

THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST

QUALITY ACCOUNT 2013/14 – 1st Draft

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The Royal National Orthopaedic Hospital (RNOH/the Trust) 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.

RNOH also plays a major role in teaching. Over 20% of all UK orthopaedic surgeons receive training at the RNOH. Our patients benefit from a team of highly specialised consultants, many of whom are nationally and internationally recognised for their expertise.

We enhance our clinical effectiveness by working in partnership with University College London and in particular UCL's Institute of Orthopaedic and Musculoskeletal Science (IOMS), based on the Stanmore campus. The IOMS, together with the RNOH, has a long track record of innovative research leading to new devices and treatments for some of the most complex orthopaedic and musculoskeletal conditions.

Our strategic aims/objectives

1. Maintaining and developing orthopaedic specialisation- providing the scale and range of tertiary sub-specialist orthopaedic clinical activity befitting an international orthopaedic centre of excellence.
2. Expanding the evidence base that we deliver high quality clinical services – providing clinical activity to a standard that demonstrates services are safe, effective and provide the best possible experience. This includes timely referral to treatment access to services and transport accessibility to our sites for patients, many of whom will have significant mobility impairment.
3. Building academic strength – working in partnership with UCL, a world leading university and the UCL Partners Academic Health Sciences Network.
4. Expanding our external profile and focus – building an international reputation for clinical, operational and academic expertise supported by working in partnership with other NHS and independent health care providers.

Values

Patients first, *always*

- Protecting patients' rights to courtesy and dignity
- Treating patients as individuals and with compassion
- Responding to patients' needs and expectations
- Providing a clinically safe environment
- Achieving positive clinical outcomes
- Rigorous monitoring and maintenance of high standards

Excellence, *in all we do*

- Practice based on evidence, education and research
- Working across departments and professional boundaries to achieve Trust-wide goals and targets
- Rewarding and celebrating excellence
- Maximising the benefits of partnerships
- Paying attention to detail
- Striving for excellence through collaboration and research

Trust, *honesty and respect, for each other*

- Challenging inappropriate behaviour from patients or colleagues
- Being transparent and open with each other
- Asking for help when we need to
- Contributing to the team
- Being constructive rather than blaming
- Listening more than telling
- Maintaining confidentiality for patients and colleagues
- Speaking well of, and supporting each other
- Empowering staff to achieve their potential

Equality, *for all*

- Reaping the benefits of diversity
- Ensuring equitable care for all our patients
- Designing services to meet the needs of all our patient groups
- Challenging prejudice and discrimination
- Valuing the diversity of ideas, roles and backgrounds
- Ensuring fair and consistent employment practice
- Celebrating difference and achievement at all levels of the Trust Patients first

Chief Executive's statement

(Updated information to be inserted)

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

Statement of directors' responsibilities

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

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

- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- The Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Board.

Priorities and improvements 2013/14

Following consultation with patients, staff and key stakeholders, we identified six key priorities for 2013/14. The outcomes were as follows:

Priority 1 – To continue to ensure patients are safe from infections.

Outcome - (Updated information to be inserted)

Priority 2 – To continue to reduce the number of incidents of falls in our inpatient areas.

Outcome - (Updated information to be inserted)

Priority 3 – To ensure all ne patients receive as much information as possible while waiting for appointments.

Outcome – (Updated information to be inserted)

Priority 4 – To increase the number of satisfaction surveys across the Trust to inform service improvement.

Outcome - (Updated information to be inserted)

Priority 5 – To improve our admission and discharge processes.

Outcome - (Updated information to be inserted)

Priority 6 – To continue to make advances redeveloping the Trust’s estate to ensure it is safe and suitable for patients and staff.

Outcome - (Updated information to be inserted)

During 2013/14 we continued to build on the quality improvements previously reported as well as starting new programmes. Some of these have been initiated at corporate level and others by local clinical teams, reflecting a Trust-wide culture that supports quality improvement. Some of our quality highlights and challenges from the year were:

(Updated information to be inserted)

Better complaints management

The Trust’s Customer Care and PALS Service is easily accessible through both telephone contact and face to face interaction, providing patients, relatives and carers with information about the hospital services.

(Updated information to be inserted)

Our priorities for improvement in 2014/15

(Updated information to be inserted)

Review of services

During 2013/2014 the RNOH provided 16 services.

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

The income generated by the NHS services reviewed in 2013/2014 represents 100% of the total income generated from the provision of NHS services by the RNOH for 2013/2014.

The 16 clinical services provided by the RNOH are:

- Anaesthesia
- Bone Infection Unit
- Clinical Neurophysiology
- Functional Assessment and Restoration (FARs)
- Integrated Back Unit
- Joint Reconstruction
- London Spinal Cord Injury Centre
- Paediatric and Adolescents
- Peripheral Nerve Injury Unit
- Plastics
- Radiology
- Rehabilitation and Therapy
- Shoulder and Upper Limb
- Spinal Surgical Unit
- The London Sarcoma Unit
- Urology

Participation in clinical audit

(Updated information to be inserted)

Research

The number of patients receiving NHS services provided or sub-contracted by The Royal National Orthopaedic NHS Trust in 2013/2014 that were recruited during that period to participate in research approved by a research ethics committee was **TBC** into NIHR Portfolio studies, and **TBC** into non-Portfolio studies.

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

The Royal National Orthopaedic Hospital NHS Trust was involved in conducting **TBC** clinical research studies of which **TBC** were initiated in 2013/14 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 **TBC** 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.

(Updated information to be inserted)

Our engagement with clinical research also demonstrates The Royal National Orthopaedic NHS Trust commitment to testing the latest medical treatments and techniques.

Goals agreed with commissioners

Commissioning for Quality and Innovation (CQUIN) is a payment framework, which allows commissioners to agree payments to hospitals based on agreed improvement work.

Through discussions with our commissioners, we agreed a number of improvement goals for 2013/14, which reflect areas of improvement interest within London, locally and nationally.

The amount of income in 2013/14 agreed between the RNOH and our host commissioner NHS England (North Central London) based on quality improvement and innovation goals was **£TBC**.

Commissioning for Quality and Innovation 2012/13

A high level summary of the CQUIN measures for 2013/14 is shown in the following table:

(Updated table to be inserted)

What others say about the Royal National Orthopaedic Hospital

Care Quality Commission

(Updated information to be inserted)

Standards of treating people with respect and involving them in their care	✓
Standards of providing care, treatment and support, which meets people's needs	✓
Standards of caring for people safely and protecting them from harm	X
Standards of staffing	✓
Standards of management	✓

Trust Development Authority (TDA)

(Updated information to be inserted)

Redevelopment of the Stanmore site

(Updated information to be inserted)

Specialist Orthopaedic Alliance

(Updated information to be inserted)

“Getting it right first time”

How we ensure a legacy of continuous innovation and quality improvement

(Updated information to be inserted)

Data quality

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

(Updated information to be inserted)

The Royal National Orthopaedic Hospital NHS Trust submitted records during 2013/2014 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:

TBC for admitted care
TBC for outpatient care

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

TBC for admitted care
TBC for outpatient care

Information Governance

Information Governance assesses the way organisations ‘process’ or handles 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 international information security standard: ISO/IEC 27002: 2005
- The Information Security NHS Code of Practice
- The Records Management NHS Code of Practice
- The Freedom of Information Act 2000

The Royal National Orthopaedic Hospital NHS Trust Information Governance Assessment Report score for 2013/14 was *TBC* and was graded *TBC*.

Clinical Coding Audits - (Updated information to be inserted)

NHS Outcomes Framework – Overarching indicators

Summary Hospital Level Mortality (SHMI)

A summary hospital-level mortality indicator (SHMI), value, banding and supporting palliative care data was not published for specialist Trusts for 2013/14.

There were **TBC** deaths at the RNOH in 2013/14, (five in 2012/3, seven in 2011/12, and three in 2010/2011).

Patient reported outcome measures (PROMs).

The Royal National Orthopaedic Hospital NHS Trust considers that the Patient Reported Outcomes Measures (PROMs) are as described for the following reasons:

- We introduced PROMs in 2010 for patients who had hip and knee replacement surgery. These measure a patient's health gain after surgery. The information is gathered from the patient who completes a questionnaire before and after surgery. The responses are analysed by an independent company and benchmarked against other Trusts.

The Royal National Orthopaedic Hospital NHS Trust has taken the following actions to improve the health gain of patient's having hip and knee surgery to improve the quality of its services by:

- Reviewed the data with the Department of health to compare case mix and complexity against other specialist orthopaedic trusts.
- Implemented an enhanced recovery programme for patients having hip or knee replacements.

The Royal National Orthopaedic Hospital NHS Trust intends to take the following actions to improve the health gain of patient's having hip and knee surgery to improve the quality of its services by:

- Investing in an electronic outcomes data capture system (POD).
- Continuing to review and benchmark PROMs data against other specialist orthopaedic trusts.

(Updated information to be inserted)

NHS Outcomes Framework Domain	Indicator	2011/12	2012/13 Provisional	2013/14 Provisional	National average in 2013/14	Highest average other Trusts 2013/14	Lowest average other Trusts 2013/14
Domain 3: helping people to recover from episodes of ill health or following injury	Patient reported outcome scores (PROMs) of total health gain as assessed by patients for elective surgical procedures:				Average health gain where full health = 1		
	Hip replacement	TBC	TBC	TBC	TBC	TBC	TBC
	Knee replacement	TBC	TBC	TBC	TBC	TBC	TBC

Emergency readmissions to hospital within 28 days of discharge

The Royal National Orthopaedic Hospital NHS Trust admitted TBC NHS patients in 2013/14 of these TBC were emergency readmissions within 28 days of discharge.

The Royal National Orthopaedic Hospital NHS Trust considers that the percentage of emergency re-admissions within 28 days of discharge from hospital is as described for the following reasons:

- Every time a patient is discharged and readmitted to hospital, staff code the episode of care. The Information team continually monitors and audits data quality locally and we participate in external audit which enables the Trust to benchmark its performance against other Trusts.

The Royal National Orthopaedic Hospital NHS Trust intends to take the following actions to reduce readmissions to improve the quality of its services by:

- We will work with commissioners to put in routine monitoring systems to monitor those patients discharged from the Royal National Orthopaedic Hospital NHS Trust and readmitted to other hospitals to ensure accurate readmission rates and appropriate clinical review of any readmissions within 28 days.

NHS Outcomes Framework Domain	Indicator	2011/12	2012/13	2013/14	National average in 2013/14	Highest average other Trusts 2013/14	Lowest average other Trusts 2013/14
Domain 3: helping people to recover from episodes of ill health or following injury	Percentage of emergency readmissions within 28 days of discharge from hospital of patients aged:						
	i) 0 to 14	N/A	0.29%*	4%	TBC	TBC	TBC
	ii) 15 or over	N/A	0.05%*	6.3%	TBC	TBC	TBC

*This data does not include patients discharged from the RNOH and readmitted to other hospitals.

Responsiveness to the personal needs of patients

The Royal National Orthopaedic Hospital NHS Trust considers that the mean score 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 850 patients are sent a nationally agreed questionnaire and the results are analysed independently by The Patient Survey Co-ordination Centre.

The Royal National Orthopaedic Hospital NHS Trust has taken the following actions to improve responsiveness to inpatient personal needs and improve the quality of its services by:

- Training on Customer Care for all nurses
- Introduced of card with admission and discharge information for patients.
- Displayed posters on wards displaying the management team saying who to contact if you need help and advice.

The Royal National Orthopaedic Hospital NHS Trust intends to take the following actions to improve responsiveness to inpatient personal needs and improve the quality of its services by:

- ACUITY tool being introduced.
- Introduction of Intentional Rounding in all ward areas.
- Ensure TTA's are prescribed well in advance of discharge.
- Include a question on cleanliness in the Real Time Patient Feedback

NHS Outcomes Framework Domain	Indicator	2011/12	2012/13	2013/14	National average in 2013/14	Highest average other Trusts 2013/14	Lowest average other Trusts 2013/14
Domain 4: ensuring that people have a positive experience of care	Responsiveness to inpatients' personal needs (mean score)	72.5	73.9	TBC	TBC	TBC	TBC

Staff who would recommend the hospital to friends and family needing care

The Royal National Orthopaedic Hospital NHS Trust considers that the percentage of staff who would recommend the hospital to friends and family needing care is as described for the following reasons:

- Each year the Trust participates in the National Staff Survey. A random sample of 800 staff are sent a nationally agreed questionnaire by an independent company. The results are analysed by the Staff Survey Co-ordination Centre.
- The Trust finished in the top 10 of hospital trusts nationally, it came 9th out of 161 hospital Trusts.

NHS Outcomes Framework Domain	Indicator	2011/12	2012/13	2013/14	National average in 2012/13	Highest average other Trusts 2012/13	Lowest average other Trusts 2012/13
Domain 4: ensuring that people have a positive experience of care	Percentage of staff who would recommend the hospital to friends or family needing care	78.8%	89%	<i>TBC</i>	<i>TBC</i>	<i>TBC</i>	<i>TBC</i>

Venous thromboembolism (VTE).

The Royal National Orthopaedic Hospital NHS Trust considers that the percentage of patients admitted to hospital and who were risk assessed for venous thromboembolism (blood clots) is as described for the following reasons:

- Patients are assessed on the wards and data is captured electronically and analysed by a senior nurse linked to the Thrombosis Committee.

The Royal National Orthopaedic Hospital NHS Trust has taken the following actions to improve the percentage of patients admitted to hospital who were risk assessed for venous thromboembolism to improve the quality of its services by:

- On-going education of staff, patients and raising awareness with members of the public.
- Feedback of the monthly audit results to the wards and clinical leads to drive improvement.
- In-depth analysis of patients who develop a thrombosis in hospital to learn and improve.

NHS Outcomes Framework Domain	Indicator	2011/12	2012/13	2012/13	National average in 2012/13	Highest average other Trusts 2012/13	Lowest average other Trusts 2012/13
Domain 5: treating and caring for people in a safe environment and protecting them from avoidable harm	Percentage of admitted patients risk assessed for Venous Thromboembolism	93.7%	<i>TBC</i>	<i>TBC To 31/12/13</i>	<i>TBC to 31/12/13</i>	<i>TBC to 31/12/13</i>	<i>TBC to 31/12/12</i>

C. difficile infection

The Royal National Orthopaedic Hospital NHS Trust considers that the rate per 100,000 bed days of cases of C.difficile infection are as described for the following reasons:

- The Trust complies with Department of Health guidance against which we report positive cases of C difficile. We submitted our data to the Health Protection Agency and are benchmarked nationally against other Trusts. C.difficile data is subject to external audit for assurance purposes.

The Royal National Orthopaedic Hospital NHS Trust has taken the following actions to reduce the rate per 100,000 bed days of cases of C.difficile infection to improve the quality of its services by:

- Maintaining and monitoring good infection control practice including hand hygiene and taking action to improve.
- Maintaining and monitoring standards of cleanliness and taking actions to improve.
- Designated ward rounds to ensure best practice in antibiotic prescribing.
- Root cause analysis of patients who develop C difficile in hospital to learn and improve.

The Royal National Orthopaedic Hospital NHS Trust intends to take the following actions to reduce the rate per 100,000 bed days of cases of C.difficile infection to improve the quality of its services by:

- Continued vigilance through the above actions

NHS Outcomes Framework Domain	Indicator	2011/12	2012/13	2013/14	National average in 2013/14	Highest average other Trusts 2013/14	Lowest average other Trusts 2013/14
Domain 5: treating and caring for people in a safe environment and protecting them from avoidable harm	*Rate of C. difficile per 100,000 bed days	7.9	18.6	TBC	TBC	TBC	TBC

* Rate calculated on Trust apportioned cases only of patients aged 2 years and over.

Comparison of the number of C. difficile infections reported by the Trust 2010/11 – 2012/13
 (Graph to be inserted)

Patient safety incidents.

The Royal National Orthopaedic Hospital NHS Trust 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.
- Each incident is classified by risk from low to high. Trends are then identified within each category. The majority of incidents are graded as acceptable risks, either due to

the rarity of their occurrence, the minimal harm experienced or the control measures already in place.

- Serious incidents are investigated by a nominated multidisciplinary team using the root cause analysis process and action plans are monitored via the Clinical Quality Governance Committee and our quality review meeting with NHS England (North Central & East London).

The Royal National Orthopaedic Hospital NHS Trust has taken the following actions to reduce the rate of patient safety incidents and the number and percentage of such incidents that have resulted in severe harm or death to improve the quality of its services by:

- Investigating clinical incidents and serious incidents and sharing the lessons learnt across the Trust and ensured recommendations are implemented through the Directorate quality performance meetings.

The Royal National Orthopaedic Hospital NHS Trust intends to take the following actions to reduce the rate of patient safety incidents and the number and percentage of such incidents that resulted in severe harm or death to improve the quality of its services by:

- Continuing to actively promote reporting, investigation of clinical incidents and serious incidents, sharing learning across the Trust and with our commissioners to ensure improvement in the Trust and outside the organisation.

NHS Outcomes Framework Domain	Indicator	2011/12	2012/13	2013/14	Median for acute specialist organisations	Highest average other Trusts 2012/13	Lowest average other Trusts 2012/13
Domain 5: treating and caring for people in a safe environment and protecting them from avoidable harm	Rate of patient safety incidents reported.	4.8	5.6	TBC	TBC	TBC	TBC
	The percentage of such incidents that resulted in severe harm or death	0.6%	0.7%	TBC		TBC	TBC

**The number of incidents per 100 admissions is taken from the National Reporting Learning System (NRLS) report. This shows the latest actual figures reported nationally for the Trust which are always 6 months in arrears.*

The latest patient safety incident report
(Published by the NHS Commissioning Board TBC)
 (Updated information to be inserted)

(Graphs to be inserted)

Review of quality performance

Patient experience
Number of written patient complaints received
 (Graph to be inserted)

Number of Patient Advice and Liaison Service enquiries received

(Graph to be inserted)

Patient Safety

Clinical Incidents reported

Each incident is classified by risk from low to high. Trends are then identified within each category. The majority of incidents are graded as acceptable risks, either due to the rarity of their occurrence, the minimal harm experienced or the control measures already in place.

Serious incidents are investigated by a nominated multidisciplinary team using the root cause analysis process and action plans are monitored via the Clinical Quality Governance Committee and our quality review meeting with NHS North Central & East London.

(Graph to be inserted)

Pressure Sores

(Graph to be inserted)

Medication Errors

(Graph to be inserted)

Nutritional assessment within 48 hours of admission

(Graph to be inserted)

Infection control

In line with the Health and Social Care Act 2008, the RNOH has an appropriately constituted Infection Prevention and Control Team to provide expertise, knowledge and support to encourage and enable members of staff working across the trust to enhance and sustain their performance in ensuring patient safety by preventing avoidable infections.

Meticilin Resistant *Staphylococcus aureus* Bacteraemia

(Updated information to be inserted)

Meticilin Sensitive *Staphylococcus aureus* bacteraemias

The Trust reported **TBC** Meticilin Sensitive *Staphylococcus aureus* bacteraemias for the year 2013-14 compared to one bacteraemia in 2012-13 and one in 2011-12.

Clostridium difficile toxin

The trust reported **TBC** *Clostridium difficile* toxin (CDT) positive cases in 2013-14 compared to eleven reported for the same period last year.

(Updated information to be inserted)

Escherichia coli bacteraemia

RNOH reported **TBC** *E.coli* bacteraemia in 2013/14, compared to three in 2012-13.

Surgical Site Surveillance

(Updated information to be inserted)

(Table to be inserted)

(Graph to be inserted)

Management and leadership

The RNOH continues to maintain its reputation for recruiting and developing high quality, specialist staff.

(Updated information to be inserted)

Staff Turnover

Staff turnover was *TBC* The Trust is committed to reducing this by at least *TBC* in the coming year.

Staff Sickness

The RNOH aimed to reduce its staff sickness rate to *TBC* .

(Updated information to be inserted)

Listening to our staff

The annual NHS staff survey provides a wealth of information about staff views on working at the Trust.

(Updated information to be inserted)

Our Quality Ambitions

(Updated information to be inserted)

Publishing and involving stakeholders in our Quality Account

Our Quality Account is published on NHS Choices and can be downloaded from our own website at www.rnoh.nhs.uk

Your feedback is important to us

If you would like to comment on this Quality Account or make suggestions about what it could contain next year, then we would like to hear from you. We also welcome all feedback from the people who use our services and appreciate any suggestions for improvement.

- by email to stuart.coalwood@rnoh.nhs.uk
- or by post to:

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Statement from NHS Barnet Clinical Commissioning Group

(Updated information to be inserted)

Statement from Harrow Healthwatch

(Updated information to be inserted)

RNOH Charity

(Updated information to be inserted)

PROPOSED DESIGN CONCEPTS

