

**ROYAL NATIONAL ORTHOPAEDIC HOSPITAL (RNOH)
NHS TRUST
QUALITY ACCOUNT 2018/19**

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Part 1: Statement on quality from the chief executive

Delivering the best quality of patient care for all the RNOH patients remains the key focus and priority of the organisation. The values, dedication and professionalism of the staff at the RNOH are fundamental to this focus. Our staff work tirelessly to ensure that we make continuous improvements to our services and demonstrate learning from situations when we recognise that things have gone wrong.

We know that the highest quality of care is delivered by motivated and happy staff. We are committed to improving the experience of our staff at RNOH to ensure that they can improve the safety and experience of our patients. In 2018/19 we have continued to make real progress in improving the experience for our staff at the RNOH - our positive staff survey results to some of the best in the country.

We are thrilled to see the progress that continues to be made with the improvement in our infrastructure – particularly the redevelopment of the site, investment in equipment and our digital technology investments. The opening of the new Stanmore Building in December 2018 was a landmark moment for the organisation and for the quality of the facilities and supporting equipment and digital technology. The further phases of Redevelopment ahead will ensure that we are able to deliver high quality care in a setting that our patients and staff deserve.

The RNOH continues to make great strides in our aim to be a world leading learning centre of excellence - patient participation in research higher than ever before and research and our partnership projects with our academic partners, particularly University College London, continue to generate innovation and knowledge that translates into both a learning culture and improvements in the quality of patient care.

All of the above achievements and work in progress were recognised by the CQC when they visited the Trust this year and awarded us Good rating for the quality of care that we provide to patients. The RNOH, like many other NHS Trusts, continues to face significant financial challenges in the face of ever growing demand for our services in the years ahead. However, our vision remains to continue our vision to be a world leading Orthopaedic Hospital with the best patient care and staff experience in the NHS.

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

Signature



Rob Hurd

Chief Executive,

THE STANMORE BUILDING

Construction of the new inpatient Stanmore Building is now complete; it was opened for patients in December 2018.

The brand new building means the RNOH are able to offer patients the very best ward facilities and allow staff to work in an environment that matches their skill and dedication. The major portion of the project was funded from a loan which is to be repaid by the capital receipt received when the Western Development Zone is sold.

The new Stanmore Building accommodates 119 beds in total, which includes a 27 bed Children's unit (Sir William Coxen Children and Young People's Unit) with embedded therapy and education functions and an external play area.

There are Adult Acute Wards comprising 64 beds over two floors, (London Irish Ward and the Duke of Gloucester Ward) with embedded therapies and socialisation spaces to replace several of the current outdated adult wards.

There is also a Private Patients Unit (Royal National Orthopaedic Hospital Private Care) accommodating 28 beds that includes 10 day case beds and a Therapy gym.

Alongside the clinical spaces, the new Stanmore Building includes a main entrance that will provide reception and waiting space, in addition to a refreshment and seating area adjacent to the children's activity centre which is fitted with interactive activities for our paediatric patients and visitors, funded from a charitable donation.

The new facility boasts a hanging sculpture in the atrium space as well as artwork within all the wards, donated by the RNOH Charity.

Part 2: Introduction

2.1 The Royal National Orthopaedic Hospital

The Royal National Orthopaedic Hospital is the UK's leading specialist Orthopaedic Hospital. We provide a comprehensive and unique range of Neuro-Musculoskeletal healthcare, ranging from acute spinal injuries to Orthopaedic Medicine and Specialist Rehabilitation for chronic back sufferers. As a National Centre of excellence, the RNOH treats patients from across the country, many of whom have been referred by other Hospital Consultants for second opinions or for treatment of complex or rare conditions.

Over 20% of all UK Orthopaedic Surgeons receive training at the RNOH, and our patients benefit from a team of highly Specialised Consultants many of whom are internationally recognised for their expertise.

The RNOH has a long track record of innovative research, and our research projects are pertinent to patient needs. Research is focused on musculoskeletal as well as Neuro-Musculoskeletal conditions, Rehabilitation, Peripheral Nerve Injury Repair, Sarcoma Detection, Surgical Treatments and much more. Together with our research partner, University College London's Institute of Orthopaedic and Musculoskeletal Science, our work has led to new devices and treatments for some of the most complex orthopaedic and musculoskeletal conditions.

2.2 What is Quality?

High quality care in the NHS means that patients have a good overall experience of care which is clinically effective and delivered safely. An organisation committed to delivering high quality care is one which is always striving to be even better. The RNOH is committed to being a world leading Orthopaedic Hospital with the best patient care and staff experience in the NHS.

This means:

- Achieving even better clinical outcomes
- Providing even safer care
- Exceeding the expectations of our patients and their families

Knowing that we are delivering the best care requires continuous measurement. We do this in many different ways including comparison with our peers through participation in National Audits and benchmarking our practice against guidance from the National Institute for Health and Care Excellence (NICE). We also undertake many local clinical audits based on best practice guidelines. This helps us understand more clearly what we do really well and what we could improve. We are also able to understand the impact of our Clinical Interventions from our patient's perspective through our Patient Reported Outcome Measures (PROMS) and Patient Outcome Data (POD).

Safe care is care in which avoidable error and harm has been effectively removed. Safe care can be measured by looking at our rates of hospital acquired infections, thrombosis, pressure damage and falls. It can also be analysed in relation to the rates of incident reporting within the hospital. We know that when staff is focussed on improving the safety of care provided, we can expect to see high levels of incident reporting. Each incident report provides further opportunity for quality improvement and learning within the hospital.

Ensuring that patients and their families have a good experience while at the RNOH is incredibly important to us. We continue to work to find better ways of enabling our patients to give us feedback in order to improve the services that we provide. We were really pleased to be identified in the 2016 National Inpatient Survey as the best Trust in the country for seeking view from our patients.

Delivering high quality care means being able to recognise that in the provision of complex specialist services we do not always get it right. Being open and honest with our patients, our regulators and ourselves when we get things wrong is the most important step we can take to improving the quality of our care and being even better.

2.3 The Quality Account

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

The RNOH is committed to continuously reviewing and improving the quality of its services to ensure our patients have the very best experience of care and successful clinical outcomes. Within this document the Trust provides information about how we have performed against National Quality Indicators for Patient Safety, Clinical Effectiveness, and Patient Experience. We also outline our

Quality Improvement Priorities for 2019/20 as well as reviewing our progress against last year's priorities.

2.4 Quality Highlights of 2018/19

Over the past year, work has gone on around the Trust to improve the quality of our care and services. This section takes a look at some notable highlights in our quality improvement work in 2018/19:

- Care of the dying in the last days of life

RNOH puts the needs of individual and families at the centre of the care we provide to our patients. Although the RNOH have less than 20 deaths per year it is important that staff feel supported to deliver high quality care. In 2018/19, we focused on improving the care and treatment of people in their last days of life. We worked with partners to develop a resource folder to support colleagues in providing care for patients in the last days of life. The folder includes care plans, symptom control flow charts and information leaflets for patients, their family and friends. Since the introduction of the resources folder staff have reported how valuable to resource folder is. The resource folder will be formally evaluated in the June 2019.

We purchased necessary equipment and trained a variety of staff members on the use. We also introduced a bereavement booklet in order to provide our patients with useful information.

RNOH is now fully compliant with the recommendations of NICE published guidelines on Care of the dying adults in the last days of life (NG31) and End of life care for Adults (QS13).

- Friends and Family Test Performance

We have maintained a high level of approval from both our inpatients and outpatients. **95%** of our patients would recommend our services to their family and friends.

- New build

The introduction of New Stanmore Building has highlighted the significance of the environment in achieving good patient and staff experience. Patient and Staff experience has significantly improved since it was opened in December 2018.

The new building offers an increase in the number of single rooms. The facilities in the single rooms include sofa beds which allow carers/relatives to stay overnight with patients.

- Clinical Pocket Reference Book

The education team has written and published a clinical pocket reference book, covering a wide range of Orthopaedic nursing care including managing deteriorating patients.

This provides a quick-reference, easy-to-read guide for nurses.

This exceptionally useful and popular resource has been adapted and updated by the team of nurse educators for use by nurses caring for orthopaedic patients. Nurses caring for orthopaedic patients and the rest of the team on the orthopaedic wards have found this resource very useful.

- Length of Stay

The Trust participated in an AHP supporting patient flow improvement collaborative which was facilitated by NHSI to identify reasons for delay in discharges. It was identified that up to 22% of patients were overstaying their estimated discharge date by 50%. We introduced a weekly meeting “Get Me Home” to facilitate timely discharge.

Get Me Home is a multidisciplinary meeting chaired by Head of Nursing and attended by Medical, Clinical and AHP staff. The main focus of the meeting is to discuss and address the needs of the complex patients to facilitate a timely discharge.

- Pepper The Robot

Thanks to the funding from RNOH Charity, we have introduced Pepper The Robot to the Sir William Coxen ward.

Pepper is a 4-foot tall, interactive robot who is able to converse with people, take instructions and play games. Research has shown that robots, like Pepper, can help relieve anxiety, develop social skills and improve communication skills of the cognitively impaired.

Pepper is used to both entertain and educate the patients, through a variety of custom build programs for the ward, including:

- Greeting patients and visitors at reception
- Giving patients and parents their ward introductions
- Completing Friends & Family questionnaires
- Educational games, videos and activities

- Improved Theatre Utilisation

Theatre Utilisation project was undertaken to increase efficiency and through put of valuable Theatre resources in order to improve patient access. The project resulted in improving team performance, increasing the patient’s access, patient experience and staff well-being. The project also improved the safety and reliability.

- Paediatric Golden Patients

This project, as part of Theatre Productivity Programme, was undertaken to improve patient access, outcomes and experience. A group was established to ensure timely arrival of paediatric patients in theatre (for their operation) at the start of a list. The group explored the main issues that prevent paediatric patients being ready for theatre. This led to the Divisional Head of Nursing agreeing to convert a current nursing vacant post into an admissions nursing post. Once appointed to, the nurse will be solely responsible for preparing paediatric patients for theatre.

- Improved CQC rating

Care Quality Commission visited us in 2018 to check the quality of services RNOH provided. CQC also looked specifically at management and leadership to ensure the trust was well-led. Overall, the trust has significantly improved from a ‘Requires Improvement’ to a ‘Good’ rating. CQC acknowledged that there had been a number of significant improvements since their last inspection. We are proud of the progress made in many of the areas including

positive changes to organisational culture, quality improvement initiatives and innovative research projects. This is one major step forward in our aim to not only maintain the RNOH's position as the country's leading specialist musculoskeletal centre, but also to become the best place to work in the NHS.

- Anti-embolism stockings compliance after joint replacement surgery

Venous thromboembolism is a recognised complication of lower limb joint replacement surgery. It is a leading cause of death and disability worldwide. Anti-embolism stockings are used to increase the blood flow and reduce the risk of blood clots. New NICE guidelines implemented in October 2018 require stockings to be worn as an in-patient as a standard for hip and knee joint replacement surgery.

A quality improvement initiative reviewed the proportion of patients wearing anti-embolism stockings after hip and knee joint replacement surgery. Gaps were identified in patient's compliance with the recommendation to wear them for 6 weeks. The main themes for not wearing the stockings were discomfort, perception of need, information and attitudes. Further work is underway to address patients concerns in order to improve patient's compliance.

- Use of an app to support the rehabilitation needs of people with spinal cord injury

Following a service evaluation of the patient education provided at the London spinal cord injury centre the results highlighted the need for education and information to be delivered via e learning/app. Several focus groups have been conducted to explore stakeholder's views specifically for people with spinal cord injury. There was a lot of support for an app which highlighted a great deal of potential function. The data collected from focus group is being analysed to develop a prototype for testing.

This is a very exciting project for the London Spinal Cord Injury Centre and it is hoped that the app will increase independence and decrease post injury complications.

- EACH (empathy in action in healthcare)

RNOH continues its focus on better patient experience and higher satisfactions. Studies show that patient experience has a direct impact on patient outcomes. Studies carried out on patient's perception of healthcare delivery identify the two important aspects of care delivered i.e. relational aspects and functional aspects. Empathy is one of the elements of relational aspects of care. Being able to feel a patient's emotions helps to deliver a more compassionate care and makes the patient feel more comfortable during their treatment. A study was carried out to investigate the empathy of nursing and therapist staff and its impact on clinical decision making.

This project involved nurses and therapists assessing self-rated empathy using a validated scale and exploring its impact on clinical care delivery. Results of the study showed variations in empathy levels between staff groups. The findings identify both positive and negative impacts of empathy, and are being used to determine ways to encourage its positive use in improving patient health outcomes and experience.

- Exploring nurses' views and experiences of research
 Having research active staff is important to improving patient health outcomes and experience. It is also a key to embed the culture of learning, continuous improvement and innovation as per the CQC well led domain. This study sought to explore our nurses' experience of research and ways to support their future engagement. This study has now been published in the International Journal of Trauma and Orthopaedic Nursing and the findings are being used to help nurses engage in research and improvement activities.

- Always events
 NHS England's 'Always Event' co design methodology was utilised to undertake a service improvement within the children's and Young person's out-patient (CYO) department, Stanmore. A feedback tree was designed and utilised to receive feedback from patients and their careers / parents to look at 'what could have improved your experience of the CYP department?' The theme of signage from the hospital car park was found to be a challenge and staying with the Always Event ethos the question was possessed as to how the signage could be improved and a suggestion of little bones from the car park to the CYP department was given. The trust has since run cooperation within the CYP department to design the stencil for the bone pictures. The 'RNOH little bones Always Event' has been shared at a number of NHS England Always Events.

- Perioperative Quality Improvement Programme (PQIP)
 We joined Perioperative Quality Improvement Programme in March 2018 and we have recruited 222 patients to date at RNOH. PQIP is a multidisciplinary initiative supporting local quality improvement to benefit patients undergoing major surgery. At this site we recruit patients having lower limb revision surgery, spinal surgery or sarcoma surgery. This initiative uses questionnaires to find out how patients are feeling and managing activities of daily living (ADLs) before surgery, on day 1 and day 3 post-operatively. Patients are also contacted at 6 and 12 months post op and the information gathered is used to better understand what happens to patients after they leave hospital after major surgery and whether the surgery has had a beneficial effect on their longer term health. This helps establish if any changes or improvements benefit patients. Part of the PQIP methodology is to really support clinicians and managers with how to use data for improvement.

- Optimising Nutritional status of patients using supplements
 The nutritional status of a patient has a direct impact not only on their mood and wellbeing but also on the success of surgery. Malnutrition (poor nutritional status) may increase the length of hospital stay, likelihood of infection and wound breakdown. Pre-operative carbohydrate loading has improved outcomes in our complex ileocystoplasty patients.

We are one of only a few centres to use bioelectrical impedance advanced body measurement to assess the body stores of patients with unusual body types and will use this data to tailor the nutrition interventions.

The fasting practices in the hospital have been scrutinised to avoid prolonged periods without food or drink. Collaboration between anaesthetics, dietetics and Surgeons has led to reduced fasting times so that patients are more comfortable, less anxious, with better fluid-balanced and normoglycaemia.

- The use of game technology in rehabilitation
We have trialled the MIRA, an X-box system that allows physiotherapists to prescribe exercises to patients using games, this can help to motivate, distract and make therapy sessions fun for patients. There has been positive feedback from paediatric patients who have used it to treat their painful and unstable shoulders. The system is now being used by other clinical teams such as in the post-operative total knee replacement classes.
- The use of a 'Physio Exerciser' APP in prescribing exercises to patients presenting with musculoskeletal conditions
This project has been done in collaboration with an APP developer to look at usability and acceptability of an exerciser APP. The APP allows a physiotherapist to prescribe exercises and upload videos of the exercises on the patient's own phone. It also uses motion sensors on the phone to help guide the patient they are doing the exercises correctly and accurately as well as sending them reminders and emails to motivate them to do their exercises. Currently the APP is being tested on both iPhone and android. If successful it is hoped the App will be properly trialled at other NHS settings with support of a further grant.
- The Volunteer Patient Buggy Service
Amongst many fantastic interventions to improve patient experience at RNOH, 'Buggy Service', and its intrepid team of drivers, who are out in all weathers, transport patients around some incredible difficult terrain. The visitor numbers continue to increase month on month. Averaging 2000 visitors a month, many of whom suffer from mobility problems, it is hard to recall how we ever managed without them!
- Equipment ordering review
This project was undertaken to improve patient experience, patient access and patient outcomes. Unavailability of right equipment may result in a delay in starting the theatre list as well as cancelling the patients.

The project involved process mapping the current process of ordering equipment for 4 surgeons. All aspects of the ordering process and communication of information were considered. This led to developing an electronic requisition form which will be tested by some surgeons. If the trial is successful we will publicise its use to other consultants for adoption.

- 'I delivered great care' Gold badge award

"I delivered great care" badge is part of the RNOH patient Welcome Pack and is awarded by the patient to member of staff who they feel have delivered great care to them during their stay.

To receive a bronze badge, staff must receive five 'I Delivered Great Care' badges from patients. Five bronze badges results in one silver, and five silver badges gain a gold award. So that's 125 in total!

This initiative was started in 2016 and continues to motivate staff to deliver the best care to our patients.

- RNOH Val-You charter

Evidence suggests that a positive staff experience benefits staff as well as patients through positive patient experience and improved outcomes.

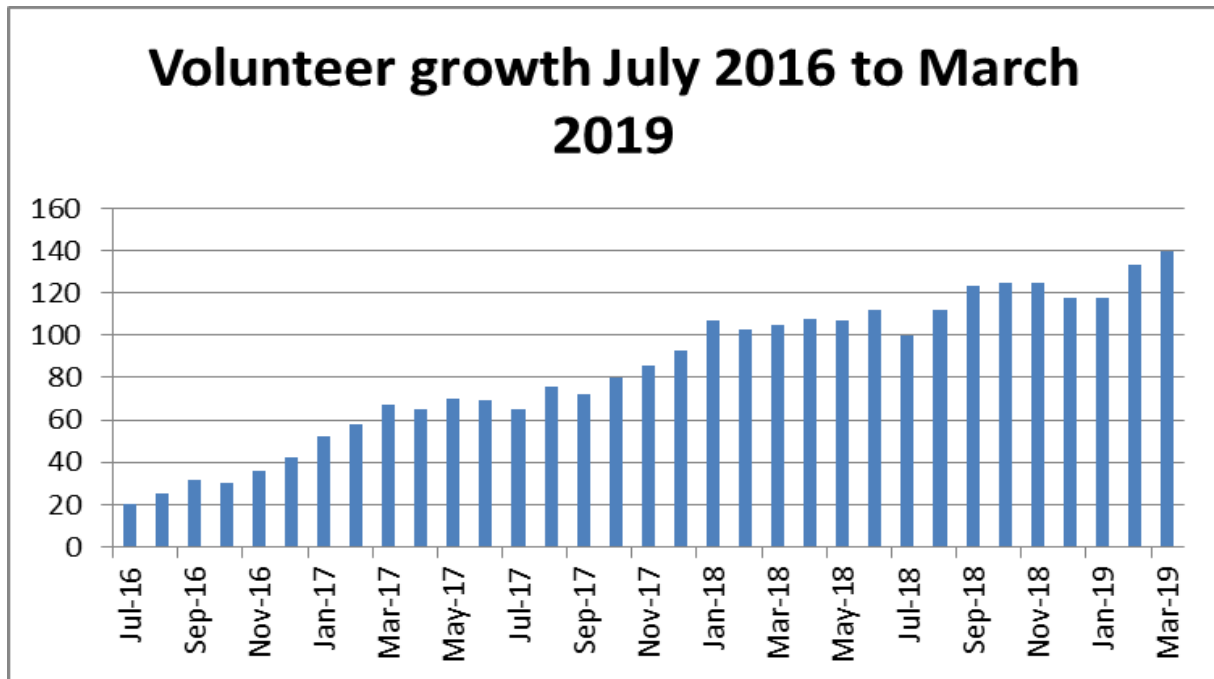
In 2016 the RNOH made a commitment to focus on staff experience and to become the best place to work in the NHS within five years.

Following the creation of the RNOH VAL-YOU programme, staff experience within the Trust has continued to be a priority. By embedding our Values: Patient First *always*, Excellence *in all we do*, Trust, honesty and Respect *for each other*, and Equality *for all*, we continue to develop the culture within the organisation to help us reach our goal of becoming the best place to work in the NHS, as detailed in our vision.

2.5 Volunteer Service

This year has seen another increase in the numbers of people applying to become volunteers at RNOH. The team now manages 140 volunteers who wear our distinctive yellow uniform and can be seen in all patient areas of the Trust. With additional responsibility for Radio Brockley, The Disability Foundation and our own Patient Group we support a total of 178 volunteers across the hospital.

- 10% of volunteers undertake more than one role
- We have five married couples. We are doing something right!



Graph 2.5

Corporate Volunteering

Our plan this year was to focus on the resources offered to the Trust from the corporate world wanting to undertake some social responsibility and team building. Our links to Lloyds bank have become increasingly well-established over the last 3 years. This year we have been able to accommodate the multi-faith team (from the local Synagogue and Temple), Network rail, Cincera publicity and four teams from Lloyds banking group. All of these teams have been encouraged to either donate items such as plants for the garden or take advantage of our hospitality packages.

Projects undertaken have been:

- decorating nurses flat,
- planting £100 worth of donated plants,
- window cleaning,
- painting Orthotics reception,
- decorating the nurse education centre
- substantial garden maintenance projects
- redecorating visitor's side room in the restaurant.



ISS South East Division Management Team

Impact of Corporate Volunteering on RNOH Staff

*"I would really like to express my appreciation to you and the team of volunteers who did a fantastic job in painting the educators' office.
 Kindly convey our gratitude to the volunteers and also not forgetting the gentlemen who removed all the redundant bits from the walls and did the prep for the painters.
 Every little that was done has gone a long way to make the space more habitable. "*

Thanks received from the Clinical Nurse Educators team.

Buggy Poster Winner!

The volunteer service team are the proud recipients of the National Association of Volunteer Service Managers (NAVSM) poster award. Entrants were asked to submit a poster for a service that enhances patient experience, along with a 500 word essay on the project.

The volunteer buggy service team along with the representative of The Forrester Corporation, who helped create the winning poster, were there to receive the NAVSM award from the Chairperson.



Haberdasher's school successful pilot 16-18 year old volunteers

Following the immensely successful pilot scheme with Haberdashers girls school we have developed a further full years volunteering experience for a cohort of 12 girls. The school have embedded this into their curriculum and provide transport to the hospital weekly. The girls undertake ward visits, support therapies and histopathology.

After the completion of the pilot, three students continued to volunteer with us at the weekend. Our young volunteers are able to undertake shifts in the evenings and weekend; previously a difficult time for us to fill and this need has increased since we moved into our new building in December 2018.



Improving the Patient Experience

Improving the patient experience is at the heart of all we do in volunteer services. The Involvement lead facilitated a series of training events for existing staff on improving the patient experience and how to enhance customer care including the Strategic Nurse Leadership course. This also has given us the opportunity to speak to members of teams that have, as yet, not taken on a volunteer within their department and how this addition to their departments can enhance the patient experience.

Patient buggy service

Our highly successful patient buggy service which transports patients around our challenging site reached its milestone 55,000 passengers since its inception in July 2016. The service runs from 9.00am – 4.00pm 5 days a week by a team of fifteen volunteers who maintain the service in all weathers.

'comfortable and efficient but the driver was particularly nice and most helpful in getting me back to my parked car.' (Patient)



Buggy driver Sep.

Nutrition volunteer

Working with the teams from dietetics and speech and language, 6 hand-picked meal time buddies received further training to become our first nutrition support volunteers. They offer nutritional support to patients which in turn helps supports the nursing staff team.

Meal time buddies successfully support patients across all wards over lunch time, dinner time and weekends.

Volunteers Week

We feel it is important to nurture and support our volunteers throughout the year and not just during volunteer's week. All our volunteers have regular support meetings with the team, have birthday cards sent to them, are awarded a badge after one and three years with us and feel they are able to call the office at any time. Saying thank you and feeling supported is why our retention rate consistently remains so high.

In addition, volunteers' week allowed the trust executive team to also show their appreciation, CEO, Director of Workforce, Chief Operating Officer and Director of Redevelopment all took half a day to personally visit volunteers and thank them for the roles and input they have. This was greatly appreciated by the volunteers and demonstrated the great support from the executive team for the Volunteering force.

We organised an outing to the Lido and had cream teas under the new gazebo. The weather was glorious as we took the train, driven by one of our volunteers, to the beach side venue for an ice cream and then back again to exchange stories and meet other volunteers in a relaxed and friendly manner.

Furthermore, we hold a biannual volunteers forum to exchange information and developments within the Trust and ideas the volunteers have for new roles and improvements to the services we offer.

Promoting Equality and Diversity

Working closely with Langdon UK we have been able to provide volunteer places for members of the public with learning disability to undertake volunteering roles around the Trust to enhance and develop their existing skills and to offer diversity and equality throughout our volunteering network.



Mother and Daughter dynamic duo; Sona and Vasha on their weekly trolley volunteer round. The trolley visits all wards including theatres, taking over £7,000 per year and serving 320 patients/staff a week.

*'The volunteers are all angels –
Even if I don't want anything, it's always
great to see the volunteers' (Patient)*

NHS@70

The Buttercup singers were formed by the volunteering department and named in honour of the RNOH Charities long association with buttercups. The singers were asked to take part in the NHS@70 celebrations on 5th July. A marque on "Matrons lawn" was festooned with bunting and balloons on a beautiful summers evening. The singers undertook a rendition of the Kool and the Gang's classic "celebration". NHS at 70, the new build and the RNOH were cleverly woven into the lyrics.

Some of the Buttercup Singers



Involvement

This year has seen the growth of patient involvement within the Trust including

- Patient Group
- Always Events
- What Matters to you day
- Focus group for the innovations team
- Patient Involvement Volunteer role

Patient Group - Second Observations

Patient Group, in addition to their ongoing ward visits and attendance at meetings such as safety and cognitive impairment, out-patients undertook a follow up to their report First Impressions. Second Observations looked at navigating around the hospital, including signage, litter, and inappropriate parking around the Trust and how this impacts on patient experience. The Trust has worked closely with Patient Group to improve all these aspects for our patients.

Always Event

The Trust has signed up to take part in NHS-England Always Events, a method of co-producing services with our patients. The Involvement Lead is part of the management steering group.

The Always Event asks patients what they would always like to happen and how to improve services. From experience these ideas are often small and inexpensive however have significant impacts for the patients.

A feedback tree has been designed and uses acorns for the anonymous feedback. The initial pilot focused on signage to Children's Outpatient department.



Patient Involvement Lead and Senior Project Nurse presented the initiative to the Always Event Conference which was attended by a mixed audience of patient experience managers, clinicians, quality leads and members of patient group. Findings from this pilot study were highlighted as well as the challenges and interventions to overcome those challenges. Collaborative work with outpatient department is underway to implement feedback in order to complete the first Always Event cycle before moving on to our next project.

2.6 VAL-YOU

In 2016 the RNOH made a commitment to focus on staff experience and to become the best place to work in the NHS within five years. Evidence tells us that not only does a positive staff experience benefit staff; it also benefits patients through positive patient experience and improved outcomes.

Following the creation of the RNOH VAL-YOU programme, staff experience within the Trust has continued to be a priority.

By embedding our Values:

Patient First *always*,

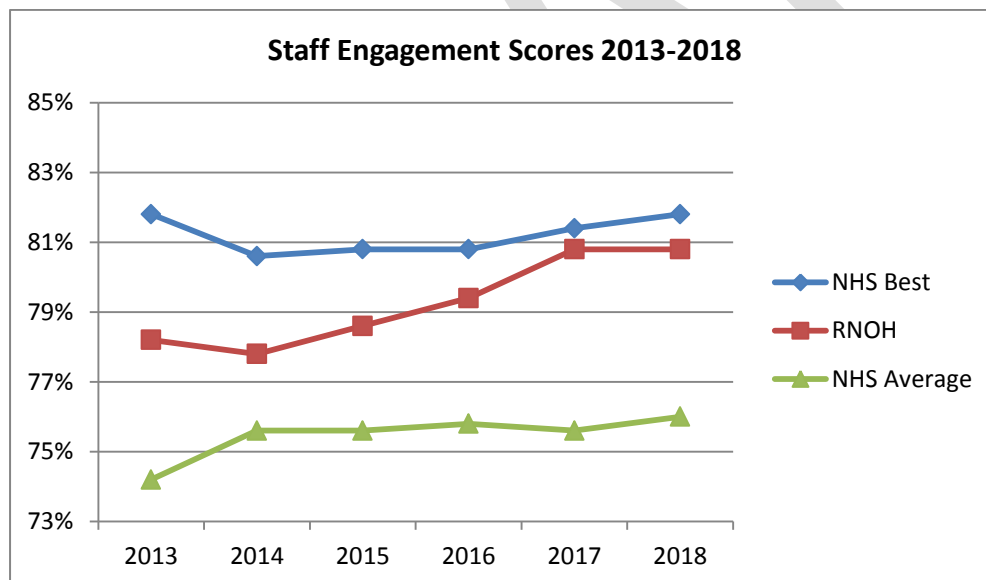
Excellence *in all we do*,

Trust, honesty and Respect *for each other*, and

Equality *for all*,

we continue to develop the culture within the organisation to help us reach our goal of becoming the best place to work in the NHS, as detailed in our vision.

We are proud of the progress we have made, demonstrating improvement on our NHS Staff Survey staff engagement scores, against a background of no improvement in the broader NHS as illustrated in the chart below, and achieving the best scores amongst Acute Specialist Trusts for Quality of Care for the second year.



Graph 2.6

This year, based on feedback through various channels including Staff Survey and a number of Focus Groups, the primary focus within the last 12 months for the Val-You team has been to develop a culture of healthy conflict resolution and speaking up. This has consisted of;

- Creating an internal mediation scheme
- Delivery of team based, Forum Theatre sessions addressing values, behaviours and inclusivity

- Creation of a Resolution Policy, to replace our Bullying & Harassment and Grievance Policies encouraging and supporting a solution focused approach to resolving conflict
- Raising awareness of our Freedom to Speak up Guardians
- Continued provision of leadership development including a regular Leadership Forum, supporting staff to access national NHS Leadership programmes and providing bespoke Leadership programmes for staff at all levels
- The introduction of staff wellbeing workshops
- Launch of a reverse mentoring programme focused on diversity and inclusivity
- Delivery of a very successful Diversity Festival

For more information about RNOH VAL-YOU and our work to become the best place to work in the NHS please visit the RNOH's website, internal grapevine page (for staff only) or email rnoh.valyou@nhs.net.

2.7 Pharmacy and Medicines Optimisation 2018/19

The RNOH Pharmacy continues to ensure high quality medicines optimisation for patients. Medicines optimisation is about supporting patients to get the right choice of medicine at the right time. This helps to improve patient outcomes, support patients in taking their medicines, avoid taking unnecessary medicines, reduce medicines wastage and improve patient safety.

Some of the ways in which this continues to happen is through:

RNOH Formulary

A list of medicines that have been approved for use at RNOH is available for patients and staff alike to access. It is web-based, and can be accessed at www.rnohformulary.nhs.uk

RNOH is a member of the North Central London Joint Formulary Committee (NCL JFC) and the Hertfordshire Medicines Management Committee (HMMC). The medicines available for prescribing at RNOH (i.e. the RNOH Formulary) and the pathways for using these medicines are based on recommendations made by the NCL JFC and HMMC, as well as national and regional guidance.

In the first quarter of 2019, the RNOH formulary will be hosted by the North Central London Medicines Optimisation Network as part of a web-based 'joint' formulary across multiple NHS Trusts. This will help increase the number of medicines RNOH clinicians can access to treat their patients, as well as creating uniformity of access to medicines within the local region (North Central London) that RNOH works in (in partnership with other NHS Trusts and CCGs).

Clinical audits

The Pharmacy department clinical audit lead works closely with the Trust's clinical audit department in undertaking audits to identify opportunities for ongoing change in practice and improvement of care and services provided by the pharmacy department.

Priority audits have also been presented to the Trust at the Trust-wide clinical audit presentations which have been well received. Audits help us to ensure that staff adhere to recommendations made in local and national guidelines and policies, and therefore practice medicines optimisation by

ensuring evidence-based practice. All audits are registered with the audit department and a dedicated pharmacist helps maintain the department audit database to ensure audits are carried out, reports generated and action plans completed in a timely manner.

Medicines Safety

Globally, medicines have the potential to cause harm to patients, and thus the main medicines optimisation aim is to improve medicines safety. In the unfortunate event that mistakes have been made by staff, patients are informed of the learning that has been undertaken and an apology is offered, thus fulfilling the RNOH Duty of candour.

The RNOH has an Incident Review Group (IRG) that meets weekly and a Medicines Safety Committee (MSC) which meets 6 times a year, with a multi-disciplinary representation on both forums. The purpose of the RNOH MSC is to discuss medicines-related incidences, monitor and track trends over the last couple of months, and take steps to implement change to prevent such incidents recurring. Whereas, the RNOH IRG focuses on incidents that have occurred that past week (whether medicines related or not) and similarly discuss what has happened with the aim of expediting the investigation and closing off the incidents so that learning can be disseminated in a timely manner. Both the RNOH MSC and IRG comprise of pharmacists, doctors, nurses and the patient safety team, and the MSC has the addition of a patient representative as well. This complementary approach to working adds value immediately and in a sustainable manner to the care RNOH patients receive with regards to their medicines.

The RNOH has implemented a new Pharmacy stock management system that allows them to now electronically document and thus audit medication ordering/supply; record the time stamp of when a medicine was ordered, dispensed, and checked and also by whom; state the indication for an antibiotic when ordering so that its documented and thus can be reported upon; record a patients allergy status so that the system warns you if you try to issue out medicines that you've listed on their allergy list; flags up the BNF drug interactions if present, and so on. This list is not exhaustive but the patient/medicines safety benefits are numerous.

Furthermore, in the last year the RNOH has been able to identify trends in medicines-related incidents involving controlled drugs and have reviewed the use of some controlled drugs and also put additional training into place for their doctors, nurses and pharmacy staff. This has led to the RNOH noticing a reduction in these types of incidents occurring. Venous thromboembolism (VTE) is known to be fatal in hospitalised patients who have had surgery. Pharmacists at the RNOH routinely complete majority of 24 hour VTE re-assessments for all inpatients, which is an innovative practice in the NHS and aims to ensure patients receive evidence based VTE prevention in accordance with national guidelines.

As a national centre, the RNOH sees patients from all over the country, and abroad. There have been instances where patients have had medicines incorrectly prescribed and supplied when at home, and these instances have been picked up when the pharmacy staff undertake medicines reconciliation between the hospital prescription, GP prescription, and the medicines the patient brings in. This has led to further harm being prevented to patients, and improvements in their health and well-being. Patient safety is paramount to all RNOH staff, and this is one example where the RNOH pharmacy staff contribute to improving patient safety and the quality of care our patients continue to receive.

Medicines optimisation clinics and telemedicine clinics

Pharmacy work closely with the rheumatology doctors and nurses in ensuring medicines optimisation for patients referred into the rheumatology and metabolic bone disease service. These are expensive and complex medicines. Once the rheumatologist has seen the patient and recommended treatment, the pharmacist will have a face to face consultation with the patient to ensure the patient understands what side effects to look out for, how to administer the medicine and how to store it. This discussion also involves the provision of ongoing support patients once treatment has started through homecare. We have received positive feedback from patients who now call and speak directly to the pharmacist about any problems or concerns they have. These clinics have seen improved outcomes for patients and enabled closer working relationships between the rheumatology department and pharmacy in ensuring safe and improved patient care.

Pharmacists and pharmacy technicians are routinely providing ongoing access to medicines and advice, monitoring for adverse effects through telephone clinics to specialist clinical services e.g. bone and joint infection and long-term pain. These telephone clinics take place on a weekly basis. In long-term pain clinics, a pharmacist also facilitates trial of analgesics to determine their usefulness in individual patients and deprescribing as appropriate. Deprescribing of medicines is just as important as prescribing of medicines; often patients simply continue to increase the number of medicines they take, and the process of deprescribing means reviewing and stopping medicines that do not provide positive outcomes to patients' health and wellbeing. These telephone clinics have received positive feedback from patients and clinical staff.

Pharmacy staff also contact patients two weeks in advance of their surgery dates to confirm the medicines the patient takes, and discuss which medicines to stop and which are appropriate to continue. Prescriptions are written in advance of the patient arriving at RNOH, thereby enabling doctors to spend more time discussing any other issues the patients want to discuss on the day of their procedure.

In 2018 we implemented our plans to have a dedicated medicines helpline. This is accessible to all our patients through switchboard and is a reliable source of medicines-related advice. Queries are received and forwarded on to the most appropriate pharmacist to manage the enquiry. Patients' feedback is that they have found this service to be helpful and timely in terms of response.

Antimicrobial stewardship

The Department of Health considers antimicrobial resistance to be the single biggest threat to patients currently. As the RNOH is a national and international tertiary treatment centre, patients have been treated elsewhere before they are treated here. This means most of the time patients have become resistant to routine and conventional antimicrobials that are used to treat infections.

Specific expertise is required to help address such issues. The RNOH has a specialist antimicrobial pharmacist who provides clinical expertise as regards the use of antimicrobials. This role includes a range of activities to support the optimal prescribing, administration and supply of antimicrobials. This is in order to achieve the optimal clinical outcome and minimise the risk of *Clostridium difficile* infection and antimicrobial resistance. This also includes clinical leadership to the antimicrobial stewardship committee which is a multidisciplinary group that leads on a program of education and

training, audit and feedback, quality improvement and updating of the RNOH Microguide Application (this is a web based tool that guides clinicians in prescribing the most appropriate antimicrobials for patients for specific infections). It is accessible to all clinical staff and is widely used. In 2018/19 the range of local antimicrobial guidelines was broadened to include the prudent use of antimicrobials in children.

Reducing the impact of severe infections CQUIN

Antimicrobial resistance (AMR) is the single biggest threat to public health. The UK Government has taken strong leadership, by making AMR a national priority with the aim of reducing specific drug-resistant infections by 10% by 2025 and antimicrobial usage in people by 15% by 2024. This is important for the RNOH, as AMR complicates the prevention and treatment of orthopaedic infection. This has led to the safe reduction in total antimicrobial usage to achieve national CQUIN targets.

The RNOH is also actively promoting patients to become antibiotic guardians. Please sign up to this national campaign by logging on to www.antibioticguardian.com/public/

Please also support the national antibiotic awareness week which is usually held each November.

Outpatient Parenteral Antibiotic Therapy Service (OPAT)

The RNOH offers an outpatient parenteral antibiotic therapy (OPAT) service to permit intravenous antibiotics to be given safely outside the hospital setting, for up to several weeks. The pharmacy team supports this service by working within a multidisciplinary team including microbiologists, bone infection clinical nurse specialists and administration staff.

Feedback from the OPAT patient survey has shown that patients prefer OPAT treatment and evidence demonstrates that there is less risk of developing complications associated with a prolonged hospital stay.

The OPAT patient survey result for 2018/19 shows that:

100% of patients were confident to be discharged on OPAT.

96% of patients thought OPAT was preferable to in-patient treatment.

100% of patients were likely or extremely likely to recommend OPAT to their friends & family.

Although the RNOH complication rates from the vascular access devices are low, they have been reduced further by the introduction of a patient held booklet, better patient education and changing the line fixation devices as demonstrated on the graph overleaf.

The RNOH continuously reviews the clinical outcomes of patient treated in the service. In 2018/19, 93% of patients with bone infection were successfully treated. This high success rate has been maintained over the previous 4 years since 2013/14. Intravenous antibiotics have long been considered the gold standard for treatment of bone infection despite little evidence to support this. The Oxford Bone Infection team led the Oral Versus IV Antibiotic (OVIVA) trial. This was a randomised control trial that showed that oral (by mouth) antibiotics were non-inferior to intravenous antibiotics for treatment of bone infection. The RNOH was the largest recruiter for this

study outside of Oxford. The OPAT team have implemented the findings of this study and has shown that approximately two thirds of patients can now be safely and effectively treated with oral (by mouth) antibiotics. This improves the patient's quality of life by avoiding the need for long term intravenous access for antibiotic treatment.

Pre-assessment medicines optimisation

The pharmacists work with clinical staff in pre-assessment to agree treatment plans for patients in advance of their surgery. This helps to ensure patients are provided with the right advice relating to stopping and starting medicines prior to surgery (e.g. anticoagulants, antidiabetic medicines, oral contraception, hormone replacement therapy etc.) and provides an opportunity for patients to share preferences and concerns regarding their medicines in the perioperative period. The pre-assessment pharmacists are also prescribers who can write up the inpatient prescription chart to reflect an agreed treatment plan.

The pre-assessment team actively promotes and encourages patients to bring their medicines with them for their hospital admission, and use the 'green bag scheme' which has shown to save time and money, reduce drug wastage and minimise errors and missed doses. Research demonstrates that one of the biggest 'let-downs' for patients and medicines is in the 'interface' between hospital and primary care (GPs and community pharmacies). The pharmacist in the pre-assessment clinic aims to bridge this gap by enabling proactive communication between the hospital and primary care, thereby minimising the impact of any medicines-related 'interface' issues that may occur after our patients are discharged from hospital.

Medicines optimisation by patients' bedsides

For patients who are admitted into hospital, pharmacists and pharmacy technicians are available on the wards to discuss any issues and concerns patients have as regards their medicines. For those patients who are staying overnight, the pharmacy staff reconcile the information between the GP, community pharmacy and patient/carer, in ensuring that patients have the correct medicines prescribed, such that nurses can administer medicines to patients. They also make use of the 'green bag scheme' in ensuring that if a patient is moved from one ward to another then the patients' medicines are also moved. This helps ensure that medicines are available for patients to take as intended, and therefore optimise recovery time after their operation.

During 2019, RNOH plans to expand the role of Pharmacy technicians to enable them to administer medicines on wards to increase engagement with patients. Pharmacy technicians will undertake medicine rounds with an opportunity to engage with patients, assess the patient's understanding of their medicines, identify any barriers to adherence and be actively involved in the medicines optimisation process.

Self-administration of medicines

Patients most commonly take their medicines by themselves before and after they come into hospital. So why do we not empower patients to take their medicines by themselves when they are in hospital? The RNOH answered this question by evaluating a pilot involving 'self-administration' of medicines on the Jubilee Rehabilitation ward. Patients and nursing staff found this to be preferable to tradition hospital medicines rounds. In 2017 – 18, this was commenced to roll this out to other wards where patients are able to, want to, and can self-administer their own medicines. In 2018 the RNOH has continued this work in the New Stanmore Ward block, where there is more space for patients to hold their medicines by their bedsides.

The impact of this change will be measured during 2019.

Improving the patient experience

Research, patient surveys and patient feedback all tell us that patients do not like to have to wait around in hospital after being declared fit for discharge. We know that some of the delays are due prescriptions not being written up on a timely basis, which then leads to delays in the dispensing of medicines to patients. In order to improve the patient experience around discharge, where possible, working closely with the doctors and nurses we have:

1. Implemented pharmacist prescribers in clinical areas to prescribe discharge medicines at least 24hours before discharge. This provides an opportunity for patients to discuss the options for analgesics 'to take away' with a pharmacist and enables the medicines to be available on the ward before discharge
2. The Pharmacy team dispenses 'to take away' medicines in clinical areas to minimise delays. To enable this there are designated spaces in treatment rooms that are fitted with computers and labellers
3. Pharmacy continue to work with the volunteering service to try and reduce the time it takes for medication to transport from the pharmacy dispensary to the clinical areas

We have received feedback from patients about having to wait inside the pharmacy reception area for their prescriptions. In response, we have worked with RNOH charity to improve patients' experience by issuing vouchers for all patients waiting for their outpatient medicines so that they can receive a complimentary cup of tea / coffee in the hospital restaurant.

Pharmacists actively contribute to joint school sessions for elective joint arthroplasty patients. The overall aim of these sessions is to prepare patients for their admission, providing insight into what they should expect and empowering patients to be involved in decisions around their care and treatment at the RNOH.

Education and Training

RNOH, in association with the Royal Free Hospital Pharmacy Department have put together a KPI database to track formalised education and training within the pharmacy department. We also conduct regular pharmacist group and technician group meetings, as well as departmental meetings where specialist clinicians are sought to provide education on specific topics. These have been very well received and feedback has been positive. As of 2019, all specialist pharmacists will be qualified non-medical prescribers and one pharmacist is currently on the enhanced clinical independent

prescribing course, as all future trainees will also be. We currently have 3 pre-registration pharmacy technicians, one of whom is ahead of schedule to complete by June 2019. Three pharmacists are currently undertaking the clinical pharmacist diploma. These areas of training are imperative to the efficient running of not only the department, but all in providing excellence in care and putting our patients first.

Our specialist pharmacist in antimicrobials will be commencing a PhD in antimicrobial resistance, which will help the RNOH best manage patients with the limited range of antimicrobials we have presently, whilst the NHS and the world awaits the pharmaceutical industry to develop novel antimicrobials.

Specialised services with NHSE

The Pharmacy department has proactively supported colleagues at RNOH to setup and establish specialised services to treat rare and complex conditions. This includes the use of asfotase alfa for treating paediatric-onset hypophosphatasia and burosumab for treating X-linked hypophosphataemia in children and young people. RNOH continues to be recognised by NHSE as a designated centre for the use of diboterminal alfa for complex spinal fusion surgery.

Clinical trials

Since 2015, the Pharmacy department has been actively collaborating with consultants at RNOH to increase research capacity and undertake clinical trials for new medicines. To date we have started eleven new clinical trials with plans to initiate further studies in 2019. The majority of clinical trials have been for investigative medicines used for the treatment of rare bone diseases in children and adults, further establishing our national and international reputation as a specialist centre in this therapy area. To accommodate this high intensity workload, the Pharmacy workforce has continued ongoing training to meet the requirements of the regulatory authorities and our clinical trial sponsors.

NHS Benchmarking

Since 2017, the Pharmacy department has been submitting data to the annual Pharmacy and Medicines Optimisation benchmarking project. This has enabled the pharmacy to review the services it provides to patients and learn what the team is doing well and where improvement needs to happen. Aligned with the outcomes of the Carter Report, benchmarking measures include patient-facing services such as:

- % of Pharmacists' time spent undertaking clinical activities – as a result of the data demonstrated, changes have been made to the daily work-plan and an increase in pharmacist time spent by patients' bedsides has been noticed
- % of Pharmacy technicians' time on ward-based activities – the RNOH has gone from having no pharmacy technician input to having 5 members of staff providing pharmacy technical input into patients' care in clinical areas
- % of inpatient beds visited daily by a clinical pharmacist – each weekday, every patient is seen at least once by a pharmacist
- Medicines reconciliation by pharmacy team within 24 hours of admission – the aim is to ensure every patient who is admitted for longer than a day has their medicines reconciled

within 24 hours, and the benchmarking data demonstrates RNOH pharmacy will need to continue to work

- % of patients experiencing an omission of critical medicines – audit data has demonstrated a reduction in this, which is a positive step in the right direction; the focus on this will continue through 2019 to further improve to 0% omission of critical medicines
- Percentage of qualified pharmacist prescribers routinely prescribing – using the benchmarking data, RNOH has increased its pharmacist prescribers from 1 to 6 in the last few years, and this trend is set to continue.

Electronic Prescribing and Medicines Administration (ePMA)

The Pharmacy department will be integral to the Trust's plan in launching an ePMA system during 2019/20. This is a core missing element in the Trust's journey to deliver its Electronic Patient Record strategy.

Part 3: Progress against 2018/19 Quality Priorities

3.1 Priority 1: Improving Length of Stay

The RNOH agreed that improving the length of stay (specifically for patients who have a primary hip or knee replacement) was an important quality improvement initiative. Over the past 15 months the Trust has implemented opportunities to reduce inappropriate adult inpatient hospital stays, whilst maintaining safe, risk assessed and high quality patient care.

As part of this work, the Trust has set itself a SMART (Specific, Measureable, Achievable, Realistic and Timely) objective for reducing the length of stay for all adult inpatients having a primary total hip/knee replacement by March 2019 and reduce the average length of stay by increasing the number of patients discharged on or before their target discharge date, from the 4 surgical wards.

This initiative also involves reducing the proportion of adult inpatients admitted the day before elective surgery from Joint Replacement Unit (JRU), Spinal and Sarcoma specialities and introducing On the MEND principles on wards.

The 'On The MEND' initiative has been rolled out to all adult wards and a programme of audit commenced to measure the effectiveness. This initiative aims to support patients in 4 main areas to aid post-operative recovery: **M**edicines, **E**xercise, **N**utrition, and **D**aily Activities.

The Trust has been measuring progress through the following key performance indicators:

- Target Discharge Date
- Overall average length of Inpatient Spell (on the Mend group)
- Admission the day before surgery

The progress against this quality priority is being monitored via monthly update reports to Length of Stay Steering Group. The progress against each priority is also reported to the Trust Board on a Monthly basis through the Improvement Programme Board update.

During 2018/19 the Trust made progress in the following areas:

- A statistically significant improvement was observed for admissions on the day of surgery in our joint reconstruction unit and in our sarcoma service
- A patient education video has been scripted and commissioned for our joint reconstruction patients. This was developed in conjunction with our patients
- A comprehensive evaluation was performed on the programme's overall outcomes, which will inform the priorities for 2019/20
- The On the MEND project was launched on our surgical wards to encourage patients to mobilise as soon as is clinically safe to do so post operatively.

3.2 Priority 2: Theatre Utilisation Project

RNOH recognises that the patient's surgical journey is complex and crosses many boundaries. Services to patients can only be improved if operating theatres are seen as part of a wider more complex system.

The overarching strategic aim of this initiative was to facilitate a step change in performance of theatre productivity at the RNOH for the benefit of patients and staff. This initiative involved consistent improvements in various areas affecting theatre productivity, with a particular focus on intra-session utilisation and list pick up rates.

The Trust has been measuring the progress through the following key performance indicators:

- List order changes
- Late starts
- Early finishes
- % Utilisation
- Weekend operating
- Empty lists
- Cancellations on the day
- Booking rate (%) (booking efficiency)

The progress against this quality priority is being monitored via monthly update reports to the Theatre Action Group. Progress is also reported to the Improvement Programme Board once every two months and monthly to the Trust Board via the Improvement Programme Update report.

During 2018/19 the Trust made progress in the following areas:

- Statistically significant improvements were observed for:
 - Intra-session utilisation
 - On time starts
 - Booking fill rates
- Recognised by NHS Improvement for being in the top tier group for theatre improvement amongst London trusts. NHS Improvement has invited the RNOH to share its experience and good practice with others
- The Trust has committed, in principle, to develop a Theatre Admission and Day Case Unit in the coming years. This is subject to capital funding being available
- The programme has transitioned into business as usual and it is therefore unlikely that there will be any new priorities set for 2019/20.

3.3 Priority 3: Safer Staffing

Implementing a safer clinical staffing model for the RNOH underpinned by equitable contractual arrangements and effective systems and processes was a key priority for 2018-19. Assessing the care needs of patients is paramount when making decisions about safe staff requirements for RNOH. RNOH recognises that assessment of patients' care needs should take into account individual preferences and the need for holistic care and patient contact time.

The Trust had set itself some SMART objectives around Safer Staffing Improvement Project which included implementing revised job planning, updating the leave policy for medical workforce, implementing consistent rates of pay for additional sessions, implementing consultant-led weekend ward rounds, implementing on-call supplement rates of pay for medical staff, implementing a sustainable non-consultant doctor workforce and implementing a sustainable medical physician consultant workforce to deliver high quality patient care.

The Trust has been measuring the progress through the following key performance indicators:

- Job plans
- Additional sessions arranged
- Consultant leave
- On-call arrangements
- Development of the Sustainable Safer Medical Staffing Models

The progress against this quality priority is being monitored via monthly update report to the Medical Management Meeting / Safer Staffing steering Group. Progress is also reported to the Improvement Programme Board once every two months and monthly to the Trust Board via the Improvement Programme Update report.

During 2018/19 the Trust made progress in the following areas:

- Formally established a programme to deliver the key projects
- Undertook a detailed review of current projects and prioritised key projects and ceased others. The key projects for 2018/19 were:
 - Tendering for a Register Medical Officer service (ongoing)
 - Formally reviewing all clinical service level agreements with other Trusts (ongoing)
 - Addressing urgent handover and escalation processes and policies (ongoing)
 - Piloting independent prescribing pharmacists (complete and further roll out is under review)
 - Assessing the role of Advance Nurse Practitioners (ongoing)
 - Good progress is being made in all projects
- Transitioned job planning management to business as usual following good progress on job planning for all consultant staff
- Transitioned the Medical Emergency Team to be managed by business as usual following completion of this project.

3.4 Priority 4: Developing Capability and Capacity of Staff in Quality Improvement Methodology

Developing Capability and Capacity of staff in Quality Improvement Methodology was one of the Trusts key quality priorities for 2018-19. It is important for staff to build the skills set, knowledge and experience required to meet the future needs of the service.

In time this should lead to a culture or way of delivering improvement that is consistent amongst all staff delivering any type of improvement whether it is quality or service improvements, small scale change or complex transformation.

A bespoke training programme was developed and delivered by University College London Partners.

The aim of the programme was to provide staff with the ability to increase their knowledge in building capability and capacity to improve quality, patient outcomes and experience, alongside increasing efficiency. It offered time and space to plan and have open dialogue in a safe environment, away from the usual workplace. It also provided staff with opportunity for more tangible learning and benefits that would enable us to develop quality improvement work which delivers better results for patients and populations.

The progress against this quality priority was monitored via monthly update report to the Improvement Programme Board and Trust Board.

During 2018/19 the Trust made progress in the following areas:

- UCLP bespoke Improvement Leaders training delivered for over 30 staff in leadership and management positions
- Developed, agreed and delivered Year 1 Improvement Strategy
- Developed and agreed a 'dosing' model for improvement training for all staff
- Began developing measurements to monitor delivery of strategy and impact on staff culture
- Using staff representatives to develop year 2 and beyond Improvement Strategy
- Created a Senior Improvement Advisor post
- Secured non-executive director support for the improvement agenda and trained non-executive directors
- Planned for a Trust Board Development session to further educate Trust Board and build consensus and support for Improvement Strategy

Part 4: Quality Priorities for 2019/20 and statement of assurance from the Board

4.1 Quality Priorities for 2019/20

4.1.1 Priority 1 – Develop and embed safety huddles across all in-patient areas

Safety huddles provide an opportunity for daily learning from recent safety incidents and feedback relating to patient experience. They also provide an opportunity to identify patients at risk of deterioration and harm to prevent this from occurring. Safety huddles are seen in many high reliability organisations.

A project lead has been identified to develop the RNOH safety huddle model, looking at evidence of existing frameworks and undertaking visits to organisations where these are embedded.

Key milestones for this project, which will be monitored via the Clinical Quality & Governance Sub-Committee (CQGC), are:

- Development the RNOH model (31st May 2019)
- Design & instillation of new RNOH Quality boards in ward areas (31st May 2019)
- Small scale tests of change to the model utilising the IHI improvement model (28th June 2019)
- Training programme for staff in the use of the model & awareness raising campaign (31st July 2019)
- Clinical audit of the use of safety huddles to test these are embedded (monthly from 30th August & reported via CQGC)

4.1.2 Priority 2 – Develop and fully implement a Ward Accreditation Programme

Ward Accreditation programmes ensure that high standards of clinical care are consistently delivered, using a framework of continual assessment, quality improvement and a system of recognition.

A project lead has been identified to develop the RNOH accreditation model, looking at evidence of existing models and undertaking visits to organisations where these are embedded.

Key milestones for this project, which will be monitored via the Strategic Nursing Committee, are:

- Development of the RNOH accreditation model (28th June 2019)
- Development of data collection and reporting tools (28th June 2019)
- Training programme for staff involved in data collection (31st July 2019)
- Internal communications to raise awareness of ward accreditation (31st July 2019)
- Launch of ward accreditation (1st October 2019)

4.1.3 Priority 3 – Procure, develop and roll-out Electronic Prescribing and Medicines Administration (EPMA)

EMPA systems have the opportunity to reduce the number of prescribing, dispensing and administration errors. The trust will seek capital funding to enable procurement and roll out of an EMPA system.

Key milestones for this project, which will be monitored via the IM&T committee, are:

- Secure capital funding for the system (April 2019)
- Procure the EMPA system (June 2019)
- Integrate the EMPA system into the Trust IT infrastructure (Dec 2020)
- Undertake training of clinical staff in the use of the system (Dec 2020)
- EMPA project completed with full roll out within the trust (Jan 2021)

4.2 Statements of assurance from the Board

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

4.2.1 Review of services

During 2018/19, the RNOH provided 24 NHS services. The RNOH has reviewed all the data available to them on the quality of care in all of these NHS services.

The 24 clinical services provided by the RNOH are:

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

The NHS income generated by the relevant health services reviewed in 2018/19 represents 91% of the total income generated from the provision of relevant health services by the RNOH for 2018/19.

4.2.2 Participation in Clinical Audits

Participation in National Clinical Audits

In 2018/19, the RNOH was eligible to and did participate in 100% (8) National Clinical Audits and 100% (1) National Confidential Enquiry.

The National Clinical Audits and National Confidential Enquiry that the RNOH was eligible to participate in are listed below, alongside the number of cases submitted compared to the requirements set out by the enquiry/audit.

National clinical audits and National Confidential Enquiries	Number of eligible cases required by the audit	Percentage submitted
National Joint Registry: Hip, Knee Primary and Revision procedures (2018/19)	1048	In Progress (87.2%)
Hip and Knee Primary and Revision procedures (2017/18)	987	99.4%
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis	49	100%
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	1	100%
National Comparative Audit of Blood Transfusion - FFP and Cryo use in neonates and children 2018	3	100%
National Comparative Audit of Blood Transfusion - Management of massive haemorrhage	0 (No haemorrhage met the criteria in the audit period).	N/A
BAUS Urology Audit – Female Stress Urinary Incontinence (SUI)	2	100%
Case Mix Programme (ICNARC)	680 (Q1 -3)	100%
Mandatory Surveillance of bloodstream infections and clostridium difficile infection	12	100%

Table 4.2.2A

The National Joint Registry (NJR) was set up by the Department of Health and Welsh Government in 2002 to collect information on all hip, knee, ankle, elbow and shoulder replacement operations, to

monitor the performance of joint replacement implants and the effectiveness of different types of surgery, improving clinical standards and benefiting patients, clinicians and the orthopaedic sector as a whole. The Trust continues to contribute to the National Joint Registry (NJR). The compliance rate for submission of Hip and Knee replacement operations is currently being analysed. Continuous work is being undertaken to ensure compliance is in alignment with the benchmark figure of 95%.

The Trust participates in Serious Hazards of Transfusion (SHOT) scheme. SHOT is the United Kingdom independent, professionally-led haemovigilance scheme. Since 1996 SHOT has been collecting information on adverse events and reactions in blood transfusion from all healthcare organisations that are involved in the transfusion of blood and blood components in the United Kingdom. RNOH submitted 1 eligible case in 2018/19.

The Trust participated in National Comparative Audit of Blood Transfusion- Frozen Plasma and Cryoprecipitate in neonates and children 2018. This audit was designed by National Comparative Audit Team to determine appropriate use of frozen plasma and Cryoprecipitate in neonates and children against current British Society of Haematology guidelines. RNOH do not care for neonates and only children were audited. The RNOH submitted 3 cases which met the criteria (100%).

The Trust participated in National Comparative Audit of Blood Transfusion- Management of massive haemorrhage. RNOH submitted 0 cases (no haemorrhage which met the audit criteria in the audit period in 2018/19).

The reports of 5 relevant national clinical audits were published in 2018/19. These reports were reviewed and we intend to take the following actions to improve the quality of healthcare provided:

National clinical audits	Details of actions taken/planned following review
National Joint Registry: Hip, Knee and Ankle Replacements	<ul style="list-style-type: none"> • To continue to participate in the Registry to monitor the performance of joint replacement implants and the effectiveness of different types of surgery, improving clinical standards; benefiting patients including outcomes and clinicians • All historical data backlog has now been taken over and cleared by Theatre Admin and clinical teams • New monthly compliance check report has been established to avoid backlog re-occurrence going forward; this has been proposed to the NJR who are considering rolling this methodology out National wide. • Improved clinical engagement seen across all specialties • NJR process was fully reviewed by the CSSD Senior team to ensure that: <ul style="list-style-type: none"> ○ Robust system is now in place to ensure that all MDS forms are generated for all eligible NJR procedures. A monthly checking process is in place to ensure a cleansing processing picks up any remaining items ○ All staff are aware of the NJR process, and reminder communications are regularly sent out to Divisions

	<ul style="list-style-type: none"> ○ All completed NJR forms reach the member(s) of staff responsible for inputting NJR data. All Surgeons submit forms to single point of contact in Theatres admin team ○ Data is now input is completed daily. And team working on a e-system to provide bulk direct upload to NJR system ● NJR audit now included in the hospital annual audit plan.
National Confidential Enquiry- Chronic Neuro-disability in Children, Young People and Young Adults	<ul style="list-style-type: none"> ● Audit data presented at MDT to raise importance and improve compliance with weight and nutrition status assessment. Discussion included clearly documenting the patient's learning disability in addition to neurodisabling condition ● RNOH have put in place specific policies and procedures for children and young persons (CYP). There is specific Children and Adolescent Ward (Sir William Coxen Ward) and a dedicated CYP outpatient department. However some CYP are still seen in the main outpatient department as the surgeons see both adults and children. There are however separate waiting areas for CYP. This is currently being looked at ● Patients with a cerebral palsy or other chronic neurodisability have very specialised care. This is discussed on an individual basis ● Audit underway by therapies to look at pre-assessment pathway and referral.
National Comparative Audit of Blood Transfusion - 2017 Audit of Transfusion Associated Circulatory Overload (TACO)	<ul style="list-style-type: none"> ● TACO checklist added to Transfusion Policy ● Checklist added to Nursing care plan ● Checklist added to clinical and medical induction and annual update ● Only 2 out of the 20 patients audited had a significant risk factor ● Education for prescribers to document any risks and treatment discussed with the patient ● Patients routinely have Haemoglobin reassessed 24hrs post transfusion (lab test) by medical teams ● The person authorising/prescribing the blood must review the patient. We recommend this is within the preceding 24 hours (at most) if the patient is an inpatient: This however may not be the prescriber due to timing of prescription. The reassessment will usually be done by the surgical teams on their ward rounds. ● Currently trialling a non-invasive device ● Re-audit to be undertaken in 2019.

Serious Hazards of Transfusion (SHOT) 2017	<ul style="list-style-type: none"> • Training in A, B, O and D blood group principles is included in annual update training and competency assessment • Monitor risk and safeguard reports for trends and report to SHOT as required • Blood track for blood fridge access and tracking in place since 2014 • Current service provider LIMS cannot support further electronic management systems. This will be considered in future with LIMS upgrade • TACO checklist was added to Transfusion Policy in November 2017 • Checklist added to Nursing care plan (on shared drive) • Checklist added to clinical and medical induction and annual update training • National Audit was completed in 2017 - action plan has been completed
NCEPOD: Peri-operatives Management of Surgical Patients with Diabetes Study	<ul style="list-style-type: none"> • Ongoing review of Trust diabetes patients' admission criteria, pre-operative patient information booklet and pre-operative diabetes referral pathway • Preoperative Assessment currently looking to increase admin staff as part of current Business Case • Diabetes team is considering to include glucose monitoring into WHO Checklist and addition of a diabetes page into the green consent and surgical monitoring booklet • Plan for auditing the preoperative Assessment Diabetes referral pathway • Plan for including specific diabetes section in Pre-operative assessment booklet • Upskilling of nursing staff at ward level by providing educational opportunities. • Diabetes Specialist Nurse will review complex appropriate diabetes cases • Annual audit of prioritisation of patients with diabetes on operating lists

Participation in Local Clinical Audits

For the year 2018/19, a total of 113 local Clinical Audits were registered which are specific to RNOH. The reports of 67 completed audits have been reviewed during the year. This includes regular monthly audits to check the standards to which we should be operating at, assessing our current practice and then implementing actions (if required) to ensure that we provide safer and more effective care.

Local Clinical Audits	Details
The NHS Safety Thermometer	<p>For 2018/19 the highest recorded harm free percentage has 98.3%. We have consistent low percentage of RNOH acquired harms which includes Falls with Harm, New VTEs, New Pressure Ulcers and New UTIs.</p> <p>If any new harm is identified, actions are put into place immediately by the ward. All harms are reported via the web incident reporting system and All PU's reported are escalated to the Lead TVN.</p>
Hand Hygiene	<p>Hand Hygiene audit is carried out to measure compliance against the National guidance by World Health Organisation (WHO) 5 Moments for Hand Hygiene approach. Devised by the World Health Organisation (WHO) it defines the key moments when health-care workers should perform hand hygiene.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Infection Prevention and Control Team (IPCT) has been raising awareness of Hand Hygiene via periodic training and ward level monitoring • IPCT will continue monitoring hand hygiene compliance across the trust and publish audit findings to ensure awareness and encourage ownership of hand hygiene practices.
Vascular Access Management Audit	<p>The purpose of this audit was to reduce the risk of infection by improving the use and management of vascular access devices. NICE Clinical Guidance CG139, Prevention and control of healthcare-associated infections in primary and community care (published in March 2012) contains standards for Vascular access device site care. These devices are one of the main causes of healthcare-associated infections, and bloodstream infections associated with central venous device insertion are a major cause of morbidity.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Anaesthetic charts used in Theatres are reprinted to cover vascular access insertion criteria • Awareness through education and posters are being implemented by IPCT in coordination with Clinical Educators and Theatre Link Nurse to ensure compliance to these criteria

Local Clinical Audits	Details
	<ul style="list-style-type: none"> Increased training will be delivered via workshops and ward rounds regarding vascular access.
Environmental Ward Spot-check and Full Compliance Audits	<p>Monthly spot-checks are done by the Infection Control Nurse and through peer audit. The checks are completed for all wards. Compliance is monitored by the Infection Control team. A further full compliance audit is completed twice yearly for all areas, once by the Matron for the area and once by the (IPC) team.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> Issues are immediately addressed with further monitoring done through the full compliance audit Senior Nurses in Wards carry out continuous education and equipment cleaning audit in Clinical Areas Minimise clutter given the lack of storage space and continue environmental cleaning Continuous observation and inspection by team composed of Estates & Facilities Administrator, ISS Domestic Manager and IPC Nurse is conducted every first Friday of the month to a specific ward/area/department.
Combined Nursing Audit	<p>Combined Nursing audit is conducted on monthly basis to identify current practice of completing various aspects of Nursing practice. The audit is designed to monitor nursing documentation, slips trips & falls assessments, Pressure Ulcers, Nutritional Assessment and Care Planning.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> Progress is monitored via clinical audit software "AuditR" and shortfalls are addressed on monthly basis via AuditR alerts to identified leads National Early Warning Score (NEWS) app has been trialled across certain wards. It will be fully implemented across all wards to improve compliance New reporting system for Combined Nursing had been introduced on AuditR to improve monitoring.
World Health Organisation (WHO) Safety Checklist Audit: <ul style="list-style-type: none"> - Imaging - PPU - Surgical 	<p>The Safer Surgery Saves Lives initiative was launched by the World Health Organisation (WHO) in 2008 to develop patient safety throughout the perioperative phase of care through a reduction in the number of surgical errors; which could lead to patient death. WHO checklist audit is completed in real-time for all the procedures carried out in theatres and interventional procedures carried out in Imaging.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> An ongoing observational audit has been introduced to capture adherence to WHO Checklist completion policy. This will focus on the

Local Clinical Audits	Details
	<p>quality of the checks conducted</p> <ul style="list-style-type: none"> • Policy has been updated with the new WHO reporting process and updated WHO charts • Locally WHO safer surgery checklist data is analysed on monthly basis to identify any areas of improvement • WHO checklist has been updated on AuditR • Chart identifying any missing elements / sections are provided to Head of Nursing for Critical Support Services Division. This is displayed in the Theatres notice board • Areas of low compliance are addressed at team meeting.
Audit of anaemia and transfusion in 2 stage spinal surgery (NICE Guidance NG24)	<p>The audit evaluated the prevalence of anaemia in undergoing multi-stage surgery patients at different stages of their surgery and at discharge, prior to the implementation of strategies to treat the anaemia including the use of intravenous iron to improve patient recovery and outcome post-operatively.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Data shared with Anaesthetic Department and pan-Trust • Audit submitted to international NATA meeting to gain further recommendations • Recommend routine commencement of oral iron post 2 stage spinal surgeries for patients diagnosed with anaemia, and followed up in community by GPs • A service evaluation of intravenous iron to treat anaemia in 2 stage spinal surgery should be considered in discussion with the DTC.
Medicines Reconciliation Review (NICE Guidance NG5)	<p>The audit evaluated the number of patients that have medicines reconciliation completed within 24 hours of admission.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • All ward pharmacists reminded of Trust's Medicines Reconciliation Policy and to accurately document completed reconciliation on the drug chart • Audit results presented in clinical pharmacist meeting to discuss reconciliation not being completed in a timely manner • Line managers monitor documentation of reconciliations during ward visits.
An audit of the Shoulder and Elbow Unit (SEU)/ Peripheral Nerve Injury (PNI) in-patient rehabilitation standards	<p>To evaluate if consistent approach to the admission and treatment of every admission to the PNI / SEU in-patient programme is adopted across the team.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Quality of patient information was improved. • Establish formal SEU referral criteria and clarify pre-admission requisites for each service

Local Clinical Audits	Details
	<ul style="list-style-type: none"> • Assessment on day 1 is being considered • Psychology screening was included on assessment forms • Liaise with Psychology about electronic referrals for psychology input • Patient pathway was reviewed and standards rephrases.
An audit on the effectiveness of the green bag scheme	<p>The audit evaluated if the proportion of patients bringing in their regular medicines has increased from 79% following the introduction of the green bag scheme in 2013. Initially, green bags were only given to patients who were attending for face to face pre-assessment appointments. Recently, green bags are now posted to patients who have telephone pre-assessment appointments.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • The green bag scheme was re-advertised by putting up posters in main patient areas. Green bags made more visible and available in pre-assessment, in all consultation rooms, and at reception • Scheme expanded to patients not attending for face to face appointments by posting to patients with appointment letter for telephone assessments • Green bag scheme introduced to private patient and children's' pre-assessment unit • Pharmacy telephone clinics continued to remind patients to bring in their medicines 1-2 weeks before their admission <p>Telephone text reminder service implementation for patients being admitted for surgery to bring in their medicines.</p>
An audit on the pharmacy endorsements on drug charts	<p>The audit evaluated the standards of endorsements by Pharmacy staff on drug charts to establish if the clinical pharmacy endorsements standards are being followed consistently across the Trust.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Clinical Endorsement standards reviewed and updated, and require all staff refreshed their knowledge and understanding of these standards • Electronic prescribing being implemented to reduce inconsistency in endorsements and clarity of prescriptions.
Audit of patient consent for Human Tissue in Orthopaedics Surgeries	<p>The audit evaluated the quality of care provided to patients by ensuring blood product transfusion and Human Tissue Consent policies / guidelines are available, appropriate, understood and practised within the Trust.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Patients are consented in Pre-op clinic, giving them opportunity to discuss proposed surgery in more relaxed environment on the day of planned procedure • Information leaflet is distributed in Outpatients and Pre Op clinic

Local Clinical Audits	Details
	<ul style="list-style-type: none"> Consent Form made more visible and revised to require service user confirm risk and benefits have been discussed.
Audit of Untoward Events in a Multidisciplinary Chronic Musculoskeletal Pain Centre	<p>The audit evaluated if policy on managing untoward events is being followed.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> To continue the current format of meetings with enough documentation for future audits To discuss at Departmental strategy meeting the need for Duty of Candour.
Catheter Care Audit	<p>Annual audit to assure Infection Control Committee that care of patients with catheter comply with NICE Quality Standard (QS61), statement 4: "Urinary Catheters" and Clinical Guideline (CG139) "Healthcare-associated infections: prevention and control in primary and community care", catheter care plan / policy, and as part of infection control annual work plan for reducing Gram Negative bacteraemia infection.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> Trust wide awareness sessions by the Infection Control / Urology specialist nurses.
Clinical Notes Audit for Private Patient Unit (PPU) Therapy Staff	<p>The audit evaluated the documentation of staff members working on the PPU. Monitoring this regularly (every 6 months) helps to ensure a safe mode of practice and notes are of satisfactory quality and manage the risk from new, rotational locum and temporary staff.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> In-service training with team to ensure notes are legible Send team list of trusts abbreviations Relay areas of low compliance identified to the team
Clinical Notes Audit for PPU therapy staff: Re-audit	<p>The re-audit evaluated if there had been an improvement in clinical notes.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> In-service training with team to ensure awareness and adherence to professional body guidance Exclude standards inapplicable to the next audit tool
Complaints Policy and Associated Learning Outcomes	<p>The audit evaluate compliance with following CQC regulations: making sure appropriate investigations are carried out to identify what might have caused the complaint and the actions required to prevent similar complaints and providers should monitor complaints over time, looking for trends and areas of risk that may be addressed.</p>

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	<p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Clinical Directors from each division to appoint a Quality Facilitator • Clinical Directors from each division to share their learning outcome actions at regular governance meetings and shared at Quality Improvement and Lessons Learnt Review Panel • For staff who have complaints upheld / partially upheld regarding the communication / behaviour / attitude should be held accountable and receive development where appropriate e.g. training, monitoring etc.
<p>Consent in Children and Young People</p>	<p>The audit evaluated the consent process in children and young persons with a focus on involving children and young persons as appropriate for their age.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Present findings to multi-disciplinary team including Nursing, Surgical and Anaesthesia teams. Provide teaching sessions about policies and laws • Develop a Mental Capacity Assessment (MCA) form for young persons on the Adolescent Unit. Develop posters about procedures and MCAs • Insert Consent Form 1 in folders of all young person's ages 16-17 • Develop leaflets for patients in all children over 10 years old and encourage competent children up to age 16 to participate in their own consent • Applaud Nursing staff for high rate of young person's signing their own consent
<p>Continuity of care in orthotics outpatients</p>	<p>The audit evaluated patient experience and outcomes by assessing if patients see the same member of staff while being treated for the same orthotic condition wherever possible.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Record reasons in patients' clinical notes if they are booked in with different orthotists. This will be discussed with admin team to try to ensure this happens when appointments are booked • It will be difficult to prevent patients from seeing different orthotists if they attend as walk-ins so these patients should be excluded from future audits • Re-audit in 6 months (April 2019) after asking admin team to record reasons in the notes if patients are booked in with other orthotists.
<p>Quarterly Controlled Drugs Audit</p>	<p>This audit evaluated if wards and theatres are compliant with the Medicines Policy (MP10) and Controlled Drugs legislations.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Quarterly CD checks to be conducted with ward pharmacist and senior

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	<p>ward staff, review ADIoS monthly. CD stock list for the clinical area to be reviewed by ward pharmacist and ward manager/senior staff nurse</p> <ul style="list-style-type: none"> • All heads of nursing and ward managers (and other senior ward staff) to obtain administration rights for managing nursing signatory lists. Obtain training on use from IT if required. Perform appropriate and timely review and updating of nurses' signatures • Education and training for nurses and ODPs in relation to documentation • Incident reporting of all CD related events – including breakages and spillages, missing signatures • Twice weekly CD stock ordering to be completed in the timely manner. Return unwanted, expired or close to expiry, unrequired PODs/TTAs in a timely manner.
Documentation of Tourniquet	<p>This audit evaluated how well Health Care Professionals in the Upper Limb and Foot Ankle Unit are documenting tourniquet use during surgery. There are no standardised guidelines that exist and this audit will assist in establishing some local ones that can be implemented.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Standardised section in operation notes to document all 5 standards • Allocating a nursing staff to complete the admissions booklet with all the information.
Re-Audit: Documentation of Tourniquet	<p>This re-audit evaluated if actions implemented from the initial audit had improved the documentation of Tourniquet. Five documentation standards were established from the initial audit.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Standardised section in operations notes to document all 5 standards • Allocate a nursing staff to complete the admissions booklet • New admission booklets with sections to document: Padding use & type and Fluid shield use • Laminate copy of what to document on the Tourniquet machines • Use of micro tape.
Effectiveness of Foot & Ankle Telephone Clinic	<p>The audit evaluated the outcomes of the foot and ankle telephone clinics and the use of resources.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Educate new medical team at unit induction on role of Tele clinic every 6 months by Clinical Lead / Clinical Nurse Specialist • Re audit 12 - 24 months by Clinical Nurse Specialists.
Ensuring safer practice with high doses	<p>The audit evaluated current practice with regard to ensuring safer practice with high dose ampoules of diamorphine and morphine by comparing current practice against the standards set by the NPSA.</p>

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ampoules of diamorphine and morphine	<p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • All nurses have to complete IV assessment book and part of the workbook the nurses have to choose six IV medicines which have to be supervised • Make morphine as one of the drugs of choice where they would learn what the adverse effects and the monitoring requirements for morphine are • All nurses to attend the Pain study day, Epidurals and Patient controlled analgesia study day.
Compliance against NICE Interventional Procedures Guidance (IPG311 & IPG571)	<p>These two audits evaluated the use of Extracorporeal Radial Shockwave Therapy (ESWT) in the foot & ankle shockwave clinic at RNOH adheres to NICE guidelines for ESWT for Plantar Fasciitis and for insertional and non-insertional Achilles Tendinopathy. The audit also looks at monitoring the effectiveness of ESWT as an intervention by ensuring data is collected regarding outcomes and any adverse effects.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Development of a shockwave patient information leaflet • Team meeting to address Consent issues, agreed that verbal consent was satisfactory for both plantar fasciitis and Achilles tendinopathy patients, and that written consent not required • Discussed and agreed with all consultants in MDT in February 2017 Achilles tendinopathy NICE guidelines were updated in December 2016 and now just say "consent" and do not specify that this has to be written. For future audits, standard will just say consent for both plantar fasciitis and Achilles tendinopathy and will not specify written or verbal.
Fasting times audit for adults and paediatrics (Fasting Policy Audit)	<p>The audit evaluated the length of time fasting for fluids and solids that occur compared to the RNOH fasting policy.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Patient leaflet in use by anaesthetists • Anaesthetic room observation by dietitian • Share findings at the relevant forums • Re-audit.
How well do operation notes in Sarcoma/BTU comply with 'Good surgical practice' outlined by the Royal College of Surgeons	<p>The audit evaluated the Sarcoma / Bone Tumour Unit compliance with the Royal College of Surgeons (RCS) guidance on keeping clear and comprehensive operation notes in order to improve patient safety post-operatively, communication between doctors working on the ward with those in theatre, and efficient handover to medical and allied health professionals.</p> <p>We are undertaking the following actions to improve compliance:</p>

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England	<ul style="list-style-type: none"> Developed a pro-forma for surgeons to fill out and ensure all the criteria of the RCS are being met as well as some adjuncts relating to the Unit.
Improving Compliance with Oral Methotrexate Guidelines NPSA/2006/PSA13	<p>The audit evaluated whether the Royal National Orthopaedic Hospital adhered to the recommendations set out in NPSA Patient Safety Alert 13: <i>Improving compliance with oral methotrexate guidelines</i>.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> All pharmacists reminded of requirements for managing inpatients on Methotrexate Clinical Nurse Specialist / doctors to identify patients less likely to carry monitoring booklets and advised them of the importance these. Pharmacists/Medicines Management Technicians to review monitoring booklets upon discharge planning Prescribing and dispensing software programmes updated with risk management specifications Pharmacy team develop method of differentiating between Folic Acid and Methotrexate packed down boxes.
Identification and accuracy of allergy-status documentation of adult inpatients at RNOH	<p>The audit evaluated if allergy status is correctly and accurately documented for adult inpatients, if documented allergies are true allergies and distinguish between true allergic reactions or other adverse reactions, and to identify best practice of documenting highlighting patient's allergies.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> Promote awareness and improve training for multi-disciplinary staff about dangers of recording incomplete or incorrect allergy information Formulation of a trust wide policy / guideline on drug allergies to include information such as the structured assessment guide recommended by NICE Use the iCS risk flags to identify true allergies.
Is the current Foot and Ankle MDT clinic orthotic outreach model an effective use of available Orthotic clinic time?	<p>The audit evaluated if the current model of Orthotists formally providing input alongside the Orthopaedic Foot and Ankle Consultants (under the standard of care: that sufficient numbers of complex patients will benefit from multidisciplinary planning at the time of surgical team assessment).</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> Train other healthcare professionals to fit simple off the shelf, Consultant prescribed orthotic devices To change clinic set up to utilise appointment times more efficiently Re-audit.
MDT Record Keeping	<p>The audit evaluated the results with the previous year's compliance rate, and reviewed the RNOH medical record documentation against National and</p>

Local Clinical Audits	Details
Audit	<p>Local standards in order to verify that the Trust is providing high quality and safe care.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Audit findings to be highlighted at different disciplinary teaching sessions and to different staff groups (from ward clerks to Trust executives) • SHOs and therapists to use a stamp with their name for printing names in patient notes • Update adult admission booklets containing consent to share information, and discard old ones • E-medical records team to test and confirm if alerts on NoteOn.
Medicines optimisation – Delayed/missed doses	<p>The audit evaluated the number of omitted and delayed doses, which therapeutic drug had the highest omitted and delayed doses, how many critical medicines were omitted/delayed, the most common reason behind the omitted and delayed doses, and the wards with the most omitted and delayed doses.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Doctors/Nurses/Pharmacists to review medication that the patient is refusing regularly • Ward pharmacists to inform doctors and non-medical prescribers on wards about standardising timings when prescribing medicines. Educate nursing staff about how to obtain medicines out of hours to avoid missed/delayed doses • Ward managers to have meeting with their nursing staff to reinforce the importance of documenting reasons for omitted or delayed medicines • Incident reports on omitted and delayed medication should be reviewed regularly.
MRSA Screening Compliance Audit	<p>This audit was conducted to assure the Infection Control Committee and Trust Board that the RNOH patients are being screened for MRSA. The MRSA compliance audit is carried out bi-annually for all in- patients at RNOH as a point prevalence audit to ascertain that all patients are being screened for MRSA pre admission or on the day of surgery.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Any non-compliance is followed up by appropriate infection control/awareness raising action in any department where gap in compliance is identified • Reminder to all wards that patients need to be screened for MRSA.
NICE: QS131 Intravenous	<p>The audit evaluated the compliance of prescribers with local and National Institute for Health and Care Excellence (NICE) guidelines on prescribing IV</p>

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fluid therapy for children in RNOH	<p>fluids in paediatric patients.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Promote the presentation of the key findings of this audit to all relevant staff to support implementation of the recommendations • Fluid calculations for bolus, maintenance, deficit and on-going loss replacement must be made and documented, preferably on the fluid charts or in the notes • Publish this report and seek widespread circulation to all staff involved in administering of IV fluids in children • Discuss during the induction with paediatric and anaesthetic registrars • Present audit to paediatric MDT.
Notes Audit (Orthotics Department)	<p>The audit evaluated the record keeping process to assess if clinical notes adhered to the required standards to provide the correct and relevant information related to each patient's treatment.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Request admin staff ensure this documentation (current discharge summary or referral) is present when booking appointments • Educate staff members in training sessions on the importance of recording the following information: <ul style="list-style-type: none"> ○ Patient diagnosis stated ○ Initial assessment documented ○ Clear treatment plan documented.
Paediatric Medicines Safety Qualitative & Quantitative Audit	<p>The audit evaluated compliance with standards to ensure safe prescribing.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Paediatric MDT Teaching session to go through common drug doses and what should be round down/up so as to facilitate easy administration for nurses • Education and training for nurses surrounding good documentation practice on drug charts. Can be delivered by ward pharmacist via 5-10min "Drug huddle or Druggles" session • Implement 2x 15 mins slots for nurses for dedicated medication-related documentation in the medical notes • Education and training with competence assessments - to encourage good prescribing practice • For anaesthetic team to review pain score chart/NEWS chart to address this.
Pain Outcomes Diary Audit in Radiology	<p>The audit evaluated the effectiveness of diagnostic & therapeutic image guided injections for patients undertaken in the radiology department.</p>

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	<p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • First part of diary completed with RDA at sign out • Information leaflet produced with instructions • Liaise with communications team to have reminder prompts sent to patients 6 weeks post op.
<p>Perioperative experiences of anaesthesia reported by children and parents</p>	<p>This was followed by a recent paper from Great Ormond Street Hospital, “Perioperative experiences of anaesthesia reported by children and parents” the experiences of children from The Royal National Orthopaedic Hospital with those from Great Ormond Street (see paper from Great Ormond Street Hospital, “Perioperative experiences of anaesthesia reported by children and parents”).</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Document the offer to parents to ask any further questions • Ensure preparation for general anaesthesia is done prior to arrival of child. • Alternative fluids for children who do not like water • PCA/ NCA prepared in advance. • Further toys for children in the recovery room.
<p>Pharmacy Porter Workload</p>	<p>The audit evaluated if the Pharmacy porter is able to manage with the current work load and will have the capacity to manage additional deliveries when making deliveries to the new build hospital.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Increased support to Pharmacy portering service, particularly at identified time pinch points and in anticipation of an increase in distance for transport of medication when the NIWB opens • RNOH ISS contracts manager and Pharmacy Department reviewed purchase of buggy with lockable component • Pharmacy porters use Vocera communication system.
<p>Post-operative wound healing</p>	<p>The audit evaluated the reasons for post-operative wound complications.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Clinicians identify on operation notes that patients with associated co-morbidities have their skin checked at one week post-surgery • Review suture closure by the medical team looking at types of material and suturing techniques • Education of wound care and suturing included in induction of rotational medical team.
<p>Promoting safer</p>	<p>The audit evaluated whether the actions from the previous audit with regards to promoting safer measurement and administration of oral liquid</p>

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measurement and administration of oral liquid medicines - NPSA/2007/19	<p>medicines which was audited in 2016 have been completed.</p> <p>The results of the audit showed that all of the standards are now met and the Trust is compliant with the NPSA audit recommendations where Trust policies and certain devices are concerned.</p>
Re audit of fridges and snacks available on all wards	<p>The audit re-audited compliance with the Trust's Nutrition Policy.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Communication team signpost patients to guidance on food from home • Ward managers check that fridge operating procedure being completed by their dedicated staff member, and reported back to Nutrition Steering Committee • Matrons/Clinical Leads disseminate consistent messages about food from home to all ward staff • ISS responsible for ensuring adequate snacks available at all times • Educated Ward Host on appropriate storage of opened items.
Re-audit of Compliance with Metastatic Spinal Cord Compression (MSCC) guidelines	<p>The re-audit evaluated if patients coming in on the MSCC pathway get the assessment and rehabilitation as outlined in the Guidelines and Audit Implementation Network (GAIN) guidelines.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Continue with relevant training as part of induction process • Developing integrated care pathway (ICP), and embedding a clear communication pathway open between the MDT to ensure patients are assessed in a timely manner • Improved documentation e.g. fatigue management discussions, drug history, outcomes of MDT meetings • Although psychological wellbeing has been documented, a relevant screening tool for use where appropriate being considered.
Re-audit of Inpatient Therapy Standards Following Posterior Spinal Fusion in Adolescents	<p>The re-audit establish a benchmark of therapy intervention for adolescent patients scheduled for posterior spinal fusion for scoliosis corrective surgery at RNOH as set out in the original Audit.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • The day of therapy discharge and whether standards were achieved at day 5 for future reference are documented clearly in the medical notes • Embedding the prioritization of AIS patients at weekends to ensure standards are achieved. Preliminary meeting held in February 2019 and invited AHP'S working with AIS to share thoughts and see if consensus about standards is possible nationally.
Reducing dosing errors	<p>The audit evaluated compliance against standards set by National Patient Safety Alerts (NSPA) to ensure clinicians are administering the correct and</p>

Local Clinical Audits	Details
with Opioids medicines	<p>safe dose of opioids to patients.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Acute pain team presented the findings in a Senior House Officer teaching session • The Acute pain team delivers training for all clinicians at medical induction to improve the way opioids are prescribed for adults at the RNOH • NPSA algorithm will be included in the Acute Pain Policy • Prescribers are directed to the Acute Pain Policy at induction.
Resources to support the safety of girls and women who are being treated with valproate NHS/PSA/RE/2017/002	<p>The audit evaluated compliance with recommendations in Patient Safety Alert regarding the resources to support the safety of girls and women who are being treated with Valproate.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Patient safety cards on Valproate kept in the dispensary • The lead educators for doctors, clinical nurse educators for adult and children, and pharmacist training voice sent this alert for them to action the relevant points of the alert (and embed training into clinical practice).
Risky Behaviours (CQUIN)	<p>The audit evaluated if patients admitted to the hospital have an admissions booklet completed including 'healthy lifestyle' section as required by National CQUIN 18/19.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Regular teaching sessions • DOH updated patient information.
Safeguarding Children Process	<p>The audit evaluated if safeguarding processes are being followed in accordance to the RNOH Safeguarding Children Child Protection Policy.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Review Pre-Op Admission Clerking form to lend itself to the questions required as per Recommendation 12 of the Victoria Climbié Inquiry • Consider introduction of the use of genograms during the clerking process • Safeguarding team to document in multi-disciplinary history sheets their involvement with an in-patient child and any support or advice given • The Safeguarding Office to complete monthly checks of the office VC log • Save to skinny file referrals made to Local Authority for each inpatient children.

Local Clinical Audits	Details
Screening for Depression and Anxiety in Patient to come in for Surgery	<p>The audit evaluated if a history of mental illness affects the length of stay for the 12 most common surgeries conducted at the RNOH and to identify if the proportion of patients booked to come to RNOH who screen positive for a common mental disorder (anxiety or depression) are receiving treatment for it.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Information shared with executive board and medical director • Business planning committee/executive are considering if viable service models can be implemented.
Temperature/ Thermal Blanket Audit	<p>The audit evaluated patients' surgical pathway by ensuring maintenance of normothermia throughout the three surgical phases (pre, intra and post operatively) as recommended by NICE guidelines QS 49 to reduce the risk of surgical site infection.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Normothermia should continue to be measured and documented before patient goes to theatres as it has improved according to the audit taken • Estates department to review the warming system so that theatres rooms' temperatures become easily warmed up accordingly • Patients temperature should be taken one hour or just before the patient leaves the ward otherwise theatre list can be delayed • Controlling long time operation procedures are difficult but patients should be warmed also with electric mattresses where it is applicable.
The adult patient's passport to safer use of insulin NPSA/2011/Alert 3	<p>The audit evaluated if the actions from the previous audit of the safe use of insulin (2016) have been completed.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Availability of blood glucose monitors on the wards has been reviewed with view to increase the numbers • Insulin passports added to Emis System so they can be booked out as zero stock.
Theatre Last Date of Menstrual Period (LMP) Documentation Compliance Re-audit	<p>The audit evaluated the Trust's compliance against the required standard (95%) for the LMP part of the consent form to be completed, signed and scanned onto documents of the corresponding CRIS event.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Nurses complete the LMP part of consent and sign and date the form • Radiographers check the form is completed before using it in theatres • WHO safety checklist amended to include LMP check in 'sign in' section. Theatre staff ensure this is completed during 'sign in.'

Local Clinical Audits	Details
An Audit of Histopathology Reporting of Uterine Sarcomas	<p>The audit evaluated if histopathology reports for uterine sarcomas contain 100% of the core data items, as specified by the RCPATH dataset.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Use of a specific proforma or template for reporting uterine sarcomas.
To improve clinical care in the referral of orthopaedic oncology	<p>To evaluate if patients are receiving optimal access to timely services to ensure good functional outcomes.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Timely discharge reports are imperative • Consideration of rehabilitation pathway for those undergoing chemotherapy • Empowerment of people to follow up own referrals by providing contact details and a copy of the referral to the patient before discharge.
Improving scar care in adult post-surgical peripheral nerve injury (PNI) outpatients seen by occupational therapists in Bolsover Street	<p>The audit evaluated if scar care advice is provided to patients and if post-surgical wounds/scars are assessed at the first Occupational Therapist (OT) appointment.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Complete Multi-Disciplinary Team (MDT) liaison • Document reasons for advice not given • Consider wider role of MDT in scar advice to ensure timely provision • Team discussion and review of OT/PNI documentation of scar care advice and advice given • Liaison and review within Therapies, PNI unit and other RNOH clinical units regarding scar advice, provision of patient information including when advice provided, by whom and in what format.
To improve Speech and Language Therapy (SLP) management in spinal cord injured patients at the RNOH	<p>The audit evaluated if current management of dysphagia and communication in spinal cord injury patients meets national standards for SLT role in rehabilitation and critical care settings and to identify any areas which need improvement.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Documenting advice and assessment of mouth care on tracheostomy ward round stickers • Joint working with nursing staff, currently a nurse on ITU is leading on mouth care matters, a Health Education England initiative to improve mouth care on the wards • Benchmark against other SCI units for SLT input.
Tristel Wipes Annual	<p>The audit evaluated adherence to cleaning of the flexible nasendoscope (FNE) as per manufactures standards and that the tracing book is completed</p>

Local Clinical Audits	Details
Audit	<p>fully for each procedure.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Record the serial number in the Tristel book and/or highlighting the serial number of the one scope we have for this procedure at the front of each Tristel audit book • Ensure leak testing is always documented. Findings to be disseminated with adult SLT team and report sent to the trust audit team.
Uniform Audit for Adult Orthopaedic Inpatient Therapy Team	<p>The audit evaluated if staff are adhering to wearing the correct uniform which is clean and fit for purpose (as per Trust Uniform Policy).</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Areas of low compliance around RNOH dress code, particularly around footwear has been discussed in team meetings with all staff agreeing to the proposal regarding the purchase of footwear.
Upper Limb Annual Notes Audit	<p>The audit evaluated if the Upper Limb Therapy Team comply with record keeping guidelines as per the professional standards.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Results discussed within 1:1 supervision sessions and subsequent and individual action plans developed between supervisor and supervisee • There is an ongoing project to develop the Therapies electronic notes system and it is anticipated this will reduce significantly the volume of uploaded documents.
Use of antimicrobial prophylaxis in urinary catheter removal	<p>The audit evaluated the use of antimicrobial prophylaxis in urinary catheter removal at RNOH and assesses the usefulness of staff education in promoting good antibiotic stewardship.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Teaching sessions given to Junior Doctors, Nurses and Pharmacist to reiterate standard as per Trust Policy • Present findings at Trust Quality Improvement and Audit Day in November 2018.
Use of tranexamic acid in primary knee replacement	<p>The audit evaluated the use of tranexamic acid (TXA) and autologous drain transfusions and what effect if any this had on post-operative haemoglobin (Hb).</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • For all primary knee replacements consideration should be given to the use of tranexamic acid provided there are no contraindications • For all primary knee replacements surgeons should consider their reason

Local Clinical Audits	Details
	for using a drain, with the understanding that the use of autologous drain blood does not make a statistically significant difference to post-operative Hb.
Written information for patients requiring surgery	<p>The audit evaluated the written information provided in the clinic letter to patients with Royal College of Surgeons standards. The audit also assessed if patients wanted further information and determine what they would like.</p> <p>We are undertaking the following actions to improve compliance:</p> <ul style="list-style-type: none"> • Highlight the findings regarding diagnosis and risk discussion at the departmental audit meeting • Introduce patient information leaflets for common conditions (Schwannoma, brachial plexus injuries and injury to the common peroneal nerve).

Table 4.2.2B

4.2.3 Participation in Clinical Research

Clinical research is essential for continuous improvement in healthcare delivery. Its importance has been recognised by the Care Quality Commission (CQC) and has been added to the inspection schedules. Each year thousands of patients take part in clinical studies in the NHS. The Royal National Orthopaedic Hospital NHS Trust together with our academic and commercial partners contributes to the development of new projects as well as contributing to recruitment of studies and trials from other centres. In 2018/19 our recruitment into NIHR Portfolio studies have exceeded 700 patients. Our studies are reviewed by research ethics committee (REC) as well as the Health Research Authority (HRA).

We provide opportunities for clinical research participation to our patients, and provide access to cutting edge treatments; this includes patients with rare conditions for whom treatments are currently limited. We provide individual patient solutions as part of innovative treatment, and support international studies for patients with extremely rare conditions.

Participation in clinical research demonstrates The Royal National Orthopaedic Hospital NHS Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes. We work closely with our university partners to develop new treatments for our patients and our collaborations have produced impact on patient care locally and beyond. We're committed to producing new ideas across all staff groups to deliver research, which has a potential to change the way we treat our patients. Involving staff and patients in developing and delivering is essential for gaining the benefit associated with being a research active organisation.

The Royal National Orthopaedic Hospital NHS Trust was involved in conducting 65 clinical research studies of which 24 were initiated during the past year in the neuro- musculoskeletal specialities.

There were over 100 members of clinical staff participating in research approved by a national research ethics committee at The Royal National Orthopaedic NHS Trust, and support for clinical research continues to grow.

Our engagement with clinical research also demonstrates The Royal National Orthopaedic Hospital NHS Trust commitment to testing the latest medical treatments and techniques. RNOH collaborates with universities as well as industry partners in delivering cutting edge technology to everyday care. Our engagement with clinical research also demonstrates The Royal National Orthopaedic NHS Trust commitment to testing the latest medical treatments and techniques. Our collaborations include international projects with EU funding, and we also contributed to national projects such as the Genome 100,000, which aims to change care delivery in the UK.

Case studies:

Short title: The Connect Project

Title: The CONNECT Project, Phase 2: burden of treatment

Lead: Mr Anthony Gilbert

Project: This is an NIHR funded project as part of Clinical Doctoral Research Fellowship (CDRF). The project explores patient preferences for the use of communication technology (for example, telephone, SKYPE or FaceTime) in orthopaedic physiotherapy and occupational therapy consultations. The project will help to shape future delivery of specific consultations using communication technology.

Short title: MUNEFlex

Title: A study of the application of Motor unit number estimation as a valid tool in assessing muscle re-innervation.

Lead: Mr Tom Quick

Project: The Motor Unit Number Estimation MUNE Flex study aims to assess the validity and application of this recognised neurophysiologic assessment to the process of nerve transfer to reanimate elbow flexion. This is a pilot study to inform the use of this technology in monitoring the return of axons to a re-innervated muscle. This is an important study, which will help to provide validated outcomes for future clinical trials in this area.

4.2.4 Commissioning for Quality and Innovation (CQUIN) payment framework

During 2017/19 the Trust signed up to CQUINs with both Clinical Commissioning Groups (CCGs) and NHS England (Specialised Commissioning).

The Trust overall income target associated with 2017/19 CQUIN schemes was approximately £2.5 million per annum. Details of the agreed CQUIN schemes for 2017/19 are provided in the table below.

For NHSE CQUINs the Trust is on target to achieve 100% for our CQUINs to date for 2018/19, which should equate to £955,935 to date.

Monthly monitoring both within the Trust and with the commissioners continues to take place to assess progress against each of the milestones. In our second year for these CQUINs the trust has again fully achieved all Specialised Commissioning CQUINs.

The trust is also on target to achieve all Non-specialised Commissioning CQUINs. Currently the Trust has 5 Fully Achieved and 1 partially achieved CQUIN. The Trust agreed 4 CQUIN schemes with NHS England for Specialised commissioners and 6 CQUIN schemes with Non-Specialised Commissioner CCG's.

For Specialised Commissioning: Out of 4 schemes the outcome was as follows:

1. All CQUINs Q1: Fully Achieved
2. All CQUINs Q2: Fully Achieved
3. All CQUINs Q3: Fully Achieved
4. All CQUINs Q4: Submission only on 30th April 2019

For the CCG schemes: Out of 6 schemes the outcome was as follows:

1. All CQUINs Q1: Fully Achieved
2. All CQUINs Q2: 5 Fully Achieved / 1 partially achieved
3. All CQUINs Q3: Still to Be confirmed
4. All CQUINs Q4: Submission only on 30th April 2019

CQUIN Schemes Achievements

NHSE	Q1 Achievement	Q2 Achievement	Q3 Achievement	Q4 Achievement	Q1-4 Averaged %	M12 Forecasted Achievement	Total value of CQUIN Available if 100% was achieved
	Achieved	Achieved	Achieved	Estimated			
TR3 Spinal Surgery	100%	100%	100%	100%	100%	£ 348,916	£ 348,916
Service Redesign	100%	100%	100%	100%	100%	£ 253,323	£ 253,323
Telemedicine	100%	100%	100%	100%	100%	£ 148,170	£ 148,170
Anti microbials	100%	100%	100%	100%	100%	£ 205,526	£ 205,526
					100%	£ 955,935	£ 955,935

Table 4.2.4A

CCG	Q1 Achievement	Q2 Achievement	Q3 Achievement	Q4 Achievement	M12 Forecasted Achievement	Total value of CQUIN Available if 100% was achieved
	Estimated	Estimated	Estimated	Estimated		
1. Improvements of Health	100%	100%	100%	100%	£ 172,358	£ 172,358
2. Timely Identification	100%	100%	100%	100%	£ 172,358	£ 172,358
6. Advice & Guidance	100%	100%	100%	100%	£ 172,358	£ 172,358
9. Risky Behaviours (tobacco & Alcohol)	100%	100%	100%	100%	£ 172,358	£ 172,358
STP Engagement	100%	100%	100%	100%	£ 287,264	£ 287,264
Financial Control	100%	100%	100%	100%	£ 287,264	£ 287,264
Total					£ 1,263,960	£ 1,263,960

Table 4.2.4B

The achievement of these CQUINs has been once again been underpinned by the continuous engagement and work between Finance/Commissioning and CQUIN leads, which was embedded in 2017/18 when these CQUINs first started. RNOH has now standardised this approach with regards the management of CQUINs for 2018/19 and when the new round of CQUINs begins in 2019/20.

As a result of the CQUINs programme, improvements have continued to be made in the following:

- Establishment and operation of regional spinal surgery networks, GIRFT, data flows and MDT for surgery patients
- The Pharmacy team have worked incredibly hard to embed the timely identification of sepsis Antimicrobial resistance (AMR) across the Trust in 2018-19, which is reflected in the Trust expecting to achieve 100% for this CQUIN
- Telemedicine services in chronic pain and urology were implemented and further developed. This CQUIN has continued to achieve 100% during 2018-19
- There has been a continued focus on Flu Vaccination within the Trust in 2018/19, and the Trust is expecting to achieve our CQUIN target of 75% coverage for frontline clinical staff flu vaccinations
- Critical care service redesign CQUIN has continued to be embedded and rolled out successfully. Acute intervention team, transfer of zero organ supported patients to ward care rather than critical care and new Integrated care pathways have made the full achievement of this CQUIN in 2018-19 possible

- Development & implementation of Advice and Guidance service, with additional services coming on line throughout 2018-19. New services now offering Advice and Guidance include:
 - Upper Limb
 - Rheumatology
 - Paediatric Surgery.

4.2.5 CQC registration and compliance

All NHS hospitals are required to be registered with the Care Quality Commission (CQC) in order to provide services and are required to maintain high quality care in order to retain their registration. RNOH is required to register with the CQC and its current registration status is 'without conditions'. The Trust underwent a CQC Inspection in 2018/19 and received an "overall good" rating. CQC has not taken any enforcement actions against RNOH in 2018/19.

4.2.6 Data Quality

The oversight of data quality and its assurance falls within the remit of the Information Quality and Governance Steering Subcommittee. The Information Governance team work to ensure that high quality data flows are in place to provide better patient care and patient safety. The data flows play a key part in improving services through informed decision making and can be used to identify trends and patterns, draw comparisons, predict future events and outcomes, and evaluate services. RNOH will be taking the following actions to improve data quality:

- Consistent and comprehensive use of the NHS Number
- Quality assurances of data pre-submission
- Sign off data pre-submission
- Effective tracing of patients on the Personal Demographics Service (PDS) pre-submission
- Developing Data Quality Improvement Plans
- Reporting of data quality
- Routine audit and management of clinical & corporate records
- Audit clinical coding
- Comprehensive clinical coding training
- Incorporate national data definitions, standards, values and validation programs. Local documentation should be updated, as national standards develop
- The use of local and national benchmarking to identify data quality issues and analyse trends.

4.2.7 NHS number and General Medical Practice Code Validity

RNOH submitted records during 2018/19 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

- 98.9% for admitted patient care
- 99.2% for outpatient care

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

- 100% for admitted patient care
- 99.9% for outpatient care

(Source: SUS+ Data Quality Dashboard as at month 11)

4.2.8 Data Security and Protection Toolkit attainment levels

From April 2018 the new Data Security and Protection Toolkit (DSP Toolkit) replaces the Information Governance Toolkit (IG Toolkit). It forms part of a new framework for assuring that the Trust are implementing the ten data security standards and meeting their statutory obligations on data protection and data security in line with the General Data Protection Regulation (GDPR).

Organisations contracted to provide services under the NHS Standard Contract (NHS providers) must comply with the requirements set out by Department of Health, NHS England and NHS Improvement, as part of the data security and protection requirements. The ten data security and protection standards are grouped: people, process and technology and include;

- **Leadership – People**
 1. Senior Level Responsibility - Senior Information Risk Owner (SIRO) for data and cyber security
 2. Completing the DSP Toolkit
 3. Continue compliance to General Data Protection Regulation (GDPR)
 4. Training staff
- **Leadership – Processes**
 5. Acting on CareCERT advisories
 6. Continuity planning in place to respond to data and cyber security incidents
 7. Reporting incidents across the organisation
- **Leadership – Technology**
 8. Identify unsupported systems
 9. On-Site Assessments
 10. Checking Supplier Certification

RNOH self-assessment submission for the DSP 2018/19 was submitted on time with all mandatory items completed by the deadline 31st March 2019 and the result was a pass.

4.2.9 Clinical coding error rate

RNOH was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission. However an internal formal clinical coding data quality audit was completed to NHS Digital and Data Security and Protection Toolkit standards in January 2019. A total number of 200 Finished Consultant Episodes (FCEs) were audited. The sample was randomly selected from the spells that occurred between the months of September, October and November 2018.

The audit was undertaken by NHS Digital Terminology and Classifications Delivery Service Approved Clinical Coding Auditor.

DATA SECURITY AND PROTECTION TOOLKIT LEVEL

Data Security & Protection Toolkit Requirements

	Level of attainment	
	Mandatory	Advisory
Primary diagnosis	>= 90%	>= 95%
Secondary diagnosis	>= 80%	>= 90%
Primary procedure	>= 90%	>= 95%
Secondary procedure	>= 80%	>= 90%

Overall results – Coder and Non-Coder errors

Year	Primary Diagnosis Accuracy	Secondary Diagnosis Accuracy	Primary Procedure Accuracy	Secondary Procedure Accuracy
2018/19	95%	98.7%	95.4%	93.4%
2017/18	96.5%	98.1%	96.3%	93.5%

Table 4.2.9 - RNOH-Data Security and Protection Toolkit Clinical Coding Data Quality Audit 2018-19

The audit report demonstrates that the RNOH has maintained its high standard of coding quality and has achieved excellent coding accuracy. Data quality coding audit percentages achieved correspond to an advisory level attainment on the data security and protection toolkit requirement in Table 1.

The income variance for the audited sample was (variance = 0.1% for a sample total value of £739,677). Most errors were made by omitting secondary codes for method of operation and site codes with minimal impact on income. Overall clinical coding audit findings show a high level of coding and income accuracy.

4.2.10 NHSE Emergency Planning Resilience and Response Assurance

The annual EPRR assurance process is used in order to be assured that NHS organisations in London are prepared to respond to an emergency, and have the resilience in place to continue to provide safe patient care during a major incident or business continuity event.

All organisations were required to carry out a RAG rated self-assessment against the NHS Core Standards for EPRR; this included the organisation's 2017-18 scores as a baseline to assess the 2018-19 position. Compliance was assessed against 77 applicable EPRR and Hazmat Standards.

RNOH demonstrated full compliance against all applicable standards i.e. all the standards relating to Governance, Duty to maintain plans, Command & Control, Training and Deep dive. RNOH was commended by NHS England for maintaining high compliance across all areas.

Part 5: Review of quality performance

Quality Account regulations from the Department of Health require trusts to report performance against a core set of indicators, using data made available to the Trust by the NHS Digital where available. The RNOH has added a number of other quality indicators that form part of our quality agenda.

5.1 Patient Safety Measures

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

The RNOH considers that this data is as described for the following reasons. The data is collected regularly and is overseen by the multidisciplinary VTE Group.

VTE group works to:

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

Indicator	2016/17	2017/18	2018/19
% patients admitted who were risk assessed for VTE	99.8	98.5%	96.6*

Table 5.1.1: NHS England published data except *provisional internal data

The Trust has taken the following actions to improve the rate of risk assessments and so the quality of its services:

- A clinical audit is being planned against the VTE policy and NICE guidance Quality Standard
- An up to date policy on VTE is available to all members of staff via intranet. The policy is based on the latest NICE guidance and is actively being followed by the clinicians
- VTE committee is working closely with Surgeons, Cardiologists and Haematologists to develop action plan in order to fully implement the NICE guidance on VTE.

5.1.2 Clostridium difficile infection rate - CORE INDICATOR

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

For the financial year 2018/19, the Trust had 2 cases of C. difficile infections against a target limit of 1 (i.e. CDI incidents/100,000 bed days is 4.1) set by NHS England. Within the year, the Trust also recorded 1 case where the patient was identified as a C. difficile antigen carrier but toxin negative in its inpatient group. The target limit is held against the number of incidents that are deemed as resulting to lapses in care. For the above financial year none of the two cases were regarded as a lapse in care following review by a representative of NHS England based on root cause analysis findings. All C. difficile infections were promptly identified resulting to patients having appropriate treatment, prompt recovery and enhanced experience.

Good practices, areas needing improvement and actions generated by the RCA are communicated to the multi-disciplinary team and the patient accordingly following duty of candour principles. The infection control team on behalf of the Trust continues to embed the following actions targeted at reducing its rate of C. difficile infection in order to improve the quality of its services and patient experience by:

- Maintaining and monitoring standards of cleanliness in the hospital and patient's surroundings.
- Continuous education on C. difficile infection among staff with emphasis on the following; its causes/pathway, identification, appropriate sampling, prompt treatment, isolation precautions, handwashing and other preventive measures.
- Maintaining and monitoring compliance of good infection control practices across the Trust including good hand hygiene, isolation protocols and cleaning of clinical equipment among others.
- Networking with other hospitals, professional groups and public sector stakeholders by sharing and implementing best practice in relation to management of C. difficile infection and updating local Trust policy as appropriate.
- Ensuring robust root cause analyses of C. difficile infection incidents in the hospital with the aim of identifying good practice, areas for improvement and identifying whether there are lapses in patient care. These are all taken into consideration for a learning curve leading to better patient outcomes.
- Maintenance of the Outpatient Parenteral Antimicrobial Therapy (OPAT) service, patient monitoring via the outpatient clinics and assurance through the Antibiotic Stewardship group and Infection Control Committee.
- Strengthening antibiotic stewardship within the Trust via consistent review of antibiotic prescribing, assessment and management of patients who are at risk of C. difficile infection in line current trends and best practice.

The table below provides comparison of the number of C. difficile infections in the Trust last 4 years versus allocated target limits by NHS England. The target limit score is a yearly figure calculated by NHS England and is based on performance indicators of the previous year. (<https://improvement.nhs.uk/resources/clostridium-difficile-infection-objectives/>)

	2014/15	2015/16	2016/17	2017/18	2018/19
C. diff Infections	3	2	2	5	2
Target Limit	13	2	2	2	1

Table 5.1.2: Confirmed data – Public Health England – HCAI Data Collection System 2018/19

5.1.3 Patient Safety Incident Reporting - CORE INDICATOR

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

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

Incident Reporting							
Indicator	2015/16		2016/17		2017/18		2018/19
	Apr 2015 Sep 2015	Oct 2015 Mar 2016	Apr 2016 Sep 2016	Oct 2016 Mar 2017	Apr 2017 Sep 2017	Oct 2017 Mar 2018	Apr 2018 Sep 2018
Number of patient safety incidents reported ¹	347	334	343	428	633	779	776
Rate of patient safety incidents reported, per 100 admissions (as of 14/15 per 1000 bed days)	15.9	16.05	16.3	21.37	31.76	40.65	39.4
% incidents that resulted in severe harm (or death)	0.60%	0.30%	0%	0%	1.60%	0.3%	0.1%
% incidents that resulted in death	0%	0%	0.30%	0.50%	0.20%	-	0.3%
Lowest Performing Trust *wrt Bed days	16.34	16.05	16.3	13.67	14.82	17.6	19.0
Highest Performing Trust *wrt Bed days	150.63	141.94	150.6	149.7	174.59	158.25	142.8

Table 5.1.3: (Source: NRLS Organisation data for Acute Specialist Hospitals)

The Royal National Orthopaedic Hospital recognises that although serious incidents in health and social care are relatively uncommon, from time to time things can and do go wrong in the delivery of complex healthcare. When adverse incidents do occur the Trust has a responsibility to investigate & ensure that there are systematic measures in place for safeguarding people, property, Trust resources and reputation. This includes responsibility to learn from these incidents in order to minimise the risk of these happening again.

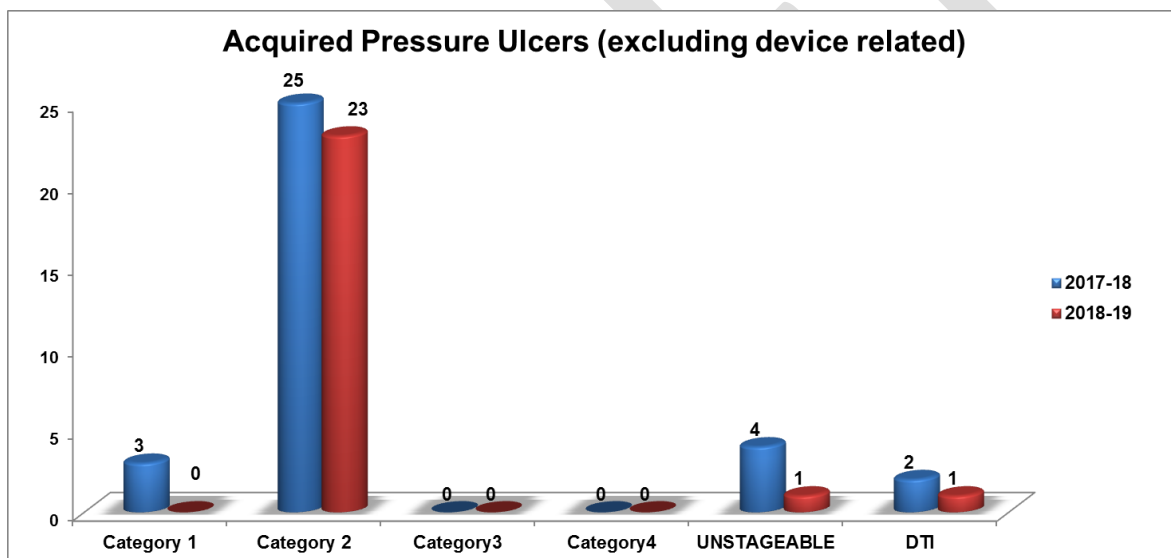
A combined incident and serious incident policy was approved in 2016. This policy is supported by the Complaints Policy and Being Open and Duty of Candour Policy which helps the organisation to understand why things went wrong, how we can prevent or minimise similar incidents and how we can share that learning across the organisation and externally. Serious incidents are investigated by a nominated multidisciplinary panel using the root cause methodology. Monthly reports are submitted to the Quality Improvement and Lessons Learnt (QUILL) Committee as part of the Quality Report.

5.1.4 Pressure Ulcers

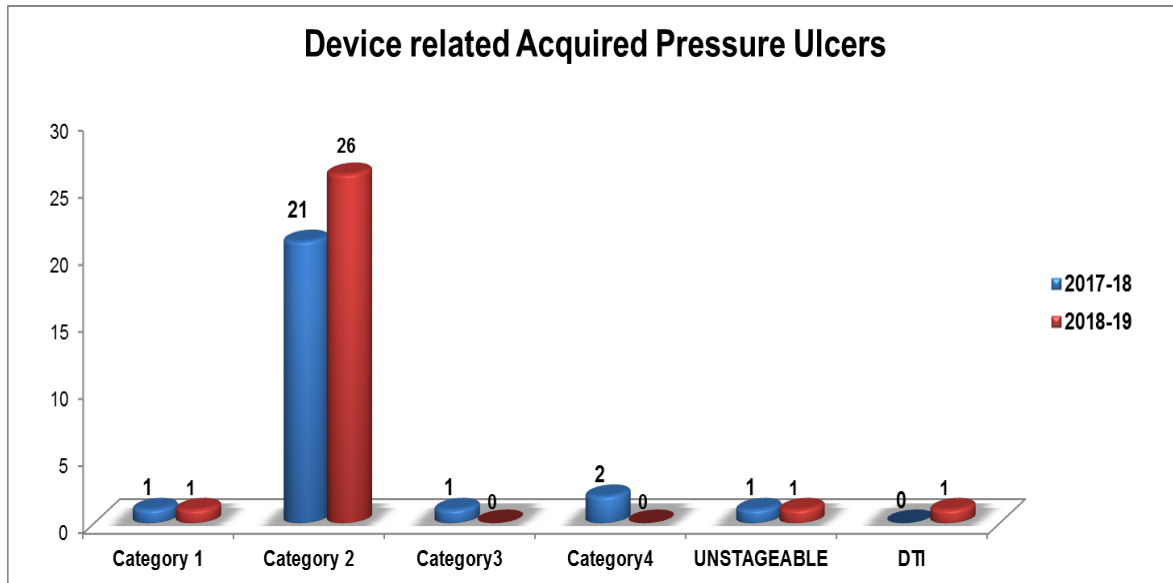
The Royal National Orthopaedic Hospital NHS Trust continues to commit to a zero tolerance towards pressure ulcer development with recognition of the risk levels posed to our client group due to the complexity of musculoskeletal conditions. Validation and investigations are led by the Tissue viability team along with the Senior Leadership team to determine the areas of learning from the patient's episode of care. Learning from the investigations is cascaded to multi-disciplinary teams and changes to care implemented to avoid future pressure ulcer development.

This financial year (2018-2019) has observed an increase in skin incidents being reported enabling early action and intervention which has seen a reduction in the severity of pressure ulcer formation compared to 2017-2018. In 2018 -2019 there were no validated category 3 or 4 pressure ulcer developments.

In 2018-2019, a total of 54 acquired pressure ulcers were identified whilst patients received care in the Royal National Orthopaedic Hospital NHS Trust. It is a 10% improvement from the previous year.

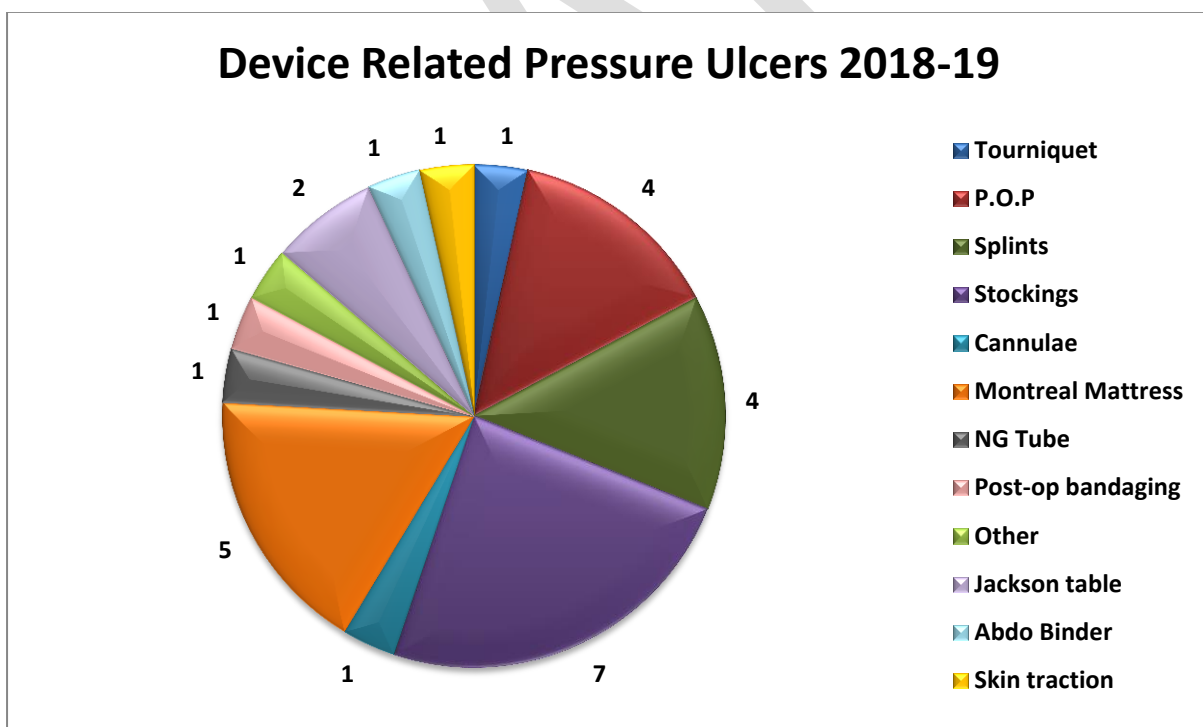


Graph 5.1.4A



Graph 5.1.4B

There was a slight increase in the device related pressure ulcers since last year i.e. from 26 to 29. The cause groups remain unchanged from previous years. Further audit and education are being implemented.



Graph 5.1.4C

In 2018-2019 mandatory training on pressure ulcer prevention has been implemented as an e-learning application for all clinical staff to perform and STOP pressure ulcer campaign continues to engage all members of staff, patients and carers to provide prevention.

Training programs have been designed and introduced at all clinical levels to enhance each individual's knowledge and provide best practice.

The Royal National Orthopaedic Hospital NHS Trust recognises the NHS improvement guidance; Pressure ulcers: revised definition and measurement framework (2018). It has been implemented across the Trust in April 2019.

5.2 Clinical Effectiveness Measures

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

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

5.2.2 Patient Reported Outcome Measures - CORE INDICATOR

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

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

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

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

PROMS - Casemix Adjusted Average Health Gains:

Total Hip Replacement	National average 2017-18	RNOH 2017-18	RNOH 2016-17	RNOH 2015-16
EQ-5D	0.458	0.405	0.385	X
EQ VAS	13.877	11.654	12.667	X
Oxford Hip Score	22.210	19.174	18.183	X

Hip Replacement - Primary	National average 2017-18	RNOH 2017-18	RNOH 2016-17	RNOH 2015-16
EQ-5D	0.468	0.445	0.409	0.468
EQ VAS	14.231	11.796	12.831	11.151
Oxford Hip Score	22.680	21.044	20.271	22.312

Hip replacement - Revision	National average 2017-18	RNOH 2017-18	RNOH 2016-17	RNOH 2015-16
EQ-5D	0.289	0.244	X	0.243
EQ VAS	7.654	8.263	X	4.261
Oxford Hip Score	13.901	12.321	X	9.647

Total Knee Replacement	National average 2017-18	RNOH 2017-18	RNOH 2016-17	RNOH 2015-16
EQ-5D	0.337	0.296	0.275	X
EQ VAS	8.153	6.654	4.701	X
Oxford Knee Score	17.102	12.899	12.165	X

Knee Replacement - Primary	National average 2017-18	RNOH 2017-18	RNOH 2016-17	RNOH 2015-16
EQ-5D	0.338	0.247	0.247	0.289
EQ VAS	8.280	2.635	2.735	4.175
Oxford Knee Score	17.259	13.156	12.335	14.664

Knee replacement - Revision	National average 2017-18	RNOH 2017-18	RNOH 2016-17	RNOH 2015-16
EQ-5D	0.292	0.313	0.293	X
EQ VAS	4.892	7.344	4.557	X
Oxford Knee Score	13.124	10.238	10.863	X

Table 5.2.2: NHS Digital latest published data (Accessed May 2019)

X = low sample size, results not available

5.2.3 Emergency readmissions within 28 days - CORE INDICATOR

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

Every time a patient is discharged and readmitted to hospital the episode of care is coded. The Information Team continually monitors and audits data quality locally and the Trust participates in external audit which enables the Trust to benchmark its performance against other Trust.

The Royal National Orthopaedic Hospital NHS Trust admitted 16085 (April 2018- date) NHS patients in 2018/19. Of these 74 were emergency readmissions within 28 days of discharge.

Percentage of emergency readmissions within 28 days of discharge from hospital of patients:	2015/16	2016/17	2017/18	2018/19
i) 0 to 14 year olds (indicator up until 2016/17)	0.04%	0.04%	-	-
0 to 15 years (indicator from 2017/18 onwards)	-	-	0.74%	0.59%
ii) 15 or over (indicator up until 2016/17)	0.52%	0.43%	-	-
16 and Over (indicator from 2017/18 onwards)	-	-	0.46%	0.45%

Table 5.2.3: Trust Data

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

5.3 Patient Experience Measures

5.3.1 Responsiveness to personal needs - **CORE INDICATOR**

The Royal National Orthopaedic Hospital NHS Trust considers that the mean score of responsiveness to inpatient personal needs is as described:

- Each year the Trust participates in the National Inpatient Survey. For year 2017/18, 1250 patients were randomly selected and sent a nationally agreed questionnaire. A total of 679 patients responded to the survey.
- The indicator shows the average weighted score of 5 questions relating to responsiveness to inpatients' personal needs (Score out of 100).
- The five questions are:
 - Were you involved as much as you wanted to be in decisions about your care and treatment?
 - Did you find someone on the hospital staff to talk to about worries and fears?
 - Were you given enough privacy when discussing your condition or treatment?
 - Did a member of staff tell you about medication side effects to watch for when you went home?
 - Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
- For the year 2017/18, the Trust was 13th out of 148 trusts for responsiveness to patient needs. This is however a comparison for all Trusts and not just specialists NHS Trusts.

Year	Indicator Score	Highest performing trust	Lowest performing Trust	National Average
RNOH 2017/18	74.3	85.0	60.5	68.6
RNOH 2016/17	75.9	85.2	60.0	68.1
RNOH 2015/16	74.4	86.2	58.9	69.6
RNOH 2014/15	78.7	86.1	59.1	68.9

Table 5.3.1: NHS Digital (2017) National Inpatient Survey Official Statistics – Data published August 2017

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

- Recognised that although it is performing above national average and in the top 13 Trusts nationally, work to improve patient experience needs to continue
- Continue to publish monthly Quality Report that provides each ward and service a breakdown of patient feedback scores and comments
- Continue to use Trust's Balanced Scorecard indicators specific to patient experience and patient needs. These include measures of length of stay, patient experience of the discharge process, staffing levels, and patient perception of staffing levels
- The Trust continues to look to improve its engagement and involvement of patients in the development of its services, ensuring that patient voices are heard and acted on.

5.3.2 Friends and Family Test - CORE INDICATOR

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

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

In 2018/19, the RNOH was one of the high performing trusts nationally for inpatient response rate (see NHSE published FFT data). The national average was 24.2% for the year 2018/19, however, the Trust had a response rate of 35.8%, which is above the national average (April 2018 – March 2019).

Patients also left many thousands of free text comments during the year, and these are analysed and reported back to wards to allow improvements to be made.

Our results

Inpatients

Inpatients	Responses	Response Rate	Would recommend	Would not recommend
2018/19*	3075	35.8%	95.0%	1.0%
2017/18	4671	48.0%	95.1%	0.9%
2016/17	5907	55.1%	96.3%	0.8%
2015/16	5536	56.6%	96.0%	1.1%
2014/15	4422	52.4%	96.0%	1.0%

Table 5.3.2A: *NHS England published data

Outpatients

Outpatients	Responses	Response Rate	Would recommend	Would not recommend
2018/19*	9882	17%	98.0%	1.0%
2017/18	3180	4.1%	95.4%	1.9%
2016/17	4470	5.9%	94.5%	2.1%
2015/16	3442	4.7%	93.8%	2.0%

Table 5.3.2B: *NHS England published data

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

Inpatient wards regularly receive patient feedback report and quarterly posters that provide staff with all of the good comments patients have made about the ward. These reports are discussed at team meetings and also displayed on the ward for patients and visitors to see. This reinforces not only the Trust's high standards of care but also allows staff to see that patients recognise and value their efforts.

When we don't get it right and fail to deliver the experience of care our patients expect, it is important that we listen to patients to learn what we could have done to improve their experience. Senior nurses and ward managers receive a regular report on all of the less positive feedback. These reports establish common themes, and senior nurses and managers can use this feedback to formulate a plan of action to ensure issues are addressed. Each division receives a monthly Quality Report that contains the performance in the Friends & Family Test for all divisional services and wards. This helps to provide quality performance monitoring and to identify any trends or issues developing over time.

Our patient experience strategy

We have made significant progress across all our services to enhance patient experience. However, there is more we can do to strengthen our approach to listening and responding to patient's feedback.

Our vision for patient experience is one that requires all staff to provide compassionate care, so that when people access our services – as a patient or a carer – they can be confident that the care they receive will be kind, sensitive and compassionate.

Following analysis from the national inpatient survey and our local FFT we are working to improve our discharge process through a variety of means including patient participation and involvement. In addition we are working closely with our patients to actively improve service and implement their feedback including using NHS Improvement Always Events.

We have high expectations around the improvements required in patient experience, both in terms of receiving real time feedback and on achieving measurable improvements in our results in the national surveys. We are committed to improving and enhancing patient experience and expect to see significant improvements in the experiences of patients receiving care.

Patient Feedback & Suggestions

RNOH continues to be committed to improving all communication with patients and carers, and we are well on the way to reaching our aim that all patients should feel safe, involved and able to make informed choices about their treatment and care.

Patient feedback & suggestions inpatients

Rehab Ward	'All the staff team went above and beyond to ensure that decisions were made with you. Care was taken and you felt safe.'
The Coleman Unit	'The care and attention I received has been second to none! Excellent. The staff are so kind and nothing is too much trouble.'
Duke of Gloucester	'I was very happy with the staff. They treated me nicely. It was a wonderful experience. I felt 'at home''
London Irish	'RNOH is a very good hospital. I would recommend to friends and family. Staff were really lovely.'

Table 5.3.2C: Trust data

Patient feedback about Outpatients service

OPD Stanmore	'I was able to ask questions where needed, the doctor explained very clearly my results, staff very polite.'
OPD Bolsover	'Promptly seen, even though I was early. Everyone was helpful and welcoming. Very pleased with the consultation. Many Thanks.'
OPD Stanmore	'Staff Efficient and helpful and friendly. Thank goodness for free parking.'
OPD Bolsover	'Totally professional, great communication. Excellent result.'
OPD Stanmore	'Stanmore orthopaedic is an amazing hospital, they offer exceptional care and attention to patients - fantastic service.'
OPD Bolsover	'You are looked after very well. You have changed my life for the better and pretty much saved my life.'
OPD Stanmore	'Efficient, friendly, not rushed, comfortable environment. Consultant excellent unique expertise. Feels like private hospital.'
OPD Bolsover	'Friendly, communication is good. I trust them and my experience has always been great.'

Table 5.3.2D: Trust data

5.3.3 Staff recommendation of the Trust as a provider of care to their family or friends - **CORE INDICATOR**

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

	RNOH 2016/17	RNOH 2017/18	RNOH 2018/19	National Average for Specialist acute trusts 2018/19	Highest specialist acute trust performance Trust 2018/19	Lowest specialist acute trust performance Trust 2018/19
The percentage of staff employed by, or under contract to, the Trust during the reporting period would recommend the trust as a provider of care to their family or friends	87%	88%	86%	90%	95%	78%

Table 5.3.3: Picker NHS Staff Survey 2018

847 staff members completed the 2018 National Staff Survey at RNOH. This is an increase since 2017 and accounts for a response rate of 56%. We can therefore be assured that the feedback is representative of the views of our staff.

Overall the Trust achieved a fourth year of positive results. The Royal National Orthopaedic Hospital also achieved the best score nationally for positive work experience, providing excellent care, feeling well at work, able to make improvements and have helpful, values based appraisals.

5.3.4 Complaints

Patients are encouraged to raise PALS or Complaints in order to provide feedback so lessons can be learnt from investigating complaints, as well as resolving issues and concerns. This plays a key role in improving service quality and patient experience. This year we report on performance, activity and on the many policy and service changes we have implemented to ensure all our patients and service users have access to prompt local resolution and an effective complaints process if they wish to make a complaint.

In 2018/19 the RNOH received 142 formal complaints compared with 134 in the previous year. There has been a steady rise in the number of complaints we have received each month with the average number of complaints being around 12 a month. The Trust continues to encourage patients to highlight their concerns to us.

5.3.5 PALS

During the last year, our Patient Advice and Liaison Service (PALS) Team has continued ensure that individual concerns - whether from patients, relatives or their representative - are addressed promptly and effectively and the appropriate actions are taken by Trust staff to resolve those concerns and improve services for the future. PALS provide a confidential advice and local resolution service. The team The PALS team and the central complaints team work alongside the governance staff in each of our divisions to ensure that patient concerns are heard and responded to.

During 2018/19, the PALS team dealt with 855 PALS enquires. This number is considerably lower than 2017/18, which was 1,149 and 1,854 the year before. This illustrates that the number of PALS reduces each year, hence lessons are being learnt.

5.4 Maintaining continuous quality improvement

The RNOH is committed to improving the quality of its services. This section details some of the quality improvement work currently underway at the Trust, including work addressing particular issues and concerns. Additionally, NHS England has requested each trust's 2018/19 Quality Accounts contain information on:

- Statement regarding progress in implementing the priority clinical standards for seven day hospital services
- Details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the trust.

These are detailed below.

5.4.1 Learning From Deaths

During 2018/19, 20 RNOH patients died. These comprised of one paediatric patient, and no neonatal deaths, no deaths of patients with learning difficulties, and no deaths of patients with severe mental illness. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 4 in the first quarter, including one paediatric death
- 8 in the second quarter
- 6 in the third quarter
- 2 in the fourth quarter

All patients who have died within 30 days of attending the RNOH for a procedure have been subjected to a formal notes review. The data for deaths have been taken from the hospital reporting system, called Insight, which itself is fed data via the NHS Spine. This represents the most accurate source of data in RNOH. Since February 2018 cases were assessed using the structured judgment review method (Royal College of Physicians). All of these patients have been (or will be) presented and discussed at either the regular bi-monthly M&M MDT meeting or local M&M meeting. There can be a difference in the numbers of deaths reported in a quarter and the deaths reviewed or

reported due to the timings of the bi-monthly meetings. The bi-monthly meeting is hospital wide and multidisciplinary, with comments accepted from all members of staff. When issues have been raised at the M&M MDT meetings, the cases were then proposed for a case review if this was deemed appropriate by the M&M MDT meeting.

By March 2019, 17 case record reviews and 2 investigations have been carried out in relation to 20 of the deaths. In 6 cases, a death was subjected to both a case record review and either an investigation or discussion at weekly incident meeting. This is in addition to presentation at the M&M MDT meeting.

The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 4 in the first quarter
- 8 in the second quarter
- 6 in the third quarter
- 1 in the fourth quarter

None of the patient deaths during the reporting period is judged to be more likely than not to have been due to problems in the care provided to the patient.

Key Learning:

A summary of key learnings from case record reviews and investigations conducted in relation to the deaths identified:

Actions taken in 2018/19

- Improved guidelines in relation to administration of preoperative medicines
- Heightened awareness for anaemic management pathway
- Improved documentation of patient vascular access when patients are managed in the prone position
- Communication of list order changes or changes in surgical plans with the theatre coordinator
- Improved planning of vascular surgeon support
- Acute Intervention Team (AIT) formally known as outreach, increased from 4 WTE to 7 WTE (Band 7s) plus a band 8a lead
- Increased senior nursing staff presence by separating site management role and AIT role into two posts
- Process of MDT handover at 0800 and at 2000 changed
- Changes within AIT as to how patients are picked up, reviewed and recorded.

Duty of candour meetings have been undertaken where necessary. This has included sharing learning from reviews with relatives and discussion of actions which the trust has taken.

An assessment of the impact of the actions undertaken in 2018/19

- Ensuring that anaemia is effectively identified by reviewing all correspondence pre-operatively and that anaemia is treated prior to surgery to optimise patient outcomes.
- Improved awareness of cases occurring in theatre, changes to lists, and staff availability, should improve availability of specialist staff members for complex cases.
- Increased senior nursing staff presence, separating roles of site management and acute intervention team, will improve safety at busy times.
- Process change at handover will improve resilience of handover and improve patient care.
- Improvements within AIT team structure should ensure patients are not able to 'slip through the safety net'.

Actions to be taken going forward

RNOH carried out 4 case record reviews after April 2018 which related to deaths which took place before the start of the reporting period 2018/19. This is in addition to the case reviews for deaths in 2018/19.

None of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the structured judgement review process and via review of deaths presented at the morbidity and mortality meeting.

One, representing 5%, of the patient deaths during 2017-18 are judged to be more likely than not to have been due to problems in the care provided to the patient.

5.4.2 Implementing Seven Day Hospital Services

Seven Day Services Clinical Standards have been introduced in the NHS to improve outcomes of patients who are admitted to hospital as emergencies at weekends. Ten clinical standards were developed by Seven Day Services Forum, chaired by Sir Bruce Keogh and involving a range of clinicians and patients. These standards define what seven day services should achieve, no matter when or where patients are admitted, with an aim to end the variation in outcomes.

In response to these clinical standards, the RNOH has designed a pathway in collaboration with medical, nursing, AHP and operational staff. The aim is for patients to be able to access hospital services in a timely fashion.

With the support of the Academy of Medical Royal Colleges (AoMRC), four of the 10 clinical standards were identified as priorities on the basis of their potential to positively affect patient outcomes. These are:

- Standard 2 – Time to first consultant review
- Standard 5 – Access to diagnostic tests
- Standard 6 – Access to consultant-directed interventions
- Standard 8 – Ongoing review by consultant twice daily if high dependency patients, daily for others

Outlined below is the progress RNOH has made to achieve these priority standards:

Standard 2 – Time to first consultant review:

This standard states that all emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.

RNOH has very few emergency transfers but accepts emergency admissions for:

1. Spinal trauma
2. Spinal Infection
3. Metastatic Spinal cord compression
4. Admissions from outpatient clinic
5. Urgent inter-hospital transfers

All emergency admissions are accepted/transferred to RNOH under a named consultant. Risk factors for emergency admissions are triaged prior to acceptance by admitting consultant and ITU - site/outreach team.

Critically unwell patients are rarely transferred to RNOH as most would be managed at local referring hospitals. Patients with significant risk factors are discussed with the on-call ITU/anaesthetic consultants and consequently transferred to a clinical setting capable of delivering appropriate care. All patients with significant risk factors are admitted/transferred to ITU. The condition and location of all emergency admissions are kept under continuous review by the acute outreach team. Critically unwell inpatients are triaged for emergency admission to on-site HDU/ITU. RNOH has 24/7 Consultant on call for ITU (both Adult and Children) with provision to attend the patient within 14 hours of their admission to ITU/CHDU. Consultant Anaesthetist for Intensive Care are on site between 0800 & 2000 on Monday to Friday and 0900 to 1500 on Saturdays and Sundays. They would attend the site within half an hour for any emergencies outside those hours whilst senior registrar is on site 24 hours. Theatre got another consultant on call for any theatre emergencies 24/7, again with the provision of attending within half an hour.

There is another on call rota for paediatric Anaesthetists, who would provide either telephonic advice or attend in person for any paediatric emergencies in theatre as additional help to theatre on call consultant. Consultant job plans make provision for the above working patterns.

All transfers are seen by the appropriate non ITU consultant within 14 hours of admission - an integrated management plan and estimated discharge are set.

Clinical on-call rotas are managed for:

- Orthopaedics
- Spinal surgery
- Sarcoma
- HDU/ITU/Anaesthetics
- Paediatrics
- Pharmacy
- Physiotherapy and
- Occupational Therapy

RNOH provides dedicated, named, 24/7 consultant on-call cover including out of hours and at weekends. Consultant job plans for all required specialities include appropriate time for on-call working, including cover at weekends and out of hours.

All emergency admissions are reviewed by therapy teams within 14 hours of admission. Baseline function is assessed and functional criteria for discharge are set. Medicines reconciliation is undertaken and completed by a pharmacist within 24 hours of admission. Appropriate staff are available to facilitate the treatment/management plans relating to emergency admissions including, but not limited to anaesthetists, theatre staff, ODPs, neurophysiology/spinal cord monitoring, theatre staff and on-call pharmacy.

RNOH has a 24 hour Medical Emergency Team that can be called in case of deteriorating patients with low NEWS scores. The team consists of an ITU consultant (day time only), ITU registrar, Orthopaedic SHO, Paediatric SHO/SpR for children and a Critical Care Outreach nurse. There is an Outreach team from the nursing staff from ITU/HDU who proactively attend wards out-of-hours.

RNOH has instituted consultant led weekend ward rounds for all surgical patients including named, dedicated consultants contributing to the General Orthopaedic on-call rota in addition to the specialist Spinal Consultant on-call rota and Sarcoma Consultant on-call rota. Similar provision exists for other specialist units including Peripheral Nerve Injury, Upper Limb, Urology, Spinal Rehabilitation though these specialties do not conduct weekend consultant led ward rounds.

ICNARC data (submitted quarterly) confirms that 100% of patients admitted to ITU are discussed with the on-call ITU consultant. Furthermore, all patients admitted to ITU are seen twice daily by the ITU consultant. This facilitates timely review of all patients admitted to HDU/ITU out of hours and at weekends.

Weekday and weekend ratio data in mortality, length of stay and readmissions confirms good performance with respect to non-elective cases admitted on weekends. In the period from July 2017 - Dec 2018, there were 428 weekday admissions as compared with 52 weekend admissions. Weekday Length of Stay was measured as 32.9 whereas weekend Length of Stay was 18.9. In terms of in hospital mortality, 5 on weekdays as compared with none at the weekends. For the same period there were 7 weekday readmissions as compared with no readmission for the weekends.

GMC survey data for doctors in training confirms trainees feel well supported in terms of out of hours supervision from both orthopaedic and anaesthetic trainees. Wider performance and experience measures show good ratings from both groups overall

Score:

Standard met.

Standard 5 – Access to diagnostic tests

This standard states that hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:

- Within 1 hour for critical patients
- Within 12 hours for urgent patients
- Within 24 hours for non-urgent patients

The RNOH currently offers 24/7 access to the following consultant directed MSK diagnostic imaging services; Ultrasound, CT, MRI and urgent interventional procedures under imaging guidance. This arrangement is supported by 24/7 radiographer cover. A Consultant Radiologist is on call 24/7 and accessible through switchboard.

Urgent Non MSK scans/ opinions are currently reported via outsourcing to external companies.

Microbiology - is provided via the Royal Free Hospital and is a 24/7 service.

Echocardiography - is provided via the Royal Free Hospital and is a 24/7 service.

Score:

Standard met.

Standard 6 – Access to consultant-directed interventions

This standard states that hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.

RNOH is a tertiary, primarily elective orthopaedic centre. We have on-site provision for the emergency services required on a regular basis.

RNOH maintains a number of formal service level agreements with outside providers for services where we require a regular on-site component or where the provision of services differs from the provider's usual referral pathway. Where emergency services are required (that are not provided on-site or covered by a formal arrangement) RNOH has preferred, local providers through which informal arrangements are made for the provision of services as required.

With respect to emergent cases requiring interventional endoscopy, renal replacement therapy, stroke thrombolysis, percutaneous coronary intervention or cardiac pacing; RNOH makes onward emergency referrals to outside providers through their usual emergency referral pathways. This could include emergency assessment and transfer utilising the London Ambulance Service.

The above arrangements have served our patients well. In addition we continue to review our outside provider contractual arrangements and have a dedicated working group which proactively reviews our supplementary clinical services to continuously improve the governance framework around the services we formally contract. The Supplementary Clinical Services Governance Group

also works to improve access to outside medical services for all staff by defining preferred providers and routes of escalation for commonly required services.

Score:

Standard not met.

Standard 8 – Ongoing review by consultant twice daily if high dependency patients, daily for others

This standard states that all patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.

All patients with high dependency needs at RNOH are managed in an appropriate setting or are transferred to HDU/ITU when clinically appropriate. All patients on HDU/ITU are seen on twice daily consultant ward rounds which take place during weekdays and at weekends.

All patients discharged from critical care are done so when it is felt appropriate by the ITU consultant and this implies that they do not need daily consultant review but if there are any concerns, then they will be reviewed by an outreach nurse who has direct access to both the ITU SpR and Consultant if they wish to escalate the level of care or seniority of review. There is an outreach system from HDU to review any potential at risk patient led by medical and nursing team daily and weekends.

A Consultant Paediatrician is on call 24/7 and accessible through switchboard. A physical ward round takes place every week day and at least once over the weekend. Additionally, a paediatric registrar is on site 8am-8pm every day. An anaesthetic registrar provides cover from 8pm-8am.

Patients with significant risk factors are discussed with the on-call ITU/Anaesthetic consultants and consequently transferred to a clinical setting capable of delivering appropriate care. All patients with significant risk factors are admitted / transferred to ITU. The condition and location of all emergency admissions are kept under continuous review by the acute outreach team. Critically unwell inpatients are triaged for emergency admission to on-site HDU/ITU.

RNOH has 24/7 Consultant on call for ITU (both Adult and Children) with provision to attend the patient within 14 hours of their admission to ITU/CHDU. Consultant Anaesthetist for Intensive Care is on site between 0800 & 2000 on Monday to Friday and 0900 to 1500 on Saturday and Sundays. They would attend the site within half an hour for any emergencies outside those hours whilst senior registrar is on site 24 hours. Theatre has another consultant on call for any theatre emergencies 24/7, again with the provision of attending within half an hour.

There is another on call rota for paediatric Anaesthetists, who would provide either telephonic advice or attend in person for any paediatric emergencies in theatre as additional help to theatre on call consultant. Consultant job plans make provision for the above working patterns.

RNOH has adopted an electronic near side patient monitoring system. Observations are taken by the nursing staff; this is recorded on the 'nurses app', which assigns a numerical score. This is based on

the National Early Warning System (<https://www.england.nhs.uk/ourwork/clinical-policy/sepsis/nationalearlywarningscore/>). Any score of 5 or greater warrants consideration for referral to the Acute Intervention Team (AIT). A score of 7 or above warrants an urgent referral to the Medical Emergency Team (MET). The clinical practitioner for the AIT will look at the nurses app periodically and will either phone or visit those patients with high NEWS who have not been referred.

Over the next few months (to Q2 2019), we will be introducing NEWS 2. We shall also upgrade the software on the nurses app in this process. This will enable the user to also complete a fluid balance, have online access to specific forms and protocols such as the sepsis 6 and delirium assessment. In addition, the AIT will be notified via the app if there is a score above 5, thus adding in another safety layer into the system. In addition, RNOH has twice daily Medical Emergency Team meetings in line with the wider on-call handover meetings. These also constitute board rounds for the patients under MET Team/Acute Intervention Team review.

RNOH plans further prospective audit of relevant practice in this area which will also support future 7 Day Service board assurance submissions. GMC survey data for doctors in training confirms trainees feel well supported in terms of out of hours supervision from both orthopaedic and anaesthetic trainees. Wider performance and experience measures show good ratings from both groups overall.

Score:

Standard met.

5.4.3 Implementation of Duty of Candour

The Duty of Candour requirements follows Sir Robert Francis' QC's call for a more open and transparent culture following the failures in patient care at Mid Staffordshire NHS Foundation Trust. From October 2014 NHS providers are required to comply with the Duty of Candour. Providers must be open and transparent with service users about their care and treatment, including when it goes wrong. Compliance with Duty of Candour is a legal requirement and the Care Quality Commission is able to take enforcement action when it finds breaches.

Under the Duty of Candour requirements clinical professionals should:

- speak to a patient, or those close to them, as soon as possible after they realise something has gone wrong with their care that appears to have caused or has the potential to cause moderate/significant harm
- apologise to the patient – explain what happened, what can be done if they have suffered harm and what will be done to prevent someone else being harmed in the future
- provide an account of the incident which, to the best of the provider's knowledge, is true of all the facts the body knows about the incident as at the date of the notification
- advise the relevant person what further enquiries the provider believes are appropriate
- Follow up the apology by giving the same information in writing, and providing an update on the enquiries
- Keep a written record of all communication with the relevant person

Our Duty of Candour Compliance research has revealed that RNOH Clinicians are exemplary at having Duty of Candour discussions with patients who have suffered levels of harm. However, that

there is room for improvement with compliance in sending written Duty of Candour letters to patients and their families, where appropriate, identifying the fact that a full investigation into the circumstances of the harm occurring will take place and that they will be sent a copy of the report when it is completed.

The Patient Safety team are progressing work with Divisions under the auspices of the Divisional Performance Reviews to provide written updates, as per the Duty of Candour requirements, to patients / families.

5.4.4 Details of ways in which staff can speak up

RNOH is committed to supporting a robust Speaking Up culture. In 2017 the Trust recruited 3 Freedom to Speak Up Guardians (FTSUG). Whilst the primary responsibility of the FTSUG is to provide a safe space for staff to talk through and raise concerns relating to patient safety, staff experience and/or bullying and harassment, they also have a number of additional responsibilities. These include:

- raising awareness about and actively encouraging the development of a speaking up culture
- meeting regularly with senior leaders; in particular the Board Speaking Up representative, CEO and appropriate Non-Executive Directors, to share trends and ensure issues are responded to
- building relationships with key stakeholders
- understanding and as appropriate, participating in speaking up pathways
- providing at least 6 monthly reports to the Board and
- providing quarterly activity data to the National Guardian Office.

The FTSUG's have been in post for the last 18 months. During that time they have been highly successful in raising the visibility of the FTSUG and building credibility in the role. The team have undertaken more than 40 individual cases providing support, sign posting, and on occasion, advocacy. They have participated in numerous walkabouts with members of the executive team and supporting functions such as counter fraud. The team provides support to the induction programme, driving visibility of the FTSUG and advocating the importance of a speaking up culture amongst new starters to the organisation. Communications materials have been developed, including a guide to speaking up pathways.

The purpose of the FTSUG is to help support and protect the individual raising a concern. Where possible the FTSUG will maintain confidentiality to give the individual anonymity.

Staff can also raise concerns by:

- Speaking to their line manager or another senior manager
- Raising an incident form
- Speaking to members of the Workforce Directorate
- Speaking to a Union representative
- Through the whistleblowing helpline

5.4.5 Our CQC Results

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

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

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

RNOH was inspected by the CQC in October 2019, with subsequent inspection report published in March 2019

Overall, the Trust was rated as 'Good'. The ratings for each of the Trust's service areas are shown below.







Overall rating for this hospital	Good	
Medical care (including older people's care)	Good	
Surgery	Good	
Critical care	Good	
Services for Children and young people	Good	
Outpatients and Diagnostic imaging	Requires improvement	

Table 5.4.6: CQC website

In response to the CQC inspection report, the Trust has in place an action plan to address the conclusions reported by the CQC.

APPENDIX 1

Statements from NHS England Specialist Commissioners and Healthwatch Harrow

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

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

Statement from the Director of Nursing and Quality, Specialised Commissioning on behalf of NHS
England – London Region

DRAFT

Statement from Chair of Enterprise Wellness Ltd. (Accountable body of Healthwatch Harrow)

DRAFT

APPENDIX 2

Statement of directors' responsibilities in Respect of the Quality Accounts

Joint Statement from Chairman and CEO to be included once finalised

By order of the Board.

Professor Anthony Goldstone CBE
Chairman

Rob Hurd
Chief Executive Officer

APPENDIX 3

External Audit Limited Assurance Report

DRAFT

Glossary

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