resolve this informally and positively wherever possible
- Supporting all of us to tackle inappropriate behaviour
Improving compliance with the WHO surgical safety checklist for surgery and radiology;

Compliance with the WHO surgical safety checklist has improved since the time of CQC inspection with consistent WHO checklist compliance at 99%.

Ensuring that paediatric resuscitation equipment is checked regularly;

Regular audits on paediatric resuscitation equipment have shown improved frequency and compliance of equipment checking. Trust-wide resus trolley checking procedure in place.

Ensuring that staff who treat children are up to date with safeguarding training;

Maintained a high percentage of staff up to date with safeguarding children training.

Ensuring that the needs of children and young people are considered in scheduling of operations;

Improved processes in place to ensure children are scheduled first for operations, significantly decreased occasions where children are not scheduled first.

In July 2015 the majority of the action plan to address the conclusions reported by the CQC was implemented with the exception being the quality and sustainability of the hospital’s estate, the implementation of the Organisational Development programme. These exceptions were allocated to appropriate parts of the organisation to action and drive forward.

The trust is now focused on ensuring all services are delivering good or outstanding care. This has become our ‘journey to outstanding’. It will be achieved by introducing a cyclical process by where teams are visited and assessed against their compliance against the fundamental standards and CQC key questions around the quality and safety of services.

The aim is for the trust to be consistent in its approach in providing outstanding care, whether or not we have a CQC inspection visit scheduled.
Improving Patient Experience

‘Complaints and PALS’ were rebranded to ‘Patient Experience Team’ (PET) during 2015. Within the PET, the following are managed: formal complaints; patient advice and liaison service (PALS), legal claims; inquest management; interpreting bookings.

We have now become an Organisational Member of the Patients’ Association. Within this membership, the Patient Association will work with us to deliver training, review our approaches and provide guidance and advice. The aim is to commence training early 2016/2017.

Internally, the Patient Experience Team organise a bi-monthly ‘Improving Patient Experience Committee’, chaired by the Director of Nursing, that brings together stakeholders from across the Trust to discuss concerns, suggestions, and ideas about how to improve the patient experience.

As part of our quality agenda, the patient experience, patient safety, and patient involvement teams will work closely together to produce integrated analysis and action plans relating to all aspects of the patient experience.

Involving Patients

The RNOH is committed to developing a culture of involvement and participation through receiving and listening to the opinions of our patients, and will continue to do this by offering patients and interested members of the public opportunities to get involved in our work.

The RNOH Patient Group is made up of current and former patients, relatives, and interested members of the public. The group undertakes a range of activities at the hospital, including:

- Visiting wards and services to assess standards and quality of care
- Reviewing patient literature and communication
- Assisting with PLACE audits
- Providing patient consultation to the hospital

During 2015/16 the RNOH Patient Group visited 7 wards and departments, speaking to staff and patients and assessing the standard care and service. Each visit was written up into a formal report that was sent to the Trust’s monthly board meeting, and an action plan was produced to address the group's observations. The Patient Group’s work has resulted in refurbishment and refurbishing of patient dayrooms, prioritised repairs,
improvements to facilities to increase convenience for patients, and the creation of a patient buggy transport service.

**OPUS (Orthotics and Prosthetics Users Stanmore)** is a patient-user group that was formed in 2015/16 to involve patients in the delivery of the RNOH orthotics and prosthetics service. The group is made up of current users of the two services, and although newly formed, intends to provide:

- Peer mentoring and support to other services users
- Input and consultation to the Orthotics and Prosthetics service
- Provide information websites and leaflets

The group meets monthly, and will continue to develop its work and involvement throughout 2016/17.

**Developing volunteering**

The Trust plans to further develop its volunteering programme in 2016/17 to deliver an enhanced experience to our patients. Projects in development include volunteer-run activity sessions for patients, including arts and photography workshops to enable long-term patients to learn new skills and gain new interests and hobbies. These programmes will be incorporated into our rehabilitation and therapy programmes. As a national centre of excellence, the RNOH receives patients from around the country and many can feel isolated and bored. Providing social interaction and activities will provide a much better patient experience, and compliment the great care and treatment our patients already receive. With this in mind, the RNOH has plans to develop a team of highly-trained volunteers who are able to provide support to patients with learning disabilities, dementia, and mental health issues. By developing the ward visiting volunteer service, this team of volunteers will be given special training by our subject leads allow the RNOH to be highly responsive to particular patient needs.

A patient buggy service will also be introduced in 2016, and volunteer drivers will transport patients and visitors around the challenging hospital site in electric buggies. These buggies have been modified to allow easy access, and will run Monday to Friday. For orthopaedic patients, greater ease in navigating the hospital site will greatly improve their experience.
NHS Staff Survey results for indications KF21 and KF26

<table>
<thead>
<tr>
<th></th>
<th>Key Finding 21: Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion</th>
<th>Key Finding 26: Percentage of staff experiencing harassment, bullying, or abuse from staff in last 12 months.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RNOH staff from white ethnic backgrounds</strong></td>
<td>88%</td>
<td>26%</td>
</tr>
<tr>
<td><strong>RNOH staff from black and ethnic minority backgrounds</strong></td>
<td>71%</td>
<td>29%</td>
</tr>
<tr>
<td><strong>National average for acute specialist trusts (all backgrounds)</strong></td>
<td>87%</td>
<td>23%</td>
</tr>
</tbody>
</table>

The RNOH has created an Equality Achievement Network made up of staff from across the hospital. The group meets monthly to work towards creating an even more inclusive organisation in which all staff feel they have opportunity for progression and development. In addition, the Trust is refining internal recruitment processes, providing more secondments for RNOH staff, and has implemented a fair appointments principle.

To further tackle discrimination and bullying, the Trust is introducing a ‘speak up’ process to support staff wanting to raise a concern. Directors’ Back to the Floor and walkabout sessions provide opportunities for staff to engage with senior managers to raise concerns. The Trust has also enhanced its provision of whistleblowing procedures and has relaunched its ‘Listening into Action Group’.
Duty of Candour

In November 2014 a new statutory duty was introduced for NHS organisations requiring openness and transparency with patients if they suffered avoidable harm while in our care.

This is not a new requirement for healthcare professionals. Being open when things go wrong has always been a key component of professional codes of practice. Professional requirements include being open about complications as well as harm which may have been the result of error.

The new statutory duty requires us to be open with patients (and/or their families) in the event of significant avoidable harm. This may also be described as a patient safety incident. In such a situation, patients can expect us to have a conversation with them (preferably face-to-face) and say sorry.

We will also follow this up in writing. If an investigation into what went wrong is required, we will share the outcome of this investigation with you, including our plan to improve care in the light of what we have learned from the incident.

In 2015/16 we committed to the introduction of a process to ensure that the principles of the duty of candour were being followed in the event of significant incidents for our patients and this has been achieved. In 2015/16 there were 16 events reported by our staff using the incident reporting system which we felt met the requirements of the legal duty of candour. We know that in many other incidents resulting in no harm (near misses such as administering the wrong dose of medication but no harm being caused) or minor harm (e.g. a bruise or graze following a fall) staff will have been open with patients about what went wrong.

In 2016/17 we are committed to looking at the quality of our interactions with patients when things go wrong. We recognise that these conversations can be very difficult for both patients, families, and staff, and we know it’s very important that we work hard at ensuring the conversations don’t create additional stress or anxiety.

This year we will be auditing the following measures:

- Timeliness of conversations when things have gone wrong
- Seniority of staff involved in the conversations
- Timeliness of investigation outcomes being shared

We will also undertake work to help us examine the quality of those conversations through seeking feedback from patients and their families.
National Orthopaedic Alliance (NOA)

The RNOH is a member of the National Orthopaedic Alliance (NOA). The NOA will provide a framework for improving quality in orthopaedic care in England. This will be based on a kitemark-based membership model founded on evidence-based descriptors of ‘what good looks like’ in orthopaedic provision.

It will create tools for providers and commissioners to enable them to consistently achieve quality and efficiency including a clear benchmarking system. In addition, we will develop flexible contracting mechanisms to ensure that commissioners can adopt the quality-assured new model of care in different local health systems.

We shall also be seeking opportunities to support other specialties in adopting similar quality-based membership models to drive improvements in care.

The vanguard project won favour with NHSE and Monitor as it proposes a model to drive quality and efficiency savings identified by Getting it Right First Time (GIRFT) and, to a lesser extent, the Monitor Effective Care work. The model is a combination of the existing Specialist Orthopaedic Alliance (SOA) structure overlaid by a kitemark style membership accreditation. The ability of the project team to actuate the GIRFT work is a key element in the project’s appeal to the centre and is much cited in the DH and NHSI as a linked project.

Creating the kitemark will produce clinical, operational and commissioning standards for members and wider partners in the healthcare economy to aspire and work towards. Creating a measurement/assessment methodology is another key element of creating the kitemark/ accreditation process.

The first challenges for the project are to create and consult on the standards and this work will be led by the SOA clinical lead Peter Kay who is also the National Clinical Director for MSK in NHSE; and to begin to ‘mature’ the organisational form of the SOA in preparation for it becoming the NOA.

Once the kitemark standards are in place it is proposed that:

- The NOA develops a series of franchising models that members may wish to use to deliver orthopaedic services more widely across their local health economy;
- Or that providers may wish to use as these as the basis for seeking a partner to deliver an NOA endorsed format and quality of service for them on a franchise or satellite basis;
- Or that commissioners may wish to use to inform their work.
The DevoManc project is very interested in using the outputs of the NOA vanguard to structure its MSK planning. The DevoManc MSK proposals are being co-led by Peter Kay and hosted by Wrightington so the NOA work-stream will seek to support and integrate with this piece of work with the end hope that this may ultimately result in all orthopaedic providers within Greater Manchester joining the NOA in the medium term.

Centre for Orthopaedic Nurse Research and Education

The RNOH and London Southbank University have been working together to establish the centre for orthopaedic nursing research and education, which will be the first collaboration of its type between a higher education institution and a specialist NHS provider. The centre will focus on development of post-graduate education programmes and development of research capability and capacity within the field of neuro-musculoskeletal care. To facilitate this both organisations have agreed to jointly appoint a Professor of Orthopaedic Nursing, which is currently being recruited to.
APPENDIX 1

Statements from external stakeholders

The Quality Account has been developed by the Trust with input, involvement, and consultation from a range of stakeholders. This has included:

- Consultation on the Trust website, seeking views of proposed quality priorities
- Presentation of quality priorities with the RNOH Patient Group
- Discussion of our quality priorities with commissioners through the Clinical Quality Review Group
- Internal discussions of the Quality Account at the Clinical Quality and Governance Committee
- Presentation of draft and final Quality Account to Healthwatch Harrow
- Presentation of the Quality Account to Harrow Health and Social Care Scrutiny Sub-Committee
Statement of assurance from NHS England

NHS England would like to thank RNOH for the opportunity to review and provide a statement response to their 2015/16 Quality Accounts. From reviewing the Trust’s Quality Accounts, we can confirm that as far as it can be ascertained it complies with the national requirements for such a report. We are satisfied with its accuracy as far as it is based on the information available to NHS England.

NHS England assumed lead commissioner responsibility for all services at RNOH on 1 April 2015, a role previously held by Barnet CCG. A quality assurance process and due diligence was undertaken as part of this handover. NHS England is pleased to assure the 2015/16 Quality Account for RNOH and this has been subject to review by the NHS England Nursing and Medical directorates and Specialised Commissioning.

The Trust has undertaken focused work to address areas of challenge: reducing the rate of occurrence of pressure ulcers; surgical site infections; and learning from incidents and complaints. We particularly recognise the key achievements in no grade 3 or 4 pressure ulcers at the RNOH in 2015/16.

The Clinical Quality Review Group (CQRG) (chaired by an NHS England London Medical Director or Nursing Director alternately) has received regular updates at each monthly meeting and has been assured that the Trust has delivered improvements in these areas.

Reduction in serious incidents and never events has remained a key area of focus for the CQRG throughout 2015/16, with specific reference to the radiology department and a significant focus on complaints has improved the timeliness and quality of this process. Other key improvements which NHS England would like to commend are the Patient Welcome Packs, the “I delivered great care” initiative and the introduction of Schwartz Rounds. All of which have been key in improving the patients’ and to some extent staff experience.

NHS England supports the quality priorities which the Trust has set for 2016/17 and which reflect the ongoing discussions with the commissioner with regard to areas for improvement. The method for measurement and reporting of the identified priorities is clearly stated and NHS England welcomes ongoing updates through the CQRG. A key area which will also require ongoing monitoring is the review of potential clinical harm as a result of delayed treatment due to referral to treatment (RTT) performance. The commissioner expects that these will continue to be undertaken in line with NHS England guidance and regularly reported to CQRG.

The relationship between commissioner and Trust has been very successful in its first year, with an open and transparent approach from the Trust and a willingness to look outside of the organisation to learn from best practice elsewhere.
20th June 2016

Ellis Banfield  
Patient Involvement Lead  
Royal National Orthopaedic Hospital NHS Trust  
Brockley Hill  
Stanmore  
Middlesex  
HA7 4LP 

Dear Ellis  

Re: RNOH Quality Accounts 2015/16 

Thank you for inviting Healthwatch Harrow to make a formal response to RNOH’s Quality Account for 2015/16. 

We appreciate that Quality Account reports is an important mechanism in making sure that RNOH is focussed continually on assessing the quality of its provision and outcomes for the patients and communities it serves. We also welcome RNOH’s commitment to ensuring that they are accountable to patients and the public about the quality of service they provide. 

Healthwatch Harrow is pleased to note the progress that has been made in the last year in building on the findings and lessons learnt during 2014/15. During this period Healthwatch Harrow took part and contributed to RNOH self-assessment and mock inspection exercise and it is good to note that many of the observations and findings are addressed in your 2016/16 Quality Account. 

We are also pleased to note a number of positive developments seeking to continually improve our RNOH’s understanding of patient/carer needs as well as their patient journey from pre-entry assessment to discharge. It is clear that RNOH is committed to providing an excellent experience and clinical outcomes for its patients and this is demonstrated by the importance its pays to collecting and understanding patient feedback through its complaints procedures as well as its rebranded Patient Experience Team. This process has allowed RNOH to develop responsive and appropriate interventions and changes in the way it provides services so that issues of concern can be addressed. We were pleased to see many examples of such interventions and of these include improving the discharge process, enhancement of shared learning from incidents and complaints, and a focus on customer care across the trust and Patient journey - welcome pack. 

We have also found many other positive developments related to patient experience outlined in your Quality Account including building staff expertise in challenging conflict and inappropriate behaviour, and ensuring that executive and non-executive directors have regular ‘walkabouts’, ‘back to the floor’ visits, and night visits to better understand and support staff in their work. A further possible development in improving overall quality is the Patient Experience Team bi-monthly ‘Improving Patient Experience Committee’, chaired by a senior director, bringing together stakeholders from across the Trust to discuss concerns, suggestions, and ideas about how to improve the patient experience. It is also pleasing to see in the Quality Account examples of clinical excellence and relatively low levels of infection rates and medication errors.
We are also assured by RNOH’s identification of areas it wishes to make further improvement for the coming year and look forward to progress in the following areas identified by the Trust: improving the discharge process, enhancement of shared learning from incidents and complaints, and a focus on customer care across the trust.

We found your Quality Account to be reader friendly and accessible and where you have found areas requiring development and/or improvement you have identified appropriate interventions and are clear about the improvement impact you are seeking.

In conclusion Healthwatch Harrow are very pleased with the progress recorded in your Quality Account as well as the efforts you are making with engaging and learning from your patients.

Healthwatch Harrow values your commitment and rigour in pursuing your quality improvement objectives and your ambition for and achieving excellence.

Yours sincerely

Arvind Sharma
Chair
Healthwatch Harrow
Statement of assurance from Harrow Health and Social Care Scrutiny Sub-Committee

I can confirm that the report on the Royal National Orthopaedic Hospital Draft Quality Accounts was received by the Health and Social Care Scrutiny Sub-Committee at its meeting last night, Monday 27th June 2016. The draft Quality Account was received and reviewed by the sub-committee to its satisfaction.

Councillor Michael Borio
Chair of the Health and Social Care Scrutiny Sub-Committee
Statement of directors’ responsibilities in respect of the Quality Accounts

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 the 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;
- The Quality Account has been prepared in accordance with Department of Health guidance
- The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

By order of the Board.

Professor Anthony Goldstone CBE
Chairman

Rob Hurd
Chief Executive Officer
Independent Auditor’s Limited Assurance Report to the Directors of Royal National Orthopaedic Hospital NHS Trust on the Annual Quality Account

We are required to perform an independent assurance engagement in respect of Royal National Orthopaedic Hospital NHS Trust’s Quality Account for the year ended 31 March 2016 (“the Quality Account”) and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 (“the Regulations”).

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance consist of the following indicators:

- Rate of admissions assessed for venous thromboembolism (VTE) as reported on page 53 of the Quality Account; and
- Clostridium difficile infection rate as reported on page 54 of the Quality Account.

We refer to these two indicators collectively as “the indicators”.

Respective responsibilities of directors and auditors

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 Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the directors are required to take steps to satisfy themselves that:

- 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 are required to confirm compliance with these requirements in a statement of directors’ responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

• The Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
• The Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 issued by DH in March 2015 (“the Guidance”); and
• The indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

• Board minutes for the period April 2015 to June 2016;
• Papers relating to quality reported to the Board over the period April 2015 to June 2016;
• Feedback from the Commissioners dated 22 June 2016;
• Feedback from Healthwatch Harrow dated 20 June 2016;
• The Trust’s latest complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;
• The latest national patient survey dated 21 May 2016;
• The latest national staff survey dated 22 March 2016;
• The Head of Internal Audit’s annual opinion over the trust’s control environment dated 31 May 2016;
• The annual governance statement dated 1 June 2016;
• The Care Quality Commission’s Intelligent Monitoring Report dated May 2015;
APPENDIX 3 CONT’D

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the “documents”). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of Royal National Orthopaedic Hospital NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Royal National Orthopaedic Hospital NHS Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the guidance. Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- Making enquiries of management;
- Testing key management controls;
- Analytical procedures;
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- Comparing the content of the Quality Account to the requirements of the Regulations; and
- Reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of
APPENDIX 3 CONT’D

different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Royal National Orthopaedic Hospital NHS Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2016

- The Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- The Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- The indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Grant Thornton UK LLP
Grant Thornton House
Melton Street
Euston Square
London
NW1 2EP

30 June 2016
NOTES
NOTES
**GLOSSARY**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AHP</td>
<td>Allied Healthcare Professionals</td>
</tr>
<tr>
<td>C. difficile</td>
<td>Clostridium difficile</td>
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<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
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<tr>
<td>CQC</td>
<td>Care Quality Commission</td>
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<td>Clinical Quality Review Group</td>
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<td>CQUIN</td>
<td>Commissioning for Quality and Innovation</td>
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<tr>
<td>DoLS</td>
<td>Deprivation of Liberties Safeguarding</td>
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<tr>
<td>EQ5D</td>
<td>A standardised measure of patient reported health outcome for hip and knee operations</td>
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<td>FARs</td>
<td>Functional Assessment and Restoration</td>
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<td>Getting it Right First Time programme</td>
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<td>Hospital Acquired Pressure Ulcers</td>
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<td>Institute of Orthopaedic and Musculoskeletal Science</td>
</tr>
<tr>
<td>KPI</td>
<td>Key performance indicators</td>
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<tr>
<td>LCRN</td>
<td>Local Clinical Research Network</td>
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<tr>
<td>MCA</td>
<td>Mental Capacity Act</td>
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<tr>
<td>MRSA</td>
<td>Methicillin-resistant Staphylococcus aureus</td>
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<tr>
<td>NEWS</td>
<td>National Early Warning System</td>
</tr>
<tr>
<td>NHSI</td>
<td>NHS Improvement</td>
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<tr>
<td>NICE</td>
<td>National Institute for Health and Clinical Excellence</td>
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<td>NIHR</td>
<td>National Institute for Health Research</td>
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<td>NJR</td>
<td>National Joint Registry</td>
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<td>PALS</td>
<td>Patient Advice Liaison Service</td>
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<tr>
<td>POD</td>
<td>Patient Outcomes Data</td>
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<tr>
<td>PROMs</td>
<td>Patient Reported Outcome Measures</td>
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<tr>
<td>RCA</td>
<td>Root Cause Analysis</td>
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<td>RNOH</td>
<td>Royal National Orthopaedic Hospital NHS Trust</td>
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<tr>
<td>SHMI</td>
<td>Summary Hospital-level Mortality Indicator</td>
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<td>Safer Nursing Care Tool</td>
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<td>NHS Trust Development Authority</td>
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<tr>
<td>UCL</td>
<td>University College London</td>
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<td>UTI</td>
<td>Urinary Tract Infections</td>
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<td>VTE</td>
<td>Venous Thromboembolism</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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