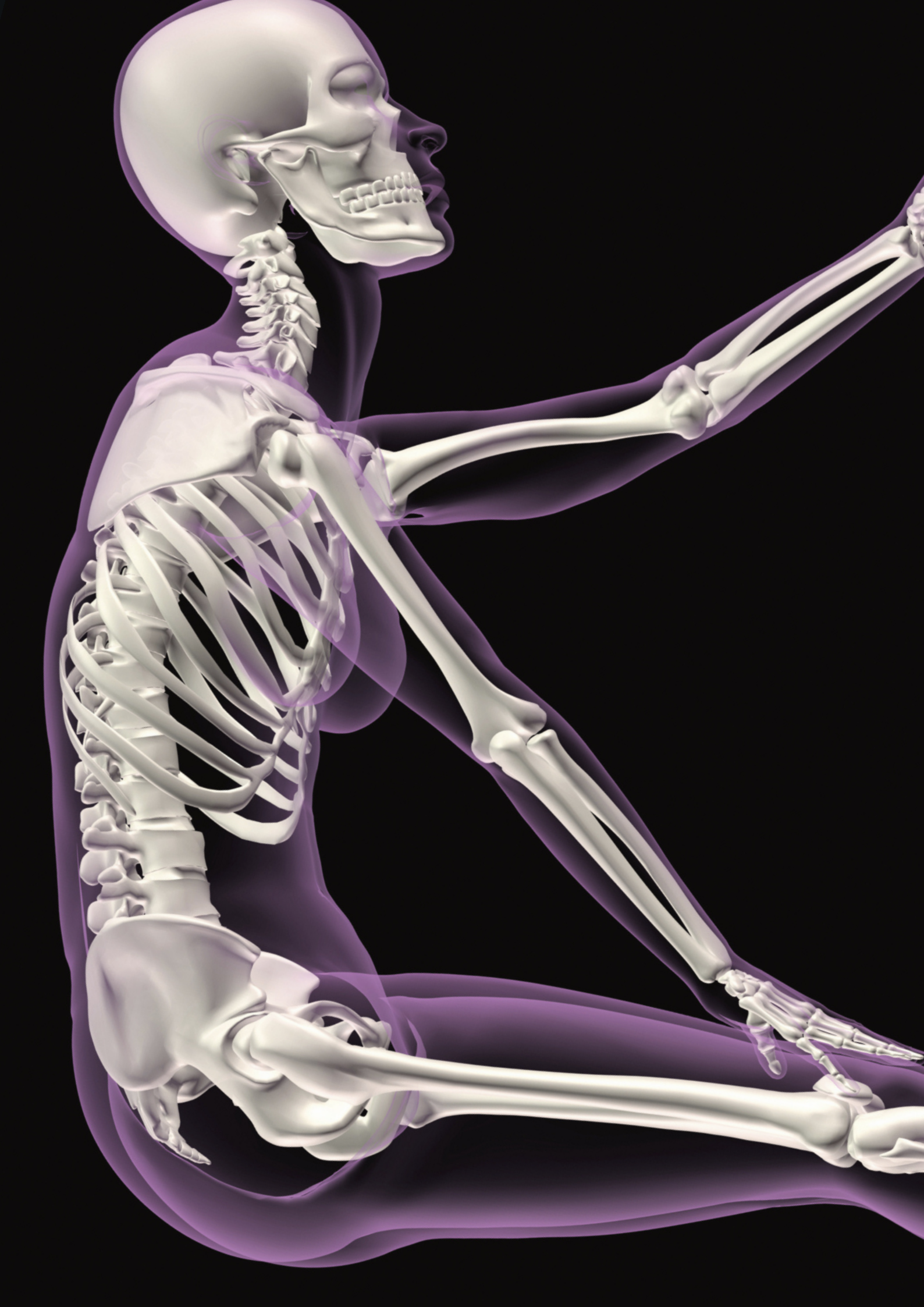
Royal National Orthopaedic Hospital NHS
NHS Trust

Quality Account 2013/14



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The Royal National Orthopaedic Hospital NHS Trust (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 (UCL) 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

Our Trust Values guide us in delivering the highest standards in patient care. They underpin our behaviours and strengthen our relationships with each other.

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

Chief Executive's statement

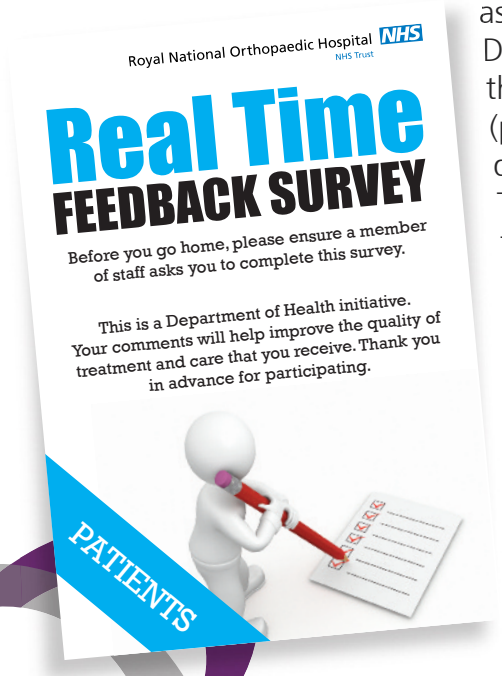
This Quality Account provides evidence of our commitment to continuous quality improvement at the RNOH. It contains information about the quality of our services, the improvements we have made during 2013/14 and sets out our key priorities for the forthcoming year.

During 2013/14 we worked hard to deliver the targets which relate to patient experience and clinical outcomes. We exceeded the national access targets in admitting more than 90% of patients requiring treatment within 18 weeks of their referral to the Trust. We exceeded the non-admitted target of 95% consistently throughout the year and also delivered an average of 100% against the 93% national target, ensuring our cancer patients were seen within two weeks of referral. We are working hard to minimise the number of cancelled operations and this work will continue in 2014/15 by enhancing our scheduling and finalising operating lists in a more timely manner.

The number of patients completing our real time patient feedback questionnaires in wards has been consistently high as well as our response rate and score for the Friends and Family test. The experience our patients have whilst under our care is very important to us and the information we gather from patient feedback allows us to focus on areas which require improvement.

The Friends and Family test was introduced nationally in April 2013 and we have sustained high response rates and scores throughout the year.

We exceeded the Commissioning for Quality and Innovation (CQUINs) target of 95% each month in 2013/14 on VTE (venous thromboembolism) assessment compliance. Any DVTs (deep vein thrombosis) or PEs (pulmonary embolism) developing within the Trust are investigated through the root cause analysis process in order for any required change in practice to be identified.



During 2013/14 we continued to deliver low infection rates, reduced the number of pressure ulcers, improved our medicines management and enhanced the quality of our patients' experience. We have continued to see improvements in all of these areas and as a Trust we pride ourselves on the quality of the care we provide. Our infection rates remain low and we have had no hospital-acquired MRSA bacteraemia recorded for over four years. To maintain and support the high standard of care we deliver, we strengthened our infection control service to ensure patients are monitored for one year post surgery when necessary. Because the RNOH is a tertiary referral centre for patients with spinal injuries and provides 'cradle to grave' care, we have seen an increase in the number of patients transferred to us from other Trusts and the community for specialist care of significant pressure ulcers.

It has long been recognised that the Stanmore site is overdue comprehensive redevelopment and enabling works continue to be undertaken to clear sections of the site in preparation for phase one of the new hospital development.

This work will address the concerns of the Care Quality Commission (CQC). The Board will continue to move towards the RNOH becoming a Foundation Trust in 2014/15 thereby enabling the Trust to remain a stand-alone specialist organisation undertaking innovative research and delivering world-class clinical care to our patients.

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

Rob Hurd
Chief Executive

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 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; 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 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

Priorities & improvements in 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

There has been significant investment in the infection control team and the infection prevention and control audit programme has been expanded.

We continued to make considerable progress in 2013/14:

- MRSA bacteraemia cases acquired at the Trust have remained at zero since 2009
- Continual improvement in hand hygiene
- Significant improvement in antimicrobial stewardship with the implementation of the new antimicrobial policy in September 2013

The following areas continue to be regularly audited:

- Environment
- Ward/department kitchens
- Handling and disposal of linen
- Waste management
- Departmental waste handling and disposal
- Safe handling and disposal of sharps
- Management of patient equipment (general)
- Management of patient equipment (specialist areas)
- Hand hygiene
- Clinical practices
- The use of personal protective equipment
- Short term urethral catheter management
- Enteral feeding
- Care of peripheral intravenous lines
- Care of short term non-tunnelled central venous catheters
- Isolation precautions

These audits generate reports which wards are able to print for their infection prevention and control boards for immediate feedback to staff. They also generate action plans for areas that require attention and ensure better staff engagement and a rapid corrective response to infection prevention and control issues. (Please see page 68)

Priorities & improvements in 2013/14

Priority 2

To continue to reduce the number of falls in our inpatient areas

Outcome

A slips, trips and falls group has been set up to monitor the incidence of falls and their cause. Investigation and information as to the cause informs the organisation's response on how to prevent falls. The organisation learns lessons from the reports and adopts better practices.

Priority 3

To ensure all new patients receive as much information as possible while waiting for appointments

Outcome

We have significantly increased the range of leaflets available to patients to include information on:

- Infection control
- Care pathways
- Rheumatology
- Medications
- Cancer care

Priority 4

To increase the number of satisfaction surveys across the Trust to inform service improvement

Outcome

We have implemented realtime feedback including the Friends and Family test on our inpatient wards and have piloted feedback surveys in all outpatient areas in preparation for 'roll out' in 2014/15. To date 7,437 Inpatients and 6,923 Outpatients have completed our realtime feedback surveys.

Priority 5

To improve our admission and discharge processes

Outcome

As part of the drive to improve the patient pathway and experience, the Admissions and Discharge Lead Nurse has worked with the Adult Matron and Lead Nurse in step down to forge new processes that will release more capacity in the system. The aim is to continue to support the 11am discharge plan as well as release beds from the acute areas when clinically appropriate.

Working with the Admissions Sister and following recruitment to the remaining vacancies in the department, we are now able to receive and admit more patients as they arrive in the admissions lounge. We are awaiting our new facility which will have an increased capacity for consultations and further support the admissions process from arrival to ward to theatre. In addition, the team have been working with one of the consultant anaesthetists to look at further options when admitting patients for day case interventions.

Our Friends and Family feedback has, along with the rest of the hospital, demonstrated patients are pleased with the service we provide although we are always conscious of the need to review, reflect on and improve our service.

Priorities & improvements in 2013/14

Priority 6

To continue to make advances redeveloping the Trust's estate to ensure it is safe and suitable for patients and staff

Outcome

We remain consumed by and committed to the enormous task of redeveloping the RNOH estate. During 2013-14 we commissioned a six facet estate survey, the purpose of which was to audit the safety of the Stanmore site. Based on the outcome of the survey, we are even more confident than in the past that the hospital estate structure, whilst outdated in many respects, is still safe for the delivery of health care.

During 2013/14 significant work on the following redevelopment projects has taken place:

- Children's High Dependency Unit (which was opened by HRH Princess Eugenie)
- New MRI suite
- Temporary car park
- The new temporary car park was completed and opened in January 2014 providing circa 123 spaces, including a number of disabled bays.
- Outpatients
  The first phase of the refurbishment of the outpatient department was completed in September 2013 providing refurbished accommodation for the following key departments - outpatients, physiotherapy, Motor Learning Lab and League of Friends shop. Further works are planned for 2014/15.
- Enabling works
  Diversions and improvement works to drainage and service diversions were completed around the proposed new NHS facility. Work has begun on the west service road and Wood Lane improvements including the Aspire car park. This is due for completion September 2014.

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:

Improved Access

National 18 week access targets were achieved in 2013/14, with 96% of non-admitted patients and 92% of admitted patients being treated within 18 weeks against targets of 95% and 90% respectively.

It continues to be a central aim of the Trust to continue to meet access targets during 2014/15 and further improve patient access to our services.

Friends and Family Test

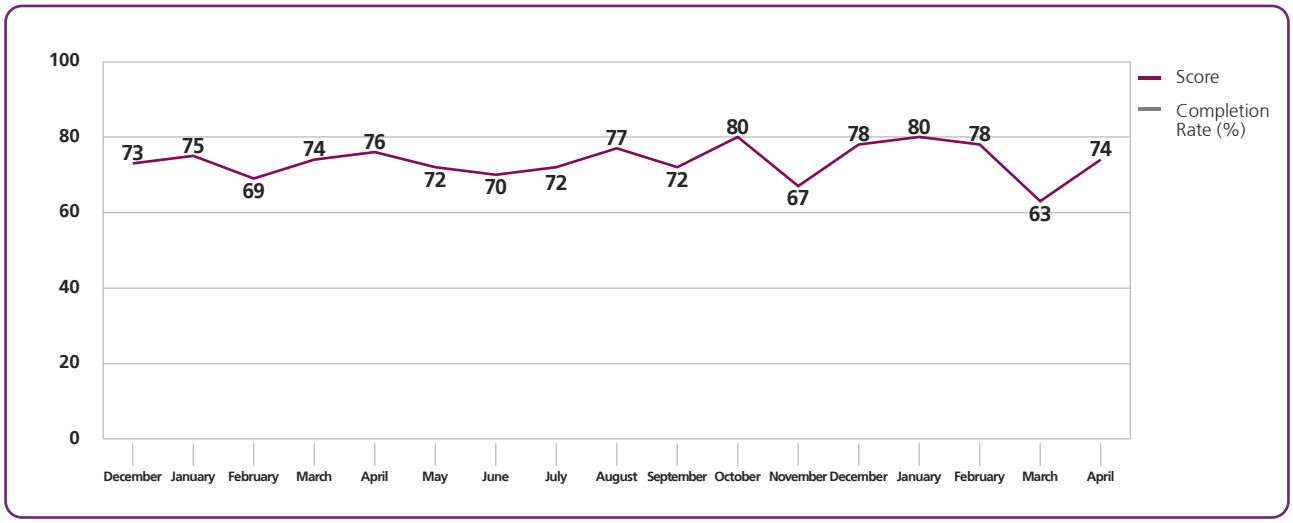
The Trust implemented the Friends and Family test on all inpatient wards in October 2012. The test asks the following standardised question: "How likely are you to recommend our ward/department to friends and family if they needed similar care or treatment?"

Patients use a descriptive six-point response scale to answer the questions with the following response categories:

1 Extremely likely
2 Likely
3 Neither likely nor unlikely
4 Unlikely
5 Extremely unlikely
6 Don't know

Patients are also asked the reason for their answer in free text.

During 2013/14 we sustained high response rates between 60% and 78% and scores between 69 and 80 each month as illustrated in the following graph:



To ensure we address any concerns raised, a monthly 'Action Log' is kept of negative comments so that we can monitor trends. Ward Managers document actions taken to demonstrate how we are improving services each month.

To support ongoing staff engagement, positive comments are displayed on posters which are updated each month.

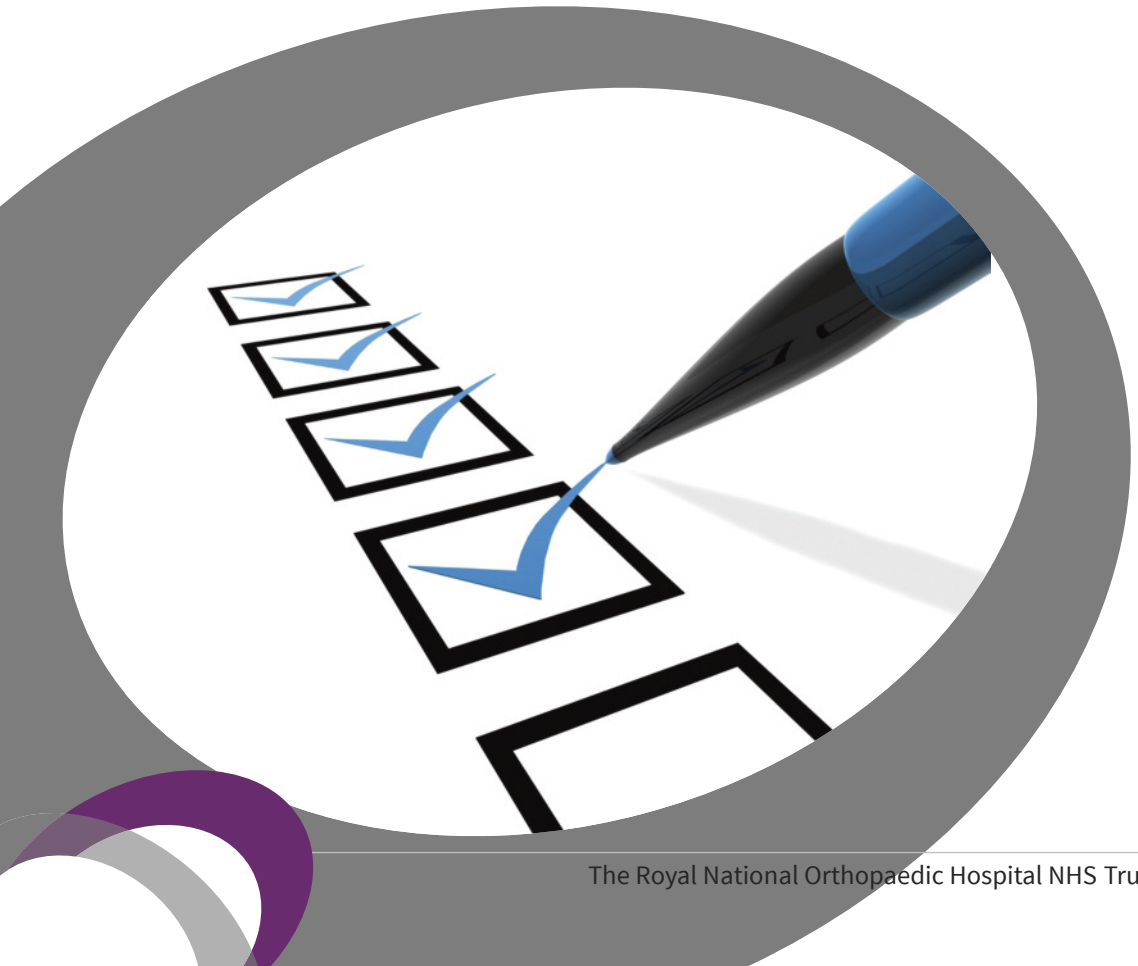
Never Events

It is important that any health care organisation recognises and acts appropriately upon its findings.

It is of particular concern to us that we had two Never Events during 2013/14. These included a patient receiving a CT arthrogram of the wrong foot and another patient receiving the wrong injection.

We have implemented changes with regards to ensuring that the WHO check list is implemented in the Imaging/Scanning department, interventional procedures are not to be undertaken if the medical records are not present and staff are to be empowered to challenge if they believe something is not correct.

Root cause analysis investigations have been undertaken and the findings will be presented to the Trust's Clinical Quality Governance Committee.



The Trust's Complaints and PALS Service is easily accessible through email, telephone contact and face-to-face interaction, providing patients, relatives and carers with information about the hospital services.

Better complaints management

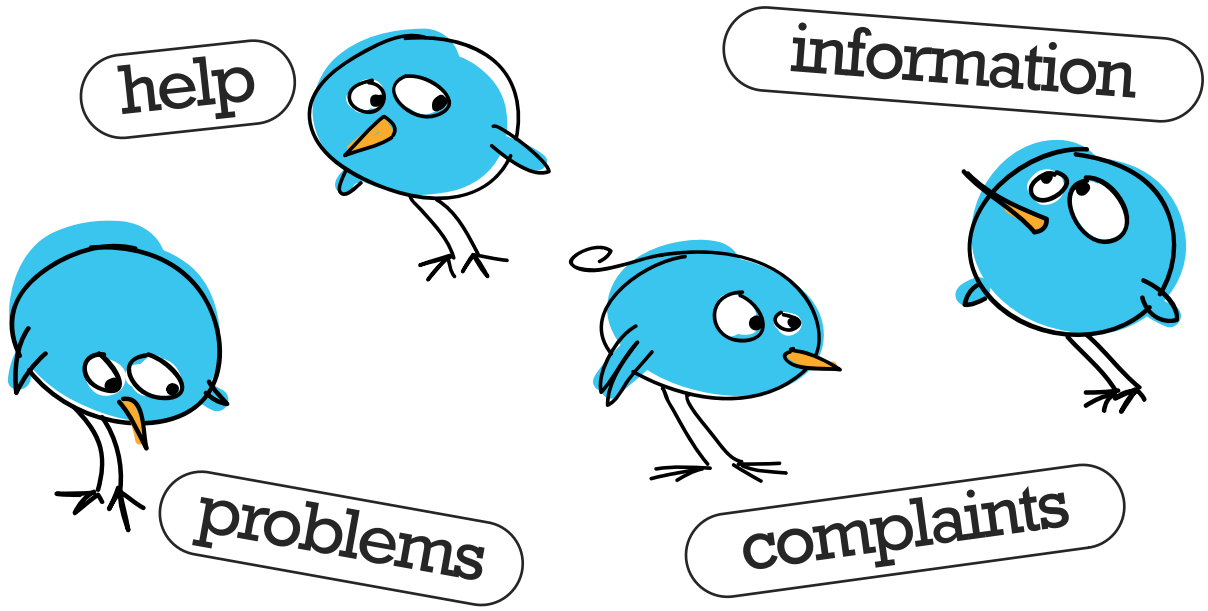
Although the Complaints and PALS Officers offer guidance and help to patients who feel they need to bring complaints against the Trust, they aim to resolve concerns raised at the time, avoiding the need to move to a formal complaint.

Following the Francis report, a new complaints office structure was established, response times have improved radically and there have been less dissatisfied complainants.

When the Trust receives formal complaints, the Officers ensure that the Trust follows the Principles of Remedy - getting it right, being customer focussed, being open and accountable, acting fairly and proportionately, putting things right and seeking continuous improvement.

This is implemented as follows:

- Contacting complainants by telephone within two working days of receiving a complaint has ensured that the complainant's concerns are fully understood so that the relevant issues can be addressed and resolution for the complainant is fully achieved
- Face-to-face meetings can be arranged during the process to try to resolve issues promptly and effectively
- Keeping the complainant informed of the progress of the investigation
- Ensuring that investigations are carried out and the findings are relayed accurately to the complainant to ensure we are being open and honest in our responses
- Responses to complaints outline, where appropriate, what the Trust is doing to rectify or improve services where there has been a failure



Our priorities for improvements in 2014/15

Priority 1

To strengthen and embed good, robust safeguarding practices

Why?

To ensure that vulnerable children and adults under our care are safe and protected from any form of abuse.

How we will monitor this

We will monitor this by the implementation and monitoring of national and local standards, guidelines, legislation and policy in relation to safeguarding in the Trust. We will ensure that systems are in place that will demonstrate compliance with regulators such as the CQC and Local Safeguarding Boards.

Priority 2

Implementation of the 6 Cs Nursing Strategy

Why?

We recognise that the implementation of the 6 Cs National Nursing Strategy will give our patients the assurance that not only nurses within the Trust but all staff employed by us will provide safe, compassionate care to all our patients with the aim of improving their experience when accessing our services.

How we will monitor this

- Close monitoring of complaint letters and "thank you" cards
- Quarterly Friends and Family Test feedback
- All Ward Managers, Clinical Nurse Specialists and our patient representatives undertaking the 15 Step Challenge

These will be monitored through audit and the Senior Nursing Leadership Committee.

Priority 3

To strengthen senior nursing leadership

Why?

The Francis Inquiry 2013 identified that the decline in standards was associated with the lack of effective leadership and support.

How we will monitor this

The implementation of the Senior Nursing Leadership Committee will ensure the nursing workforce deliver excellent care as outlined in our nursing strategy and the national strategy. The committee will hold to account the senior nursing workforce to lead and deliver nursing and care initiatives.

Review of services

During 2013/2014, the RNOH provided 22 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 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
- Shoulder and Upper Limb
- Spinal Surgical Unit
- The London Sarcoma Unit
- Urology

Participation in clinical audit

During 2013/14, four national clinical audits and zero (none applicable) national confidential enquiries covered NHS services that the Trust provides.

During that period, the Trust participated in 100% (4/4) national clinical audits (there were no applicable national confidential enquiries) which it was eligible to participate in.

The national clinical audits that the Trust was eligible to participate in during 2013/14 include:

- National Joint Registry: Hip, Knee and Ankle Replacements
- National PROMs Programme: Elective Surgery
- National Comparative Audit of Blood Transfusion – Patient Information and Consent
- National Comparative Audit of Blood Transfusion – Red Cell Survey Trace Cycle

The Trust participated in all of the above.

The national clinical audits that the Trust participated in, and for which data collection was completed during 2013/14, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

Audit	Number of cases required by the audit	Cases submitted	
		Number	Percentage
National Joint Registry: Hip, knee and ankle, elbow & shoulder replacements	1074	1047	97%
*National Comparative Audit of Blood Transfusion - Patient Information and Consent	24	10	42%
National Comparative Audit of Blood Transfusion - Red Cell Survey Trace Cycle 1	18	18	100%

* Due to the inclusion criteria, the sample submitted were the only patients within the RNOH eligible to participate within the audit.

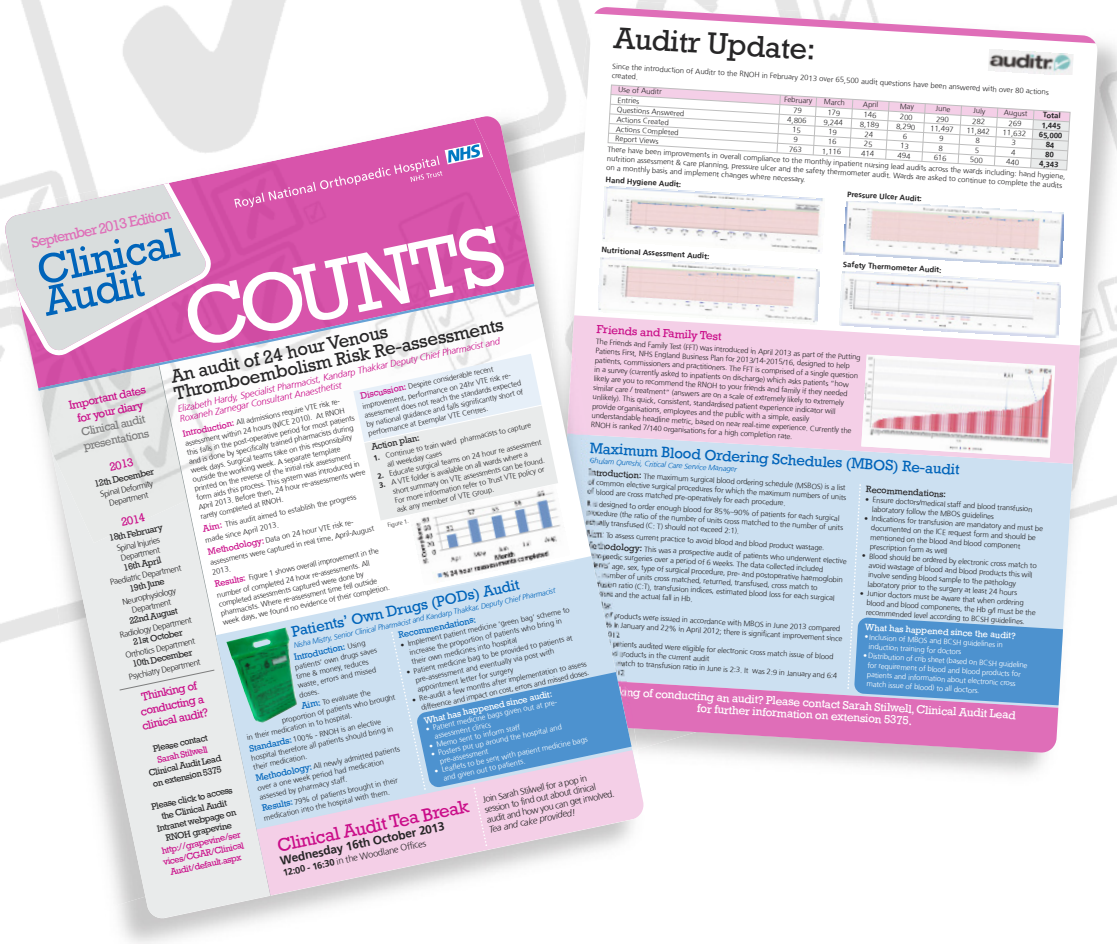
Reports from the one national clinical audit where a report is available were reviewed in 2013/14 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- To ensure the elective surgery PROMs forms are fully completed for all patients treated within the RNOH

The actions/recommendations of (11/11) 'high' and 'medium' risk clinical audits were reviewed by the provider in 2013/14 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- Consent re-audit: to amend the consent form documentation, raise awareness of results and sharing of best practice across the Trust
- Venous thromboembolism Audits: VTE information booklet to be produced at every bedside for patient information and reference
- Safeguarding Children Audit: promotion and increased awareness of training for staff across the Trust
- Medical Records Re-Audit: to share learning and best practice across the Trust. Audits will also be conducted electronically and quality of audits increased across the multi-disciplinary team
- Human Tissue Authority Pre-Inspection Re-Audit: to implement swipe card access security in certain areas of theatres
- Blood Sample Collection and Labelling Audit: to increase training and competency assessment annually
- Infection Control Cleanliness Audit: sharps bins wall mounted and specimen boxes available for all wards
- Diabetes Care Audit: review educational priorities and plan education sessions for staff. Monthly meetings to discuss case studies/ward round and further investigation into hypoglycaemia practice
- Dementia Audit: ensure all eligible patients aged >=75 are screened for cognitive impairment on admission to the Trust and carers with a confirmed dementia diagnosis surveyed to ensure they feel supported
- To continue to implement a rolling programme of nursing led audits to highlight accurate completion of national patient safety issues including pressure ulcers, nutrition, urinary catheters and fall assessments
- World Health Organisation Checklist Audit: monthly audits to ensure correct documentation completed at point of surgery

Due to the specialist nature of the services that the Trust provides, we were not eligible to participate in many of the national audits and national confidential enquires, including studies from the Centre for Maternal and Child Enquiries (CMACE) and the National Confidential Inquiry (NCI) into Suicide and Homicide by people with mental illness (NCI/NCISH).



Research

The number of patients receiving NHS services provided or sub-contracted by the Trust in 2013/2014 that were recruited during that period to participate in research approved by a research ethics committee was 400 into NIHR portfolio studies, and 150 into non-portfolio studies.

Participation in clinical research demonstrates that the 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 treatments and active participation in research leads to successful patient outcomes.

The Trust was involved in conducting 45 clinical research studies of which 14 were initiated in 2013/14 in the neuro-musculoskeletal specialities.

The improvement in patient health outcomes in the 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 Trust. These staff participated in research covering neuro-musculoskeletal specialities across different aspects of care provided to our patients.

We continue to work with our staff, patients and the public on improving understanding of the importance of clinical research in healthcare delivery.

Our engagement with clinical research also demonstrates the Trust's commitment to testing the latest medical treatments and techniques.

Goals agreed with commissioners

Commissioning for Quality and Innovation (CQUINN) 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 Trust and our host commissioner NHS England (North Central London) based on quality improvement and innovation goals was £2.5m (nationally).

All of the performance indicators (listed below) were fully achieved:

- VTE Prevention
- Surgical Site Infections (SSIs)
- Dementia screening
- Safety Thermometer – Pressure Ulcers
- Friends & Family Test – increased response rate
- Increasing the stop smoking offer in health services

Commissioning for Quality and Innovation 2014/15

A high level summary of the CQUIN measures for 2014/15 is shown in the following table:

Performance indicator	Value
Friends and Family Test	£507,239
NHS Safety Thermometer - UTIs	£289,851
Dementia screening	£144,925
Reduction in rate of Surgical Site Infections (SSIs)	£434,776
Reduction in the number of acquired Grade 2 pressure ulcers	£507,239
Prevention – smoking and alcohol	£434,776
Total	**£2,898,508**

Care Quality Commission

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

As part of its role, the CQC is required to monitor the quality of services provided across the NHS and to take action where standards fall short of the essential standards. Their assessment of quality is based on a range of diverse sources of external information about each Trust, which is regularly updated and reviewed.

This is in addition to their own observations during periodic, planned and unannounced inspections. If an issue raises concern during the data review process or from other sources of information, the CQC may undertake an unplanned, responsive inspection.

For both its locations, the RNOH is fully registered with the CQC without conditions.
No enforcement action has been taken against the RNOH during 2013/14.

The CQC last inspected the Stanmore site in January 2013 and assessed that the Trust was meeting all standards except Outcome 10 – safety and suitability of premises.

Whilst there is no evidence that this has had a negative impact on patient outcomes, it is widely recognised that the current estate causes considerable operational challenges.

The CQC inspected the Bolsover Street site in November 2013 and assessed that the Trust was meeting all standards.

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	✗
Standards of staffing	✓
Standards of management	✓

Redevelopment of the Stanmore Site

In May 2012 the Trust received approval of its Outline Business Case Addendum from the Department of Health to proceed to the competitive dialogue stage of the redevelopment of the Stanmore site.

Following completion of enabling works, the new clinical facilities will be provided by late 2016, early 2017.

The Trust is a founding member of the Specialist Orthopaedic Alliance

The Specialist Orthopaedic Alliance has been formed by a group of specialist centres dedicated to providing orthopaedic services, ranging from the straightforward to the highly specialised, to patients across the UK. These centres, based at Trusts around the country, are at the leading edge of best practice in medicine and conduct internationally recognised training and research. They not only provide services to patients, but are also responsible for training many of the UK's orthopaedic surgeons and other specialist staff including, for example, physiotherapists. They provide essential clinical training, leadership and research. Their reputation means they take referrals from across the UK and also receive private referrals from across the world.

Specialist orthopaedic centres have developed a high degree of competence and clinical effectiveness for routine orthopaedic treatments and highly specialised complex procedures. The nature of the specialist centres brings together some key components that enable development of procedures which other hospitals are unable to undertake. These Trusts provide specialist services not routinely provided elsewhere, including:

- The treatment of primary malignant bone tumours and chronic bone infections for which the only other option would be amputation
- Complex disorders such as spinal deformity and developmental dysplasia of the hip
- Each of the centres undertakes more than 1,000 hip and knee procedures every year and they specialise in joint replacement
- Specialist paediatric rheumatology services


Getting it right first time

The 'Getting it right first time' (GIRFT) report, published by Professor Briggs in late 2012, considered the current state of England's orthopaedic surgery provision and suggested that changes can be made to improve pathways of care, patient experience and outcomes, with significant cost savings. The report takes the view that this approach has the potential to deliver a timely and cost-effective improvement in the standard of orthopaedic care across England.

Following approval by the Secretary of State, a national professional pilot of this approach across England, financially supported by NHS Primary Care Commissioning, began in 2013. The pilot offers what is, in effect, management consultancy services and is led by the sector of clinical professionals involved in leading the provision of local services, funded by the NHS and endorsed by the Department of Health and the Medical Directorate of the NHS Commissioning Board.

The pilot undertook a national review of baseline data and "deep dive" meetings with providers and thereafter offered a succession of regional healthcare economies a review. This review features targeted self-assessment and peer review at local level of data relating to musculoskeletal services and their:

- Clinical outcomes
- Processes (including revisions)
- Patient experience
- Patient pathways
- Network arrangements
- Financial impacts
- Waiting times

How we ensure a legacy of continuous innvovation and quality improvement

Development and Introduction of a Ward-Based Accreditation System

The Ward Based Accreditation System will be developed and implemented to provide the Trust with information relating to the contribution of nursing to the management and delivery of care. The Ward Based Accreditation System will be designed to promote a culture of safety by helping ward teams to work together and monitor the quality of care within their specific ward area. It will encompasses basic nursing care standards key clinical indicators, the 6Cs nursing strategy, national and Trust-specific objectives, and the Care Quality Commission Essential Standards and NHS Litigation Authority risk management standards.

The Ward Based Accreditation System will look at 14 indicators of care; these will be known as process indicators and include indicators such as patient observation, skin integrity, medication and documentation. Alongside the process indicators will be outcome measures, for example, skin integrity. The process measurement will incorporate NICE clinical guidelines and also the organisation's policy, guidelines or the process. The scores of the process indicators are then mapped on a dashboard. The Ward Based Accreditation System will provide ward to board assurance regarding evidenced-based nursing procedures and standards of care whilst allowing the opportunity for the Trust to provide open and transparent data regarding care at individual ward level to patients and the public.

The 14 indicators of the Ward Based Accreditation System are:

1. Patient Observations
2. Nutrition
3. Skin integrity
4. Manual handling and falls
5. Medication
6. Documentation
7. Environment and infection
8. Safeguarding
9. End of life care
10. Mental health
11. Privacy and dignity
12. Communication
13. Discharge
14. Leadership

The Ward Manager/Senior Sister and the Matron for the specific ward area will be responsible for formulating and monitoring an action plan following the assessment, and they will be responsible for sharing and disseminating it to all members of the ward team.

Each ward will be assessed on the 14 indicators above, with each standard scored individually and, when combined, an overall ward score will be produced. Re-audit of the wards will be dependent on the overall score:

Green 91 - 100%	**Ward Accreditation LEVEL 3 GOLD 12-14 Green indicators in total**	**Reassess in 6 months**
Yellow 81 - 90%	**Ward Accreditation LEVEL 2 SILVER 9-11 Green indicators in total**	**Reassess in 4 months**
Amber 71 - 80%	**Ward Accreditation LEVEL 1 BRONZE 6-10 Green indicators in total**	**Reassess in 3 months**
Red <70%	**Ward Accreditation LEVEL 0 WHITE 0-5 Green indicators in total**	**Reassess in 2 months**

Data quality

The Trust firmly supports the requirement for good quality data which leads to good quality information and therefore to good quality outcomes for patients. Good quality data is a valuable resource for the Trust and is the foundation upon which reliable analysis is based.

The Trust's Data Quality Policy sets a high bar for the Trust aspirations:

'High quality information is vital to safe and effective patient care and for this purpose 100% accuracy 100% of the time must be the goal.'

Data quality is the responsibility of all members of staff at the Trust regardless of their role and is an integral part of everyone's day to day activity.

The Trust has undertaken the following actions to improve data quality:

Data quality is monitored and assured through the Board committee structure. All Trust committees are responsible for assuring the quality of information that is submitted to them and this responsibility will be included in the Terms of Reference for the committees.

A number of indicators have been identified by which Trust data quality can be measured and monitored. A data quality group meets monthly with representation from all areas of the Trust; this group monitors the data quality indicators and any new data quality issues identified. These are discussed, assigned for correction and monitored for improvement by this group.

The Trust submitted records during 2013/14 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% for admitted care**
- **99.4% for outpatient care**

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

- **98.8% for admitted care**
- **99.3% for outpatient care**

Information governance

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 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

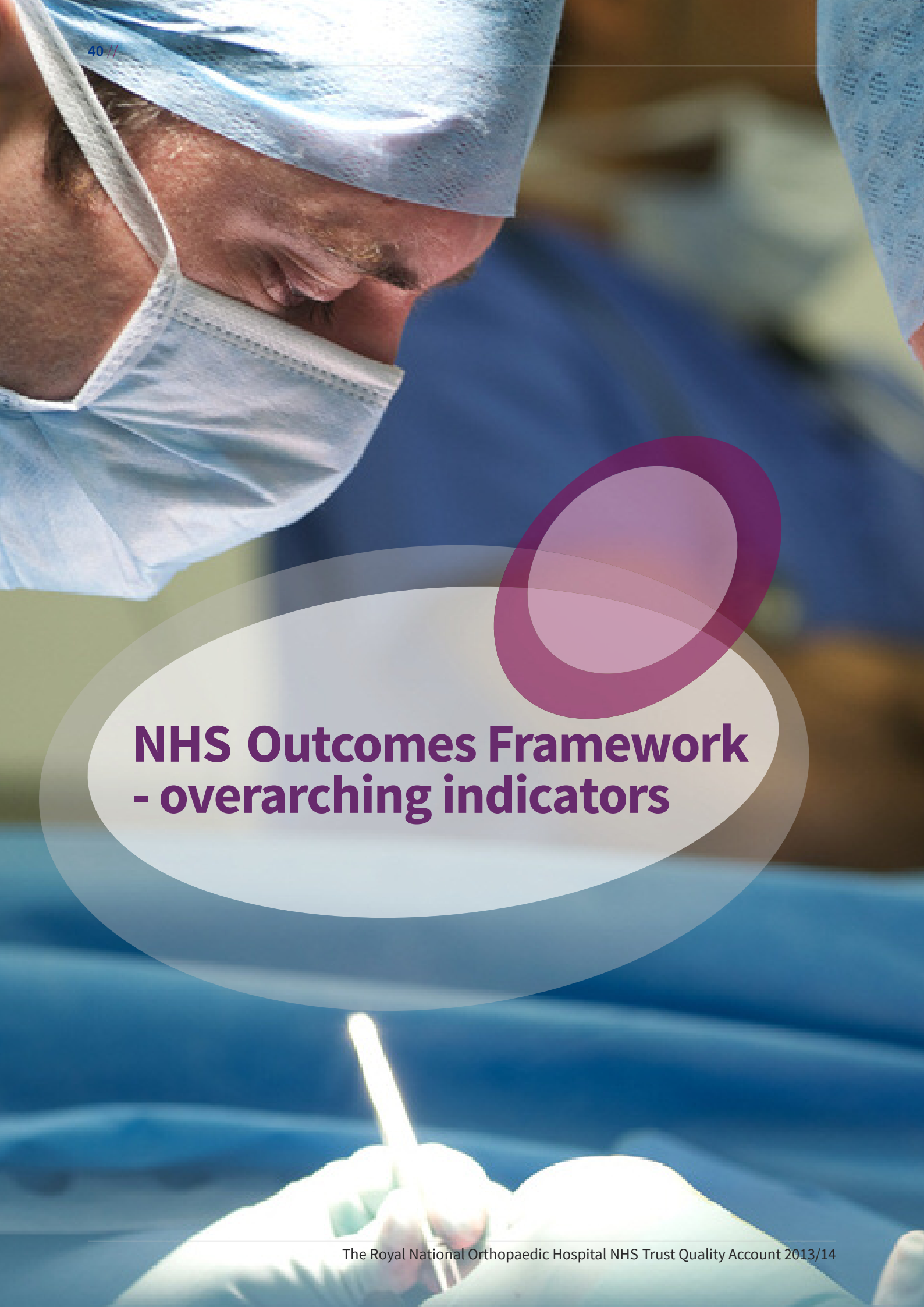
The Trust Information Governance Assessment Report score for 2013/14 was 73% and was graded Satisfactory.

Clinical Coding Audits

An independent clinical coding audit was carried out during December 2013 and January 2014; the results were as follows (previous year in brackets).

Number of FCEs	Primary Diagnosis Accuracy	Secondary Diagnosis Accuracy	Primary Procedure Accuracy	Secondary Procedure Accuracy	Episodes Changing HRG
180	98.3%	95.6%	99.4%	99.6%	1.7%
(180)	(95.6%)	(95.5%)	(100%)	(100%)	(2.8%)

180 Finished Consultant Episodes (FCEs) were audited at the request of the Trust. The cost of the Healthcare Resource Group (HRG) changes was a net undercharge by the Trust of £2,170.00. There were no 'Unsafe to Audit'.



NHS Outcomes Framework - overarching indicators

Summary Hospital-Level Mortality Indicator (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 10 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 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 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:

- Reviewing the data with the Department of Health to compare case mix and complexity against other specialist orthopaedic Trusts
- Implementing an enhanced recovery programme for patients having hip or knee replacements

The 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

NHS Outcomes Framework Domain	Indicator	2011/2012	2012/2013 Provisional	2013/2014 Provisional	National average in 2013/2014	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 *Primary Revision*	**0.379**	**0.436**	**0.366** *n/a*	**0.439** *n/a*	**0.527** *n/a*	**0.301** *n/a*
	Knee replacement *Primary Revision*	**0.233**	**0.262**	**0.281** *n/a*	**0.330** *n/a*	**0.416** *n/a*	**0.193** *n/a*

Emergency readmissions to hospital within 28 days of discharge

The Trust admitted 15,981 NHS patients in 2013/14; of these 77 were emergency readmissions within 28 days of discharge.

The 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 Trust intends to take the following actions to reduce readmissions to improve the quality of its services by:

- Working with commissioners to put in routine monitoring systems to monitor those patients discharged from the 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/ 2012	2012/ 2013	2013/ 2014	National average in 2013/ 2014	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:						
	0 to 14	**N/A**	**0.29%***	**0.20%***	**n/a**	**n/a**	**n/a**
	15 or over	**N/A**	**0.05%***	**0.04%***	**n/a**	**n/a**	**n/a**

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

Responsiveness to the personal needs of patients

The 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 is sent a nationally agreed questionnaire and the results are analysed independently by the Patient Survey Co-ordination Centre.

The 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
- Introduction of card with admission and discharge information for patients
- Displaying posters on wards of the management team saying who to contact if you need help and advice

The 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 TTAs are prescribed well in advance of discharge
- Include a question on cleanliness in the Real Time Patient Feedback

NHS Outcomes Framework Domain	Indicator	2011/ 2012	2012/ 2013	2013/ 2014	National average in 2013/ 2014	Highest average other London Trusts 2013/14	Lowest average other London Trusts 2013/14
Domain 4: ensuring that people have a positive experience of care	Responsiveness to inpatients' personal needs (mean score)	**76.7**	**80.4**	**82.3**	**76.9**	**87.0**	**67.1**

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

The 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. Staff are sent a nationally agreed questionnaire by an independent company. The results are analysed by the Staff Survey Co-ordination Centre.

NHS Outcomes Framework Domain	Indicator	2011/ 2012	2012/ 2013	2013/ 2014	National average in 2013/ 2014	Highest average for Acute Specialist Trusts 2013/14	Lowest average for Acute Specialist Trusts 2013/14
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%	90%	67%	89%	40%

Venous thromboembolism (VTE)

The 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 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/ 2012	2012/ 2013	2013/ 2014	National average in 2013/ 2014	Highest average other Trusts 2013/14	Lowest average other Trusts 2013/14
Domain 5: treating & caring for people in a safe environment & protecting them from avoidable harm	Percentage of admitted patients risk assessed for Venous Thromboembolism	**93.7%**	**97%**	**99.23%** to 31/12/13	**95.79%** to 31/12/13	**100%** to 31/12/13	**74.09%** to 31/12/13

C. difficile infection

The 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 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 actions 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

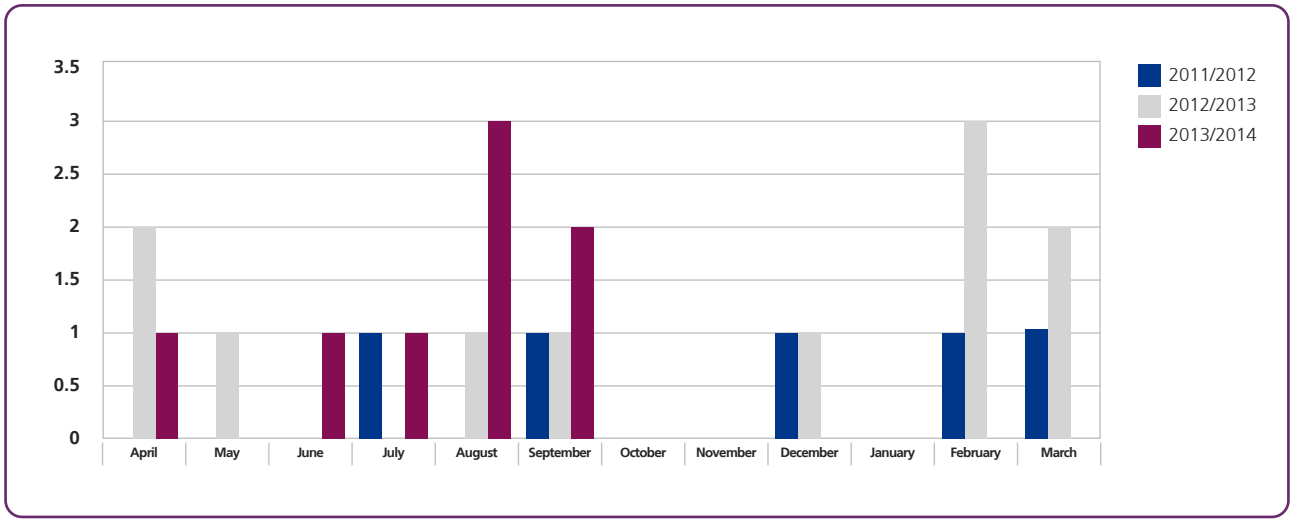
The Trust intends to take the following actions to reduce the rate per 100,000 bed days of cases of C.difficile infection to improve the quality of its services by:

- Continued vigilance through the above actions

NHS Outcomes Framework Domain	Indicator	2011/ 2012	2012/ 2013	2013/ 2014	National average in 2013/ 2014	Highest average other Trusts 2013/14	Lowest average other Trusts 2013/14
Domain 5: treating & caring for people in a safe environment & protecting them from avoidable harm	*Rate of C. difficile per 100,000 bed days	7.9	18.6	15.0	n/a	n/a	n/a

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

Comparison of the number of C. difficile infections reported by the Trust 2011/12 – 2013/14



Patient safety incidents

The 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 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 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

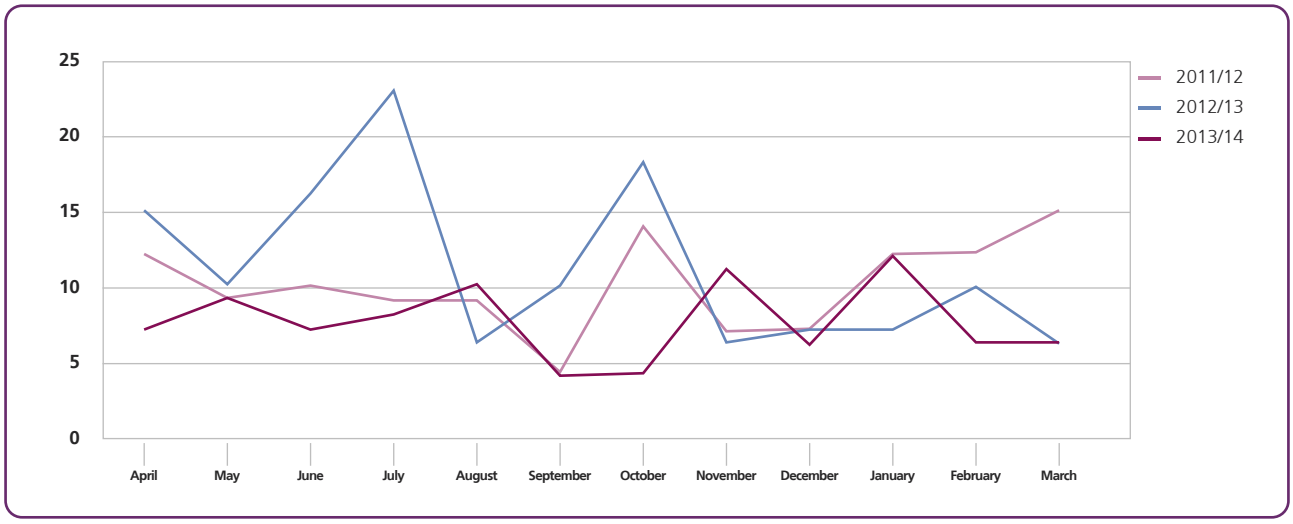
NHS Outcomes Framework Domain	Indicator	2011/ 2012	2012/ 2013	2013/ 2014	National average in 2013/ 2014	Highest average for Specialist Trusts 2013/14	Lowest average for Specialist Trusts 2013/14
Domain 5: treating & caring for people in a safe environment & protecting them from avoidable harm	Rate of patient safety incidents reported	4.8	5.6	5.55	N/A	27.88	3.69
	The percentage of such incidents that resulted in severe harm or death	0.6%	0.7%	2.5%	0.5%	2.5%	0%

*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.

Review of quality performance

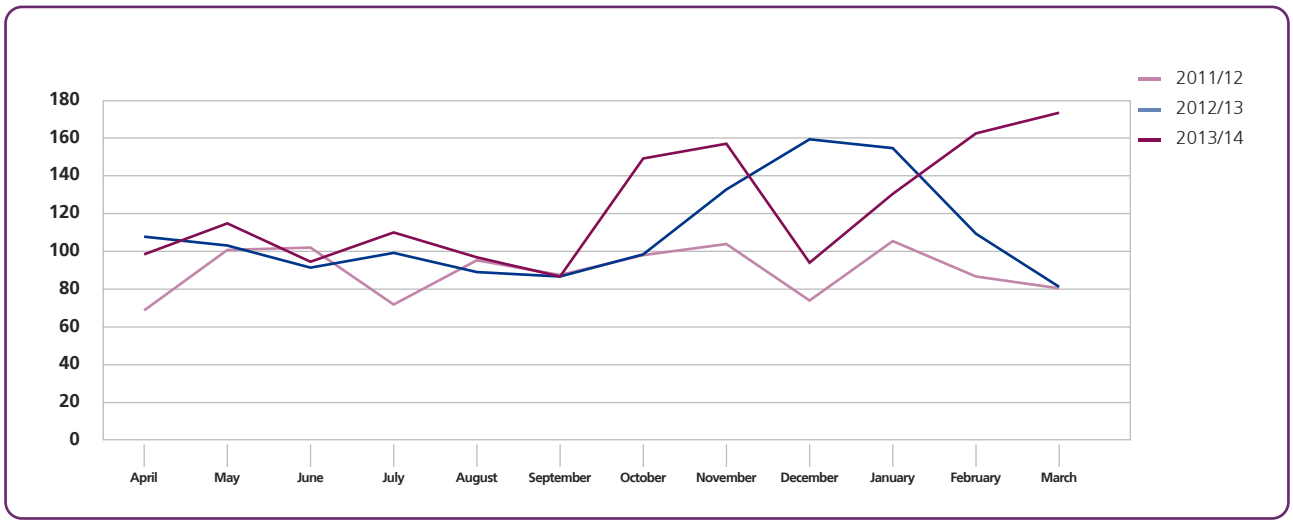
Patient experience

Number of written patient complaints received



90 complaints were received in 2013/14; this was 44 less than in 2012/13.

Number of Patient Advice and Liaison Service enquiries received



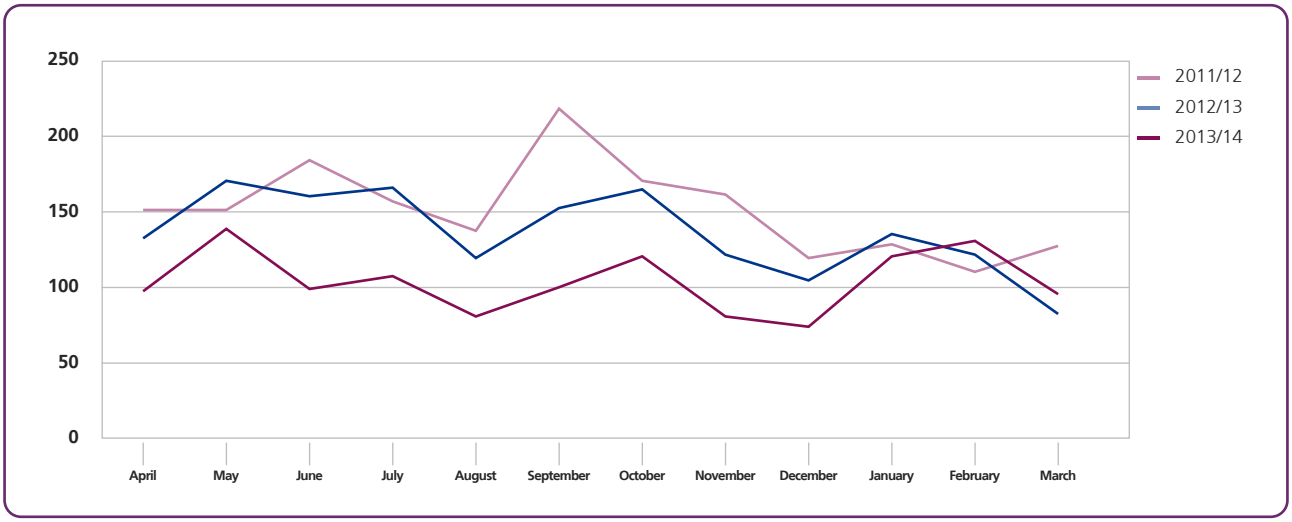
The Patient Advice and Liaison Service dealt with 1,368 enquiries in 2013/14, 147 more than the 1,221 in 2013/13.

Patient safety

Clinical incidents reported

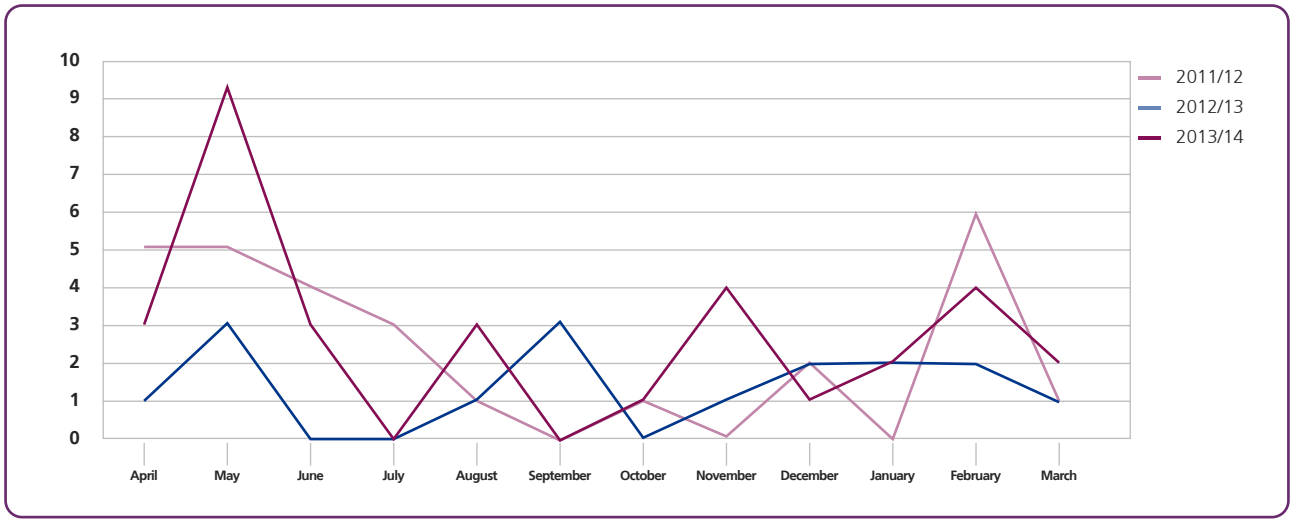
Each incident is classified by risk from low to high. Trends are then identified within each category. The majority of incidents are graded as acceptable risks, either due to the rarity of their occurrence, the minimal harm experienced or the control measures already in place.

Serious incidents are investigated by a nominated multi-disciplinary 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).



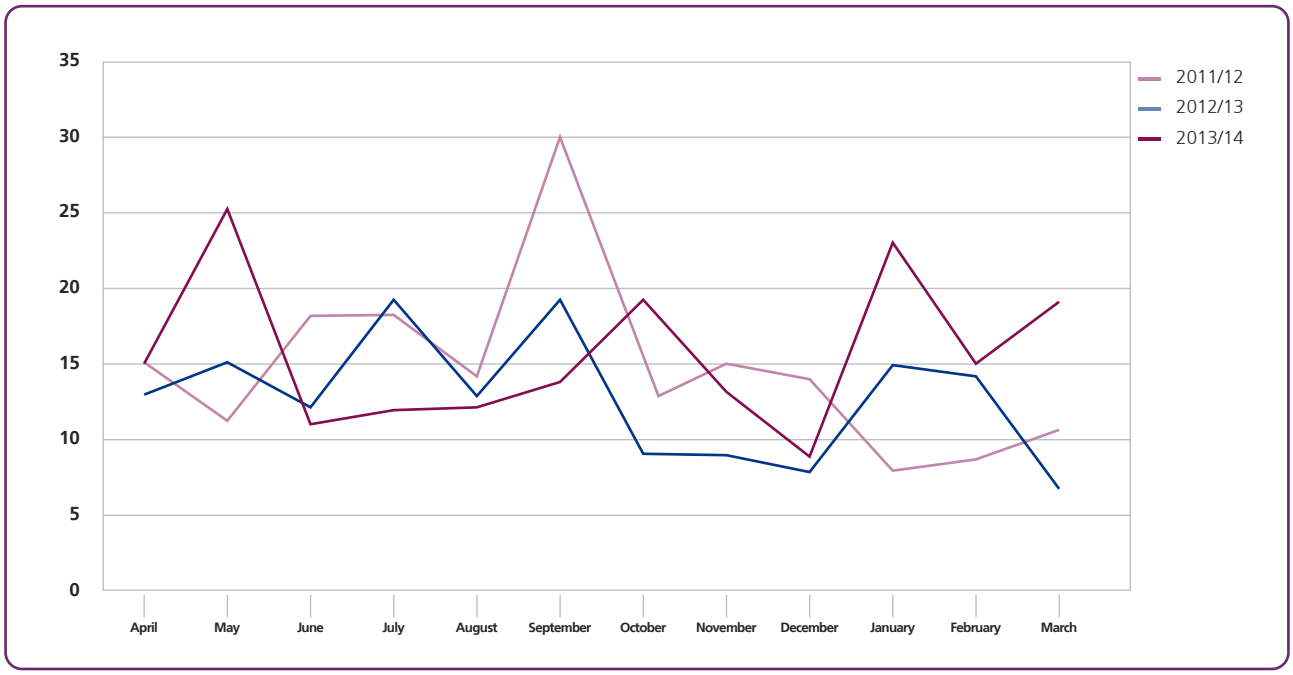
1,273 clinical incidents were reported in 2013/14, this was 387 less than the 1,660 reported in 2012/13

Pressure Sores



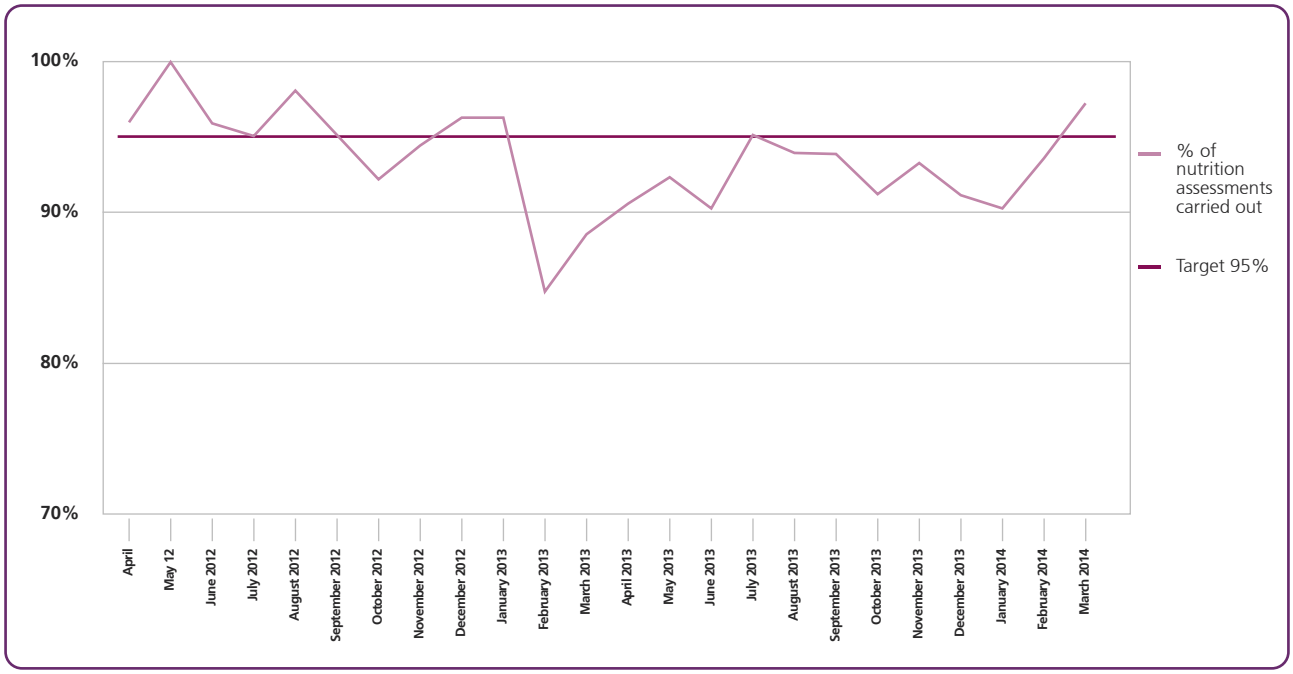
In 2013/14, 32 pressure ulcers were acquired by RNOH patients while under our care.

Medication errors



There were 185 medication errors reported in 2013/14; this was 32 more than 2012/13.

Nutritional assessment within 48 hours of admission



We aim to ensure 95% of patients receive a nutritional assessment within 48 hours of admission

Infection control

Methicillin-Resistant *Staphylococcus aureus* Bacteraemia

The Trust has reported zero Methicillin-Resistant Staphylococcus aureus (MRSA) blood stream infections since 2009 which remains lower than London and England. MRSA bacteraemia results remain zero as a result of the continued combined effort of all clinical and non-clinical staff at RNOH.

During 2013/14 such efforts continued to include:

- Staff training and education
- Robust MRSA screening protocol for all patients being admitted to RNOH
- Audit programme that includes checking the MRSA status of patients booked for theatre and feedback of results to staff
- MRSA IT flagging system to identify patients with previous MRSA
- Close liaison between bed management and infection control
- MRSA screening included on the admissions checklist
- Antimicrobial stewardship

Methicillin-Sensitive *Staphylococcus aureus* bacteraemias

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

Clostridium difficile toxin

The Trust reported nine Clostridium difficile toxin (CDT) positive cases in 2013-14 compared to eleven reported for the same period last year. Ongoing combined efforts to reduce CDT positive cases in the Trust include:

- Prudent antimicrobial prescribing
- Early isolation of cases
- Improved documentation in medical notes
- Checklist for actions
- Enhanced environmental cleaning using chlorine based disinfectant
- Appropriate infection prevention and control precautions at point of contact
- Hand hygiene, particularly washing with soap and water
- Use of personal protective equipment
- Sign on the patient's door indicating precautions required

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.

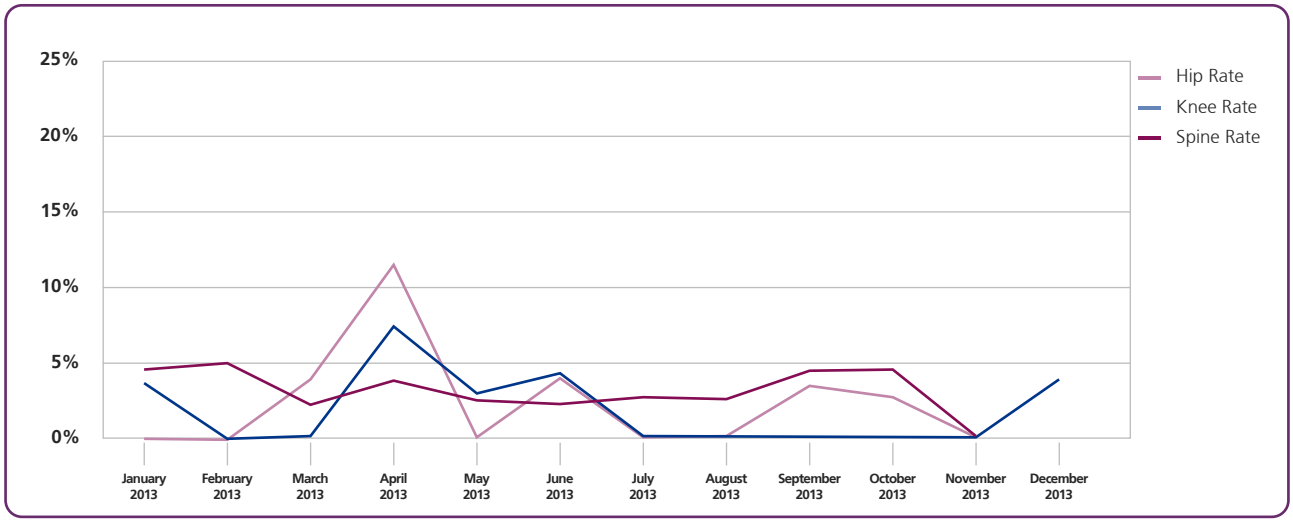
Escherichia coli bacteraemia

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

Surgical site surveillance

From April 2011 the Trust surveillance officer has identified all patients undergoing hip, knee and spinal surgery and coordinated a postal and telephone survey to identify signs of infection at 30 days post-operatively.

The surgical site infections that have been confirmed for the period January 2013 – December 2013 for total hip replacements, total knee replacements and spinal surgery are shown in the following graph.



Management and leadership

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

To support this, the RNOH's organisation development strategy has been agreed by the organisation and an implementation plan is underway. The strategy is a planned and systematic approach to enabling sustained organisational performance through the involvement and engagement of staff. Examples of the strategy that are already in practice are:

- The introduction of the HR Business Partner service at the beginning of 2013
- The development of the Listening into Action Forum which focuses on responding to staff feedback
- A modernised approach to managing workforce change that focuses on engaging and involving affected staff

Staff turnover

Staff turnover was 14.65%. The Trust remains committed to reducing this in the coming year.

Staff sickness

The Trust aimed to reduce its staff sickness rate to 3% and exceeded this target by reducing sickness absence to 2.59%. The Trust will be seeking to maintain a sickness absence rate of below 3% in the coming year.

Listening to our staff

The annual NHS staff survey provides a wealth of information about staff views on working at the Trust. 87% of staff reported that they felt satisfied with the quality of work and patient care they were able to deliver. This result is encouraging and testament to the high quality care provided by our staff. Whilst seeing improvements in areas such as training received by staff (including equality and diversity training), the Trust remains concerned about the level of bullying and harassment experienced by staff.

There is a significant focus on actions to deliver improvements in these complex areas in the coming years.

Staff engagement remains high (3.91 out of a possible 5) and there is strong recommendation of the Trust as a place to receive treatment and as a place to work.

Our quality ambitions

In 2013/14 we launched our Quality Strategy and Quality Ambitions.

Our Quality Ambitions

- To deliver safe and appropriate evidence based care to all our patients, to ensure the best possible clinical outcomes and overall patient experience. The partnerships between those delivering services and patients and carers will respect individual needs and values and demonstrate compassion continuity, clear communication and shared decision-making.
- A zero harm culture for the healthcare patients receive, and that they are cared for in an appropriate, clean and safe environment at all times.
- The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, with no wasteful or harmful variation.

Quality Outcome Measures

- Hospital Standardised Mortality Rates
- Patient reported outcome measures (PROMs)
- Emergency readmissions within 28 days of discharge
- Responsiveness to patient needs
- Patient experience of access to services
- Staff experience
- Staff attendance
- Patient experience (Friends & Family test)
- Healthcare Associated Infections
- Reported patient safety incidents
- Staff views on standards of care
- Pressure ulcers
- Local Key performance indicators (KPIs)

Our Quality Goals

- Staff, patients and public are confident that the Royal National Orthopaedic Hospital NHS Trust is reliably and consistently safe, effective and responsive to their needs.
- Everyone working at the Royal National Orthopaedic Hospital NHS Trust is confident that they will supported to do what they came in to the NHS to do, and that they are valued for doing that.
- To have a shared pride in the Royal National Orthopaedic Hospital NHS Trust and a recognition that it is amongst the best providers of healthcare in the world.

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

Statement from NHS Barnet Clinical Commissioning Group

NHS Barnet Clinical Commissioning Group is the lead commissioner responsible for the commissioning of specialist health services from Royal National Orthopaedic Hospital (RNOH), on behalf of the population of Barnet and associate commissioners.

NHS Barnet Clinical Commissioning Group welcomes the opportunity to provide this statement for Royal National Orthopaedic Hospital's Quality Accounts. We confirm that we have reviewed the information contained within the Account and confirm that it is compliant with the Quality Account Guidance.

We welcome the identified quality priorities for 2014/15, covering:

- **Priority 1:** To strengthen and embed robust safeguarding practices
- **Priority 2:** Implementation of the Nursing 6C's Nursing Strategy
- **Priority 3:** To strengthen senior nursing leadership

We believe that the work will enable the Trust to focus on improving the quality and safety of health services for the population they serve.

Our recommendations:

We recognise and welcome the partnership work undertaken by the Trust with patients and key stakeholders to develop a clearly written user friendly annual account that reflects the needs and requirements of service users. We are pleased that the 3 quality domains of patient experience, safety and effectiveness are reflected in the six quality priorities. We note that there are clear processes in place to monitor delivery of priorities on infection control, and reduction of falls. We would welcome more detail on how the Trust intends to monitor and demonstrate a more outcomes focused approach to delivery on the other four priority areas. We would recommend that the quality priorities are supported further with concrete targets and outcomes which are informed by desired key improvements in clinical practice and which have been identified from audits or thematic reviews.

We would encourage the Trust to provide more detail and evidence of the cross cutting initiatives undertaken which link to quality improvement.

In most priorities set for 2013/14 there has been a focus on achieving participation rates in the various processes put in place by the Trust to obtain patient feedback. We recommend that the Trust builds on the foundations laid in 2013/14 to extend their focus to address the feedback with measureable objectives that seek to improve service quality and patient experience. We look forward to working with Royal National Orthopaedic Hospital as they implement the quality priorities and improvements set for 2014/15.

Vivienne Stimpson
Director for Quality and Governance
NHS Barnet Clinical Commissioning Group

healthwatch Harrow

19th June 2014

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

Re: RNOH Quality Accounts 2013/14

Dear Stuart

Thank you for inviting Healthwatch Harrow to make a response to RNOH QA for 2013/14.

We recognise that RNOH Quality Account reports are a useful tool in ensuring that they are accountable to patients and the public about the quality of service they provide. We fully support this report as a means of review of RNOH services in an open and honest manner, acknowledging where services are working well and where there is room for improvement.

We would like to thank RNOH for giving us the opportunity to release the draft document for comment to our membership. An essential part of this is making sure the collective voice of the people of Harrow is heard and given due regard, particularly when decisions are being made about quality of care and changes to service delivery and provision.

Our wish is therefore that Healthwatch Harrow continues its relationship with RNOH to engage patients and service users effectively and to ensure that their views are listened to and acted upon.

We look forward to working together in the production of RNOH Quality Accounts in the coming year and making sure that the voice and experience of patients and the public form an integral part of these documents."

Thank you for providing us with the opportunity.

Yours sincerely

Rhona Denness
Programme Director

**Healthwatch Harrow, Harrow in Business Advice Centre, Stanmore Place,
Howard Road (off Honeypot Lane), Stanmore, Middlesex HA7 1BT
Telephone: 020 3432 2889 info@healthwatchharrow.co.uk
www.healthwatchharrow.co.uk**

RNOH Charity

In 2012, the hospital launched a Redevelopment Appeal with the goal of raising £15m from philanthropic donations within five years. This will add to £90m of funding which has been secured for the first phase of a major redevelopment of the hospital's Stanmore site.

The key projects within the Redevelopment Appeal are:

Princess Eugenie House

The importance of parents and other family members being able to stay at the hospital while children undergo what is in many cases prolonged and traumatic treatment cannot be overstated. The support of a loving family has a significant impact on children's morale and, as research shows, on the speed and quality of their recovery. Princess Eugenie House, an 18-bedroom family accommodation unit, will ensure that all parents can stay on the hospital's grounds while their children are treated at the RNOH.

The Independent Living Unit

Every eight hours someone sustains a spinal cord injury and is told that they may never walk again. The RNOH's Spinal Cord Injury Centre (SCIC) is nationally and internationally renowned for taking spinally-injured people from surgery, through rehabilitation, and back into the community. The SCIC's Graham Hill Unit plays an integral role in the rehabilitation of these patients. However, at more than 30 years old, it is now well beyond its prime in terms of structural reliability, and is very costly to maintain. The Independent Living Unit, which will replace the Graham Hill Unit, will be a state-of-the-art facility which will enable our medical staff to replicate all potential 'home situations' within the safety of the hospital grounds. Patients will be able to practise and train in tasks such as washing, dressing, eating, drinking and housekeeping. This will dramatically improve their ability to live independently after they are discharged and return home.

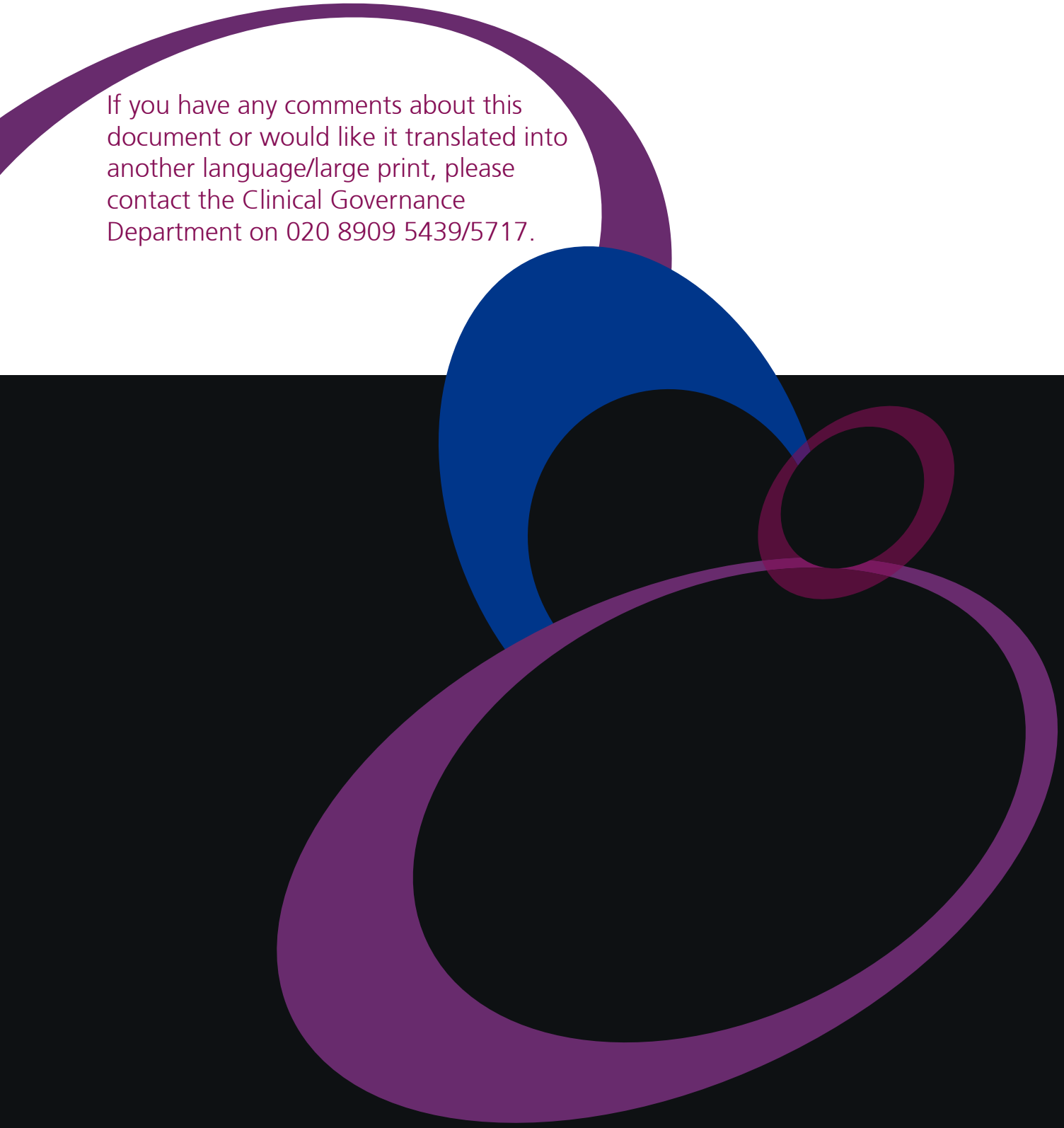
Additional priorities include enhancements to the Children and Young People's Ward, Imaging Centre, Spinal Cord Injury Centre and the hospital grounds.

We want to design and construct a truly world-class, innovative healthcare environment that will bring real improvements in orthopaedic care and transform the lives of our patients.

To date over £4.6 million has been raised towards the Appeal.

For further information about these projects, please visit **www.rnohcharity.org**, or contact the Fundraising and Development Office on 020 8909 5362.

If you have any comments about this document or would like it translated into another language/large print, please contact the Clinical Governance Department on 020 8909 5439/5717.



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