The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

Quality Account

2012/2013

Delivering Outstanding Patient Care

April 2013

QUALITY ACCOUNTS

What are the Quality Accounts and why are they so important?

Quality Accounts are an annual report to the public about the quality of services that healthcare providers deliver and their plans for improvement

The purpose of the quality account is to enable:

- Patients, their carers and families to make informed choices about the provider of their healthcare.
- Boards of NHS providers to report on their services and to set their priorities for the following year

Healthcare providers measure the quality of the services they provide by looking at:

- Patient safety
- The effectiveness of treatments that patients receive
- Patient feedback about the care provided

Our Quality Account contains information about the quality of our services, the improvements we have made during 2012/13 and sets out our key priorities for the forthcoming year. The report also includes feedback from our patients on how well they think we are doing.

Foreword from the Chief Executive

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust has a clear ambition of 'Delivering Outstanding Patient Care'. This ambition is supported by our five-year Quality Improvement Strategy which supports our commitment to put quality and patient safety at the heart of everything that we do.

We want our patients, their families and carers to feel confident that the quality of our services is an important part of all Trust business and this Quality Account sets out our priorities for improvement for 2013/14 and details how we have performed against key national and local quality improvement initiatives over the last year.

In 2012/13, we received 31,208 referrals. We had 15,125 inpatient admissions and held 95,501 outpatient appointments over the course of the year.

Overall 2012/13 has provided a number of assurances that the Robert Jones and Agnes Hunt Orthopaedic Hospital continues to offer high quality, safe care to our patients.

We have maintained our registration with the Care Quality Commission and underwent a successful visit by the Commission in September 2012 who assessed the organisation against a number of the Essential Standards. This visit formulated a very positive report with no improvements identified. In addition, two planned quality visits undertaken by our commissioners which included teams of clinical, Board and non- clinical staff have brought similar positive outcomes.

Our infection rates have remained low and I am proud to announce that this is the seventh year that no patient admitted to the Robert Jones and Agnes Hunt Orthopaedic Hospital has developed an MRSA blood stream infection. Continuous surveillance of infections and monitoring of practices at ward and department level have ensured this year on year success.
We have also continued to ensure good clinical outcomes for our patients being rated as a top performer nationally for patients undergoing primary hip and knee replacement surgery

This year we have introduced the NHS 'Safety Thermometer' which allows us to assess the extent to which our patients receive harm free care. Already we are seeing the benefits of this tool achieving our ambition of eliminating grade 2, 3 and 4 pressure ulcers by December 2012. In fact we have had no hospital acquired grade 3 or 4 pressure ulcers for the past six years which is a credit to the commitment of our nursing staff.

As part of the national Patient Experience development work, the Robert Jones and Agnes Hunt Orthopaedic Hospital has been involved in the NHS Midlands and East monthly pilot of the Friends and Family test which asks patients on discharge if they would recommend the hospital to Family and Friends. The Trust has maintained its position throughout the year within the top quartile of organisations whose patients would recommend the hospital to family and friends. Our patients continue to positively rate the quality of care and services provided by the Trust which is recognised in the responses to the annual inpatient survey. In 2012, the Robert Jones and Agnes Hunt Orthopaedic Hospital scored top in the overall views and experiences of inpatients against other local acute trusts and national orthopaedic specialist organisations

This year we are working to develop our Patient Experience Strategy that will ensure that any improvements that we make are based on the needs of our patients. We have already begun work with the Patient Panel identifying five work streams for patient panel members to be involved in including: Quality improvement and safety, Patient Experience, the Older Person/Safeguarding, Patient Information/Communication and the Patient's journey

This work is supported by regular walkabouts around our hospital by Board members, senior nurses and members of the patient panel talking to patients and staff. This helps our Board members have a good understanding of what it is like to be a patient in our hospital and is supported by the presentation of a patient story at each Quality and Safety Committee.

Our staff are committed to 'Delivering Outstanding Patient Care' and we believe that staff who enjoy their work and have pride in it, provide patients with high quality care.
During 2012/13 we have worked with staff to develop our trust values which are: Respect, Excellence, Professional, Caring and Friendly. These values have been agreed by the Board and work will continue through 2013/14 to bring our values to life and embed positive behaviours across the organisation evaluating the values through recruitment and appraisal systems

This Quality Account demonstrates our commitment to 'Delivering Outstanding Patient Care' to all of our patients and continues to support an organisation of which we are very proud.

I am pleased to confirm that the Board of Directors has reviewed the 2012/13 Quality Accounts and confirm to the best of my knowledge that the information contained in the document is an accurate, true reflection of our performance

WENDY FARRINGTON CHADD
CHIEF EXECUTIVE
ROBERT JONES AND AGNES HUNT ORTHOPAEDIC NHS FOUNDATION TRUST

29TH MAY 2013

CONTENTS

Our Priorities

Review of last year's priorities

Last year we set ourselves the following three key priorities:

- Implement the NHS Safety Thermometer
- To ensure a safe, quality patient pathway is maintained
- Patient Experience

NHS Safety Thermometer

Why this was a priority

The Safety Thermometer is a national initiative that provides a quick and simple method for surveying patient harms and analysing results so that hospitals can measure and monitor local improvement and harm free care over time. The harms identified are described as being avoidable and therefore through the delivery of good patient care should not happen. The four avoidable harms have been identified as:

- Falls
- Catheter associated urinary tract infections
- Pressure ulcers (Bed sores)
- VTE (Blood clots)

The Trust ambition was for 95% of patients to be harm free by December 2012.

What we did in 2012/13

The safety thermometer data is a snapshot collected on the 3rd Wednesday of each month by the nursing teams on each ward including theatre recovery. Exclusions from the data collection included: day cases, outpatients and High Dependency Unit (HDU) as defined in the Department of Health guidance. The data collected includes new 'harms', those acquired at RJAH and old 'harms', those harms acquired elsewhere such as other acute or community settings and are identified when the patient is admitted to the RJAH.

How we did in 2012/13

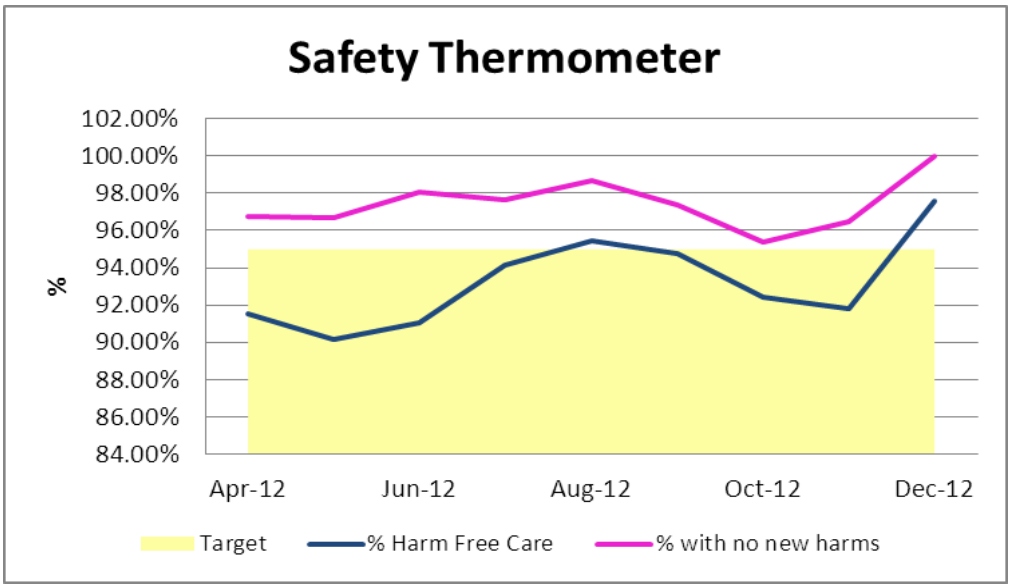


Figure 1

Figure 1 above shows the percentage of patients with no new harms between April and December 2012 and those patients that were 'harm free' within the same period against the 95% 'harm free' aim.

Month	Sample Size	Harm Free	Harm	% Harm Free Care	% with no new harms	Target
Apr-12	154	141	13	91.56%	96.75%	95.00%
May-12	152	137	15	90.13%	96.71%	95.00%
Jun-12	157	143	14	91.08%	98.09%	95.00%
Jul-12	170	160	10	94.12%	97.65%	95.00%
Aug-12	155	148	7	95.48%	98.71%	95.00%
Sep-12	153	145	8	94.77%	97.39%	95.00%
Oct-12	172	159	13	92.44%	95.35%	95.00%
Nov-12	171	157	14	91.81%	96.49%	95.00%
Dec-12	167	163	4	97.60%	100.00%	95.00%

Safe, quality patient pathway

Why this was a priority

The delivery of an efficient and complete patient pathway of care will provide a smooth transition through the whole episode of care, including:

- A well-defined outpatient clinic process
- An efficient pre-operative assessment
- Clear defined length of stay in hospital supported by clear goals and post-operative support
- Smooth discharge process that includes patient and family involvement

What we did in 2012/13

A review of processes within outpatients and pre-op was undertaken and a number of changes were made:

- The information provided to patients in letters and booklets was revised, in line with feedback from the Patient Advice and Liaison Service.
- The system for recording patients' Body Mass Index (BMI) was changed to ensure that patient privacy and dignity was maintained at all times.
- The Trust commenced a modernisation programme within the Healthcare Records Department to build on the work of refining our systems and processes in the management of patient's records
- The staffing structures were reviewed to ensure continuity for patients and a clear line of reporting for staff
- The drugs storage was improved in outpatients and staff underwent further medicines management training.

A number of changes have been made to the Admit on Day of Surgery (ADOS) processes to ensure a smooth admission for patients and the efficient and effective management of inpatient beds. This work continues into 2013/14, with the relocation of the unit.

The Joint School was reintroduced in 2012/13 with the aim of providing patients with clear information about what to expect post-operatively, thereby reducing the length of stay. This is supported by the patient support group consisting of patients who have already undergone their surgery

Enhanced recovery work streams have focussed on admission and discharge planning, looking at length of stay and estimated discharge date. This work continues into 2013/14.

Work will continue through 2013/14 to enhance the patient pathway, including the following projects:

- Further review of the outpatient process in-particular outpatient waiting times and communication of the length of wait in the department on a regular basis
- Electronic bed management system – expanding the use of our clinical systems and support patient safety, through improved communication, and providing a live inpatient status along with the potential to capture the patient's vital signs electronically.
- Shift patterns - The review of current shift systems is driven by the desire to impact positively on the quality of care delivered and the quality of working lives of Trust nursing staff, by providing consistency of care from staff throughout the day
- Paediatric services - Reviewing the patient flow within the unit i.e. joint working across outpatient & inpatient services.

How we did in 2012/13

In the National Inpatient Survey, the Trust had improved scores for a number of questions relating to discharge, showing that the patient experience has improved including reduced delays in being discharged, information provided on side effects of medication and family involvement in discharge planning. The average patient satisfaction scores (patients rating the care as excellent or good) were 90.28% for Pre-op and 75.13% for outpatients

Patient Experience

Why this was a priority

The Friends and Family Test (FFT) is a simple, comparable test which, when combined with follow-up questions, can be used to drive cultural change and continuous improvements in the quality of care received by NHS patients. The FFT is based on a single question; "How likely would you be to recommend our ward to friends and family if they needed similar care or treatment."

Maintaining the Trust top quartile performance for the 'Friends and Family Test" was a priority for the Trust in 2012/13 and part of the CQUIN requirement

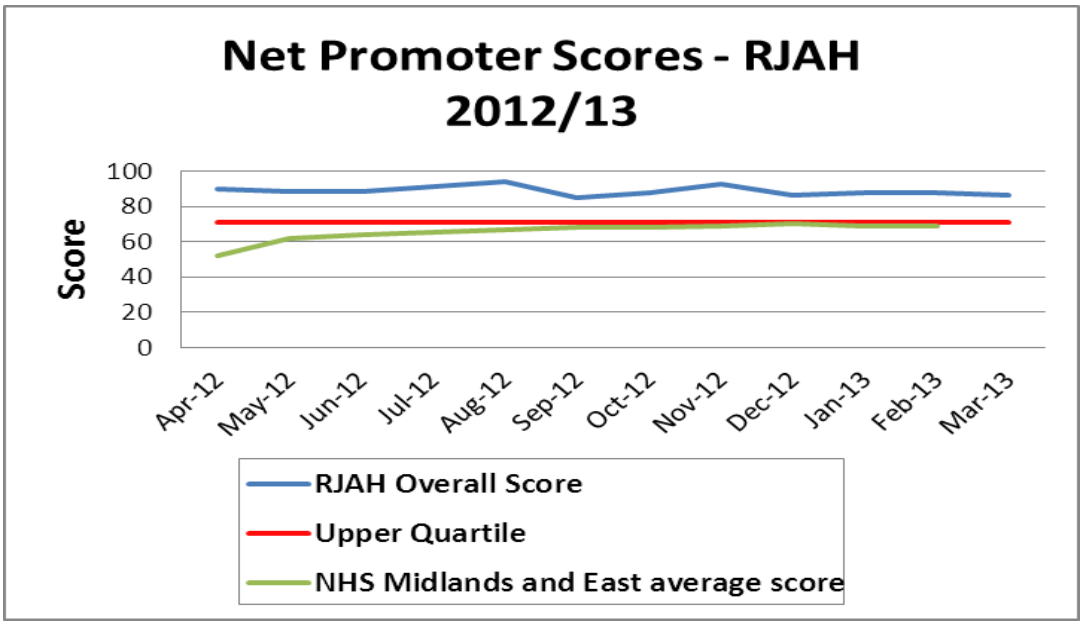
What we did in 2012/13

The Trust has been collecting this data monthly via the Trust current comment cards and electronically using volunteers to collect the data real time using iPad and the Trust website technology. Data has been reported monthly to commissioners and the Board of Directors as part of the integrated performance report

How we did in 2012/13

Responses from patients have been very positive. The Trust has succeeded in maintaining its score above the 71% upper quartile each month with an average score of 88.6% who would recommend the ward to family and friends. The score is based upon the number of positive scores minus the number of negative scores.

The RJAH has achieved the top score for 4 months amongst the 46 Trust in the NHS Midlands and East region and second highest for 2 months.



Our priorities for 2013/14

Safety

NHS Safety Thermometer – days between patients falls

The Safety Thermometer is a national initiative that allows hospitals to monitor the provision of harm-free care to patients over time.

Why this is a priority

The power of the NHS Safety Thermometer lies in allowing frontline teams to measure how safe their services are and to deliver improvement locally. As part of the national CQUIN initiative, Organisations which have established baseline data should prioritise one of the four avoidable harms in order to make improvements.

The Robert Jones and Agnes Hunt Orthopaedic Hospital have identified through the NHS Safety thermometer, reported incidents, discussions with teams, local Commissioners and information provided to the Board and sub committees that a reduction in the number of falls was a priority

At present, the average number of days between falls is 2.1; however the Trust is aiming to increase the days between to 2.3 by the end of 2013/14. This is a local target to reduce the number of falls per month from approximately 16 to 12 and to commence awareness raising amongst staff of the importance of implementing strategies to support patients and prevent avoidable falls across the organisation.

A falls group has been set up, led by a matron and includes; the falls coordinator and link nurses from the wards and departments. This group will implement various tests of changes, such as monitoring on each shift to pinpoint times of day when falls are more likely to occur and implement a robust hourly nurse rounding process to ensure patients are safe and are asked if they need any assistance such as offering a drink or help to the toilet. It is also planned that family members will be encouraged to be involved in the support of their loved ones

Data will be gathered on a monthly basis to monitor progress against this priority.

Effectiveness

Introduction of the Ward Based Assessment System

The Ward Based Assessment System was designed initially by the Royal Liverpool University Hospital and has been developed by the Robert Jones and Agnes Hunt Orthopaedic Hospital to provide information relating to the contribution of nursing to the management and delivery of healthcare. This

is a locally led project which is designed to promote a culture of safety by helping ward teams to work together and monitor the quality of care within their specific ward area. It encompasses basic nursing care standards key clinical indicators, the 6 C's nursing strategy, national and trust specific objectives, and the Care Quality Commission Essential Standards and NHS Litigation Authority risk management standards.

The framework is designed around fourteen standards which are:

- Organisation and Management of the Clinical Area (1)
- Safeguarding Patients (2)
- Pain Management (3)
- Patient Safety (4)
- Environmental Safety (5),
- Nutrition and Hydration (6)
- End of Life Care (7)
- Medicines Management (8)
- Patient Centred Care (9)
- Pressure sores (10)
- Elimination (11)
- Communication (12)
- Infection prevention & Control (13)
- Falls (14)

Why this is a priority

Following the Francis Enquiry and the ability of the Trust to provide assurances to patients, staff, the Board and the public that the care provided across the organisation is of the highest quality the introduction of the assessment system is seen as an opportunity for the Trust to provide open and transparent data regarding care at individual ward level to patients and the public

The assessment process involves: observation of care, asking staff and patients relevant questions relating to the care provided, reviewing documentation, and observing staff carrying out specific duties. Specific questions establish whether staff are aware of different policies and initiatives that have been launched by the Trust, while questions discussed with patients will focus on the care and information they have received, and the overall patient experience.

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

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

Red	5 red standards or more in total	Level 0 - Reassess in 2 months
Amber	3-4 red standards in total	Level 1 - Reassess in 4 months
Green	1-2 red standards in total	Level 2 - Reassess in 8 months

There may be some standards which remain red for a time as these may be more long term goals that require Divisional or Executive support in order for them to be achieved and maintained. The assessment system provides another opportunity to identify risks within the organisation

Wards that maintain consistently high standards i.e. achieve a green score on three consecutive assessments will be given the opportunity to apply for a quality mark award. The Trust aims for 25% of wards to be at green by the end of 2013/14.

Patient Experience

Dementia

As an organisation the Trust is committed to ensuring that patients who are attending or admitted to the hospital who have or have the potential to develop dementia receive high quality care with equity of access to the available healthcare services at the hospital and also within their area of residence. This also supports the needs of both the patient and their carers.

Why this is a priority

Nationally, the focus on the care and support provided by organisations for patients with possible or diagnosed dementia and their families is of great importance. Through walk rounds undertaken by members of the Patient Panel, Board Members, local LINks and Commissioners the Trust identified that the care and identification of patients with dementia was a key priority to ensure they were fully supported through the pathway of care and their families and carers signposted to services to assist them at home

The trust has the following aims:

- To ensure and implement best practice,
- To adopt and deliver on the dementia national guidance and quality standards within the organisation working within the local health and social care economy.
- To establish clear clinical leadership relating to dementia
- To provide further training for staff to care for patients and their relatives/carers who are suffering with dementia.

The trust aims to develop and implement a local action plan in order to ensure aims and objectives are aligned with the local health economy strategies

In addition to this commitment, dementia is also part of the national CQUIN scheme for 2013/14 where the RJAH will be undertaking dementia screening for patients aged 75 + admitted as an emergency for > 72 hours. For those patients identified as potentially having dementia they will be appropriately assessed and referred on to specialist services. The CQUIN also includes supporting carers of people with dementia. This will involve more staff awareness and education in dementia care so enabling staff to share appropriate information and sign post relatives/carers to the relevant organisations for the care and support that they need to manage people with dementia.

Statements of Assurance from the Board

These statements of assurance follow statutory requirements for the presentation of Quality Accounts, as set out in the Department of Health's regulations on Quality Accounts and the additional reporting requirements set by Monitor,

Review of Services

During 2012/13, The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust provided NHS services in musculo-skeletal surgery, medicine and rehabilitation. The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust has reviewed all the data available to them on the quality of care in 100 per cent of these health services. The income generated by the relevant health services reviewed in 2012/13 represents 100 per cent of the total income generated from the provision of NHS services by The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust for 2012/13.

The data reviewed covers the three dimensions of quality

- patient safety
- clinical effectiveness
- patient experience

Clinical Audit

During 2012/13, two national clinical audits and two national confidential enquiries covered NHS services that The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust provides.

During that period, The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust participated in 75% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust was eligible to participate in during 2012/13 are as follows:

- Pain Database
- National Joint Registry
- Patient Outcome and Death
- Elective surgery (National PROMs Programme)

The national clinical audits and national confidential enquiries that The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust participated in during 2012/13 are as follows:

- National Joint Registry
- Patient Outcome and Death
- Elective surgery (National PROMs Programme)

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust was not able participate in the Pain Database national audit in 2012/13 Staff have now been recruited to support this process and data will be provided from RJAH in 2013/14.

The national clinical audits and national confidential enquiries that The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust was eligible to participate in and for which data collection was completed during 2012/13 are listed below alongside that number of cases submitted to each

audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:

	Eligible to participate	% cases submitted
Pain Database	Yes	0%
National Joint Registry	Yes	97.5%
Patient Outcome and Death	Yes	100%
Elective surgery	Yes	100%

The reports of 2 national clinical audits were reviewed by the provider in 2012/13 and The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Joint Register - The trust has participated fully in the national joint registry with a high percentage of eligible patients submitted. There are no specific actions from the report but the trend data is in line with the trust's experience.

Cardiac Arrest Procedures: Time to Intervene? (2012) NCEPOD
This NCEPOD report published in June 2012 is a review of patients who underwent cardiopulmonary resuscitation as a result of an in-hospital cardiorespiratory arrest. The report and its recommendations were reviewed by the Quality and Safety Committee in July 2012.

The reports of 26 local clinical audits were reviewed by the provider in 2012/13 and The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

	Title	Action Points
1	Safe and Secure Handling of Medicines	1. The purchase of two new medication fridges 2. New standard operating procedure (SOP) required for the recording of drug fridge temperatures 3. Assess and implement a new process to ensure safe receipt of medicines 4. Shadow the team to review the practice and storage in theatres and to set up a work group to assess and implement required changes 5. Purchase of a new cupboard for the purpose of storing To Take Out (TTO) medications on Ludlow Ward. 6. Reduce the storage space for Clexane TTO packs. 7. Ensure fastenings are attached to the wall to enable securing of the medicines trolley. 8. Purchase bespoke locker version 3 for the storage of medicines. 9. Ensure a centre point where all stock lists are identified. 10. Identify a process for the annual stock list review. 11. Pharmacy to send ward signature sheets to all ward managers. 12. To have support from the Senior Nurse leads within the trust to carry out unannounced visits to each ward on a monthly basis.

	Title	Action Points
		13. To ensure areas identified for improvement from this audit and subsequent visits are documented and actions taken appropriately.
2	Re-Audit of Cardiac Arrest/Medical Emergency Calls at RJAH	To review information and re-audit annually.
3	Do Not Attempt Resuscitation (DNAR) Re-Audit	To review information and re-audit annually.
4	Therapy Notes Re-audit	1. Senior Outpatient Physiotherapist to feedback to individuals. 2. All team leads to remind their teams of standard 14 contents and legal requirements for notes. 3. Remind and train new team members on the Midlands Centre for Spinal Injuries (MCSI) documentation systems. 4. Reinforcement is needed of correct completion of pathways of care. 5. Induction of all new staff to General Medical Unit should include a training session on the assessment documents and a copy of the standards for note keeping to be given to each team member. 6. Training for all staff in paediatrics to remind staff of documentation standards and educate with regards to requirements for pathways of care and individual case notes. 7. General Medical Team and Paediatric Team to adapt master copies of front sheet and continuation sheet in relevant area.
5	Consent Audit	1. Anaesthetic consent • Correspondence to all anaesthetists reminding of the importance of documenting the taking of consent. • Discuss with the anaesthetic lead to standardise the consent process and to define what documented evidence of a consent discussion is required. 2. Completion of the consent form correspondence highlighting: • The importance of documenting that an information leaflet was given to the patient. • The importance of documenting upon the consent form the risk, benefits & alternatives to a procedure. • That patients are given their consent forms in the future • To make sure this "confirmation of consent" occurs before a patient goes to theatre suite. 3. Medical Director to re-design the consent form to ensure that all complications including death should be included. 4. The division of surgery should discuss mortality risk to patient as it is a requirement by NCEPOD.
6	Amber Alert CQUIN	To sustain excellent results by maintaining current practice.

	Title	Action Points
7	Audit of Botulin Toxin Type A (BTA) Therapy for Treatment of Focal Spasticity amongst In-Patients of MCSI	1. Development of a patient information leaflet. 2. Development of a botulinum toxin management form. 3. Reiterate the importance of obtaining informed consent to clinicians undertaking the procedure at the induction.
8	Determining the level of compliance that is achieved by patients given an orthotic prescription and treatment plan	1. Ensure all patients are given information leaflets. 2. All patients to be given verbal instruction regarding making a review appointment. 3. Careful and firm discussion with patients at initial appointment before deciding on prescription/proceeding with treatment.
9	Compliance of the Outpatient Physiotherapy Dept. with NICE Guidance on the treatment of Low Back Pain	1. Feedback to outpatient physiotherapy team in outpatient meeting. 2. Review NICE low back pain information sheet. 3. Review service specific information for inclusion in patient information sheet. 4. Develop a suitable patient information sheet. 5. Implement patient information sheet for distribution.
10	Audit of Paediatric Pain - post procedure	1. Staff education on pain scoring. 2. Dissemination of audit. 3. Incorporate "on movement" pain scoring on the observation chart. 4. Audit the efficacy of Local Infiltration Analgesia (LIA).
11	Reducing the Length of Stay for Patients undergoing Corrective Surgery for Hallux Deformity	1. To make changes to the pain protocol 2. To prescribe an antiemetic for patients to take home.
12	Scoliosis Imaging Protocol Re-Audit	Improve the use of traditional side markers.
13	Nuclear Medicine Bone Scan Reporting	Meet with all Radiographers to discuss the audit findings
14	World Health Organisation (WHO) Safe Surgery Checklist Audit	1. Continue to revise the checklist 2. On the checklist– incorporate a section for recovery management emphasising compliance and for recovery staff to take ownership of the transfer and the management of the patient. 3. Time out session – implement a local protocol which includes a nurse led time out prior to incision. 4. Surgical Site Infection (SSI) Bundle – Disperse this section into the anaesthetic check and the surgical check to improve the flow 5. An area to be made available on the communication board to increase awareness of quality regarding compliance of the checklist. 6. Results of the audit to be disseminated to staff in the Monday Morning briefing.

	Title	Action Points
		7. Audit results to be discussed at the monthly divisional meeting. 8. Meetings to be organised to introduce the new WHO form to consultants and staff. 9. Local protocol for the WHO form, including team brief for introduction of revised form to staff and consultants.
15	Are we adhering to the Data Protection Act?	Disseminate the audit findings to Medical Director, Head of IT, Data Protection Lead, Training Manager and the Director of Nursing for further action planning
16	Consent for Hip and Knee Arthroplasty	Action plan no longer relevant due to subsequent changes in process.
17	Audit of compliance to NICE appraisal TA-Guidance 143	To complete further audit in to compliance and assessment of patients
18	Quality of Medicines Information Provided on Discharge	1. Discuss an option of a larger sample 2. Clarification needed from the PCT with regards to inclusion of Physiotherapy patients and overnight test patients on medical wards. 3. Review of medical discharge document on Electronic Patient Record (EPR) to facilitate a section for allergies and for test results. 4. Allow pharmacy to be the final lock on the allergy box on TTOs. 5. Doctors to be reminded on key information required on TTOs. 6. Share the results of baseline audit.
19	Appropriateness and effectiveness of the care provided to diabetic patients presenting for surgery	1. Write to all GPs and commissioners raising awareness regarding care for diabetic patients. 2. Presentation of audit findings at the Multidisciplinary audit meeting. 3. Local adaption of guidelines – formulation of Trust guidelines.
20	Audit of the accuracy/completeness of data on submitted histopathology request forms	To compose a letter to all consultants regarding completion of patient location, date, responsible Clinical Consultant and signature on histopathology request form
21	Extra-corporeal Shockwave Therapy for Plantar Fasciitis	1. Communication regarding completion of Audit tools and additional questionnaires 2. Submission of research proposal.
22	Deteriorating Patient Audit	Create and circulate a guidance document for the completion of Modified Early Warning Score (MEWS) charts.
23	Child Protection Record Keeping Audit	1. Ensure front sheet is signed by all staff. 2. Ensure mistakes are crossed through, dated and signed. 3. Ensure student entries are counter signed. 4. Ensure all entries are timed. 5. Ensure that all questions are answered. 6. Reiterate all of above at next ward meeting and on ward annual study days. 7. Revise abbreviation list.

	Title	Action Points
24	Dressing Gown Compliance	To address the issue of privacy and dignity through the provision of new changing rooms with direct access into Medical Resonance Imaging (MRI). This will mean that patients are no longer in the general waiting area in their gowns.
25	EPR Notes Audit	1. To disseminate results of the audit 2. To complete a further audit on daily ward notes in the patient pathway to ensure all information relating to the in-patient stay has been documented 3. To question registrars on their use of EPR
26	Specialist Orthopaedic Alliance Multi Site Consent Audit	Compose a letter to all clinicians to remind them: 1. A Clinician's name and job title needs to be identifiable on the consent form 2. It needs to be recorded on the consent form that the patient had been offered and accepted / not accepted their copy of the form. 3. Consent forms need to be completed legibly 4. Alternative treatments to be recorded on the consent form 5. Ensure that clinicians record the consenting process and discussions with the patient fully in the patient's notes including any alternative treatment options and risks associated with the surgery. 6. To ensure that all treatment / care options have been discussed with the patient

Research

The number of patients receiving NHS services provided or sub-contracted by The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust in 2012/13 that were recruited during that period to participate in National Institute of Health Research (NIHR) Portfolio research approved by a research ethics committee was 677 against a target of 600 (112.83%).

Participation in clinical research demonstrates the Robert Jones & Agnes Hunt Orthopaedic Hospital's commitment to improving that quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest treatment possibilities and active participation in research leads to successful patient outcomes.

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust was involved in conducting 23 NIHR Portfolio clinical research studies in musculoskeletal disorders, immunity and inflammation, respiratory, nervous system disorders, and renal specialities during 2012/13.

There were 62 members of clinical staff (32 medics) participating in research approved by a research ethics committee at The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust during 2012/13. These staff participated in research covering 5 medical specialties as described above.

As well, in the last three years, 27 publications have resulted from our involvement in research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Our engagement with clinical research demonstrates the Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust's commitment to testing and offering the latest medical treatments and techniques.

Commissioning for Quality & Innovation (CQUIN) Payment Framework

A proportion (2.5%) of The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust contracted income from England in 2012-13 was conditional on achieving quality improvement and innovation goals agreed between the provider and its Commissioners through the CQUIN (Commissioning for Quality and Innovation) payment. Further detail of the 2012-13 agreed goals and new goals agreed for 2013-14 are set out in this report.

The final value of the CQUIN scheme for Shropshire and Associate PCT's in 2012-13 was circa £980k, and the scheme overseen by the West Midlands Specialised Commissioner for our Spinal Injuries service was worth an additional circa £200k.

Summaries of the 2012-2013 schemes are set out in the following tables.

1. Main CQUIN Scheme coordinated by Shropshire

CQUIN Scheme for 2012/13

The (agreed) goals and indicators are summarised in the table below. The main scheme represents 2.5% of English contract income, an increase from 2011-12, and valued at approximately £980k. There was also a smaller scheme for the Specialised Commissioner linked to the Spinal Injuries service and valued at approximately £200k. As a result of the increase in value, the scope and scale of the CQUIN schemes was even more challenging in 2012-13.

Main Scheme coordinated by Shropshire PCT

Goal Name	Description of Goal	Goal Weighting (% of CQUIN scheme available)
VTE (National)	Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)	5%
Patient Experience (National)	Improve responsiveness to personal needs of patients	5%
NHS Safety Thermometer – (National)	Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and VTE.	5%
Improving Diagnosis of Dementia in Hospitals (National)	Improve awareness of dementia through a training package to be delivered to at least 50% of front line nursing staff.	5%
VTE- Audit of at risk patients	Percentage of adult inpatients assessed to be at risk of VTE who receive appropriate prophylaxis in accordance with NICE guidance	10%

Goal Name	Description of Goal	Goal Weighting (% of CQUIN scheme available)
Productive theatre	Reduction in turn round time between cases in main theatres	15%
Making Every Contact Count	Number of NHS staff completing locally agreed training in delivering brief advice as required to implement the Making Every Contact Count ambition	15%
Net Promoter Question	Real time feedback to support the Patient Revolution work as embedded in the SHA Ambitions	15%
Mental Health/Wellbeing Awareness for Medical and Nursing Staff	Increase knowledge base and skills of medical and nursing staff in the spinal unit to recognise the need for specialist intervention for patients with suicidal thoughts/intents	10%
Medicine Management	Improving discharge information to GP's - renal function / allergies / TTO supplies (3 indicators)	15%

2 CQUIN Scheme coordinated by West Midlands Specialised Services

(Value £200k)

Goal Name	Description of Goal	Goal Weighting (% of CQUIN scheme available)
VTE (National)	Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)	5%
Patient Experience (National)	Improve responsiveness to personal needs of patients	5%
NHS Safety Thermometer – (National)	Improve collection of data in relation to pressure ulcers, falls, and urinary tract infection in those with a catheter.	5%
Improving Diagnosis of Dementia in Hospitals (National)	Improve awareness of dementia through a training package to be delivered to at least 50% of front line nursing staff.	5%
Implementation of clinical dashboards for specialised services	Ensuring that providers implement and routinely use the required clinical dashboards for specialised services	10%

Acute Spinal Cord Injuries (SCI) Centre Outreach to newly injured patients	Taking the SCI service to newly injured patients / Support for ventilated patients / Waiting List reporting	70%

Outcome of CQUIN Schemes

The four national CQUIN goals were fully achieved. These made up 20% of both the West Midlands and Specialised CQUIN schemes.

- The VTE assessments were maintained in each month at above 90% of relevant patients. (We achieved over 98% each month).
- The results from the inpatient survey meant that we exceeded the minimum threshold for the balanced score (our score was 79% against a threshold of 75%).
- The NHS Safety Thermometer was successfully submitted each month.
- The national dementia CQUIN was varied through a contract variation to take into account the small numbers that the national CQUIN would apply to at this Trust. We agreed a rollout of a training programme for frontline nurses to raise awareness of dementia. 180 frontline staff were trained against a target of 113.

The local CQUIN's agreed with Shropshire PCT were fully achieved with the exception of the two of the three Medicines Management indicators, which were partially achieved.

- VTE audits were carried out monthly to ensure appropriate prescribed preventative treatment was given. Our overall score for the 12 months was over 96% against a target of >95%.
- Through process redesign the median turn round time in theatre between patients was successfully reduced from 11 minutes to 9 minutes during quarter 4. This improved the wait patients had to endure prior to going in to the operating theatre
- Making every contact count. (MECC) Training of staff on the principles of this scheme (taking opportunities to recommend services to assist with smoking and alcohol addiction) was completed in year and there were 187 referrals to the smoking cessation service in quarter 4 exceeding the target figure of 164 set with the commissioners.
- The net promoter question (Friends and Family test) piloted in 2012-13 in Midlands and East was successfully reported on in each month – the Trust came in the top quartile of reporting hospitals every month.
- Mental health training was delivered to the frontline staff on the spinal injuries unit – they are now able to act as a resource within the hospital to assist staff dealing with patients with mental health problems on the spinal injuries unit and elsewhere in the hospital.

The medicines management indicators were partially achieved:

- **Discharge drugs** – the end of year audit returned a score of 97% against a planned score of 90%+ - giving us a fully achieved 5%
- **Renal Function** – the end of year audit returned a score of 65% from a position of 0% and against a planned score of 90%+ - we therefore received 2% of the CQUIN value. Further work is planned to amend the Electronic Patient Record (EPR) document to provide prompts for doctors completing the discharge document; this will ensure that GPs are aware if a patient's renal function is outside the normal range and if any new medication has been prescribed as a result of any abnormalities.
- **Allergies** - the end of year audit returned a score of 85% against a planned score of 90%+ - we therefore received 4% of the CQUIN value. Work is on-going within the Electronic Patient Record to allow pharmacists to populate allergy boxes that have been left empty. Prescribers who do not complete the allergy are reminded to ensure that they complete it in future, to avoid the risk of a medication being prescribed to which the patient has a known allergy.

The additional Goals identified for our specialised spinal injuries unit – the introduction of quarterly clinical dashboards and the development of outreach services for newly injured patients – were both fully achieved.

2013-14 CQUIN scheme

The value of the two schemes in 2013-14 will remain at 2.5% of total contract value.
A summary of the goals in the new schemes are listed in the tables below.

Goal Name	Description of Goal	Goal Weighting (% of CQUIN scheme available)
Friends and Family (national)	Increase the spread and response rate of the Friends and Family test, and improve the score from the staff survey	5%
NHS Safety Thermometer (national)	Develop an action plan and implement change to show an improvement in recording of 'days between' falls reported on the Datix system	5%
Dementia Screening	Implement national scheme on screening of emergency admissions aged over 75, ensuring support for carers, and providing clinical leadership to ensure training for staff	5%
VTE screening	Report on % of patients screened and maintain above 95%. Additionally carry out root cause analysis for discharged patients readmitted within 90 days with VTE/PE	5%
Main Outpatient area	Baseline audit in Quarter 1 of waiting times to inform an action plan for delivery in remainder of year and further audit in Quarter 4. Improve information / communication for patients in waiting areas.	10%
Pre Op clinic area	Re design of pre op process to reduce face to face contact for low risk patients	10%
Rollout of the Ward Based Assessment and Accreditation System	All wards to be assessed against standards – with 25% of wards to achieve Green by end of Quarter 4	15%
Theatres	Improvement of management of post-surgical body temperature	15%
Ward to Board metrics	Roll out of Information Boards on all wards to demonstrate quality metrics to patients and relatives (Linked to 6C's Nursing Strategy and Harm Free care)	10%
Developing Professional networks with Children's services	Development of a competency based visit programme following the child patient pathway at other Trust's to include A and E, theatre, ITU and	10%

Goal Name	Description of Goal	Goal Weighting (% of CQUIN scheme available)
	wards.	
Medicines Management - Renal Function on discharge	All adult inpatients over 70 should have renal function documented on the discharge summary and doses of medicines corrected for renal function.	5%
Medicines Management - Information on discharge on changes to medicines	All adult inpatients should have changes to medicines since admission with reasons for changes documented on the discharge summary	5%
		100%

Statements from the Care Quality Commission

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust is required to register with the Care Quality Commission and its current registration is without conditions.

The Care Quality Commission has not taken enforcement action against The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust during 2012/13.

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust has not participated in any special reviews by the CQC during 2012/13.

Data Quality

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust will be taking the following actions to improve data quality:

- Continue to raise awareness and profile of data quality
- Develop a robust Audit framework
- Work with key stakeholders in reviewing and ensuring that the information that supports the Key Performance Indicators (KPIs) reported to the Board is constantly being reviewed. The aim of this is to ensure that the data is of an agreed acceptable level regarding quality and robustness. This will be extended to cover any other areas of reporting not covered by those reported to the board.

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust submitted records during 2012/13 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

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

Information Governance Toolkit Attainment Levels

The Robert Jones & Agnes Hunt Orthopaedic NHS Foundation Trust's Information Governance Assessment Report score overall for 2012/13 was **78%** (level 2) and was graded Satisfactory.

Clinical Coding Error Rate

The coding department did not receive an external Payment by Results audit in 2012-13.
An audit of 200 sets of case notes was carried out by an external company (JW Clinical Coding Ltd)as part of the Information Governance process. This audit reconfirmed the high standards achieved by the coding team – an extract from the report summary is shown below:

Key Findings and Conclusions

Audit results

Primary diagnosis correct	Secondary diagnosis correct	Primary procedures correct	Secondary procedures correct
99.50%	97.18%	100%	97.25%

The figures far exceed the recommended 95% accuracy for primary diagnoses and procedures and 90% accuracy for secondary diagnoses and procedures required for Information Governance purposes at Level 3. The department should be congratulated on this excellent result.

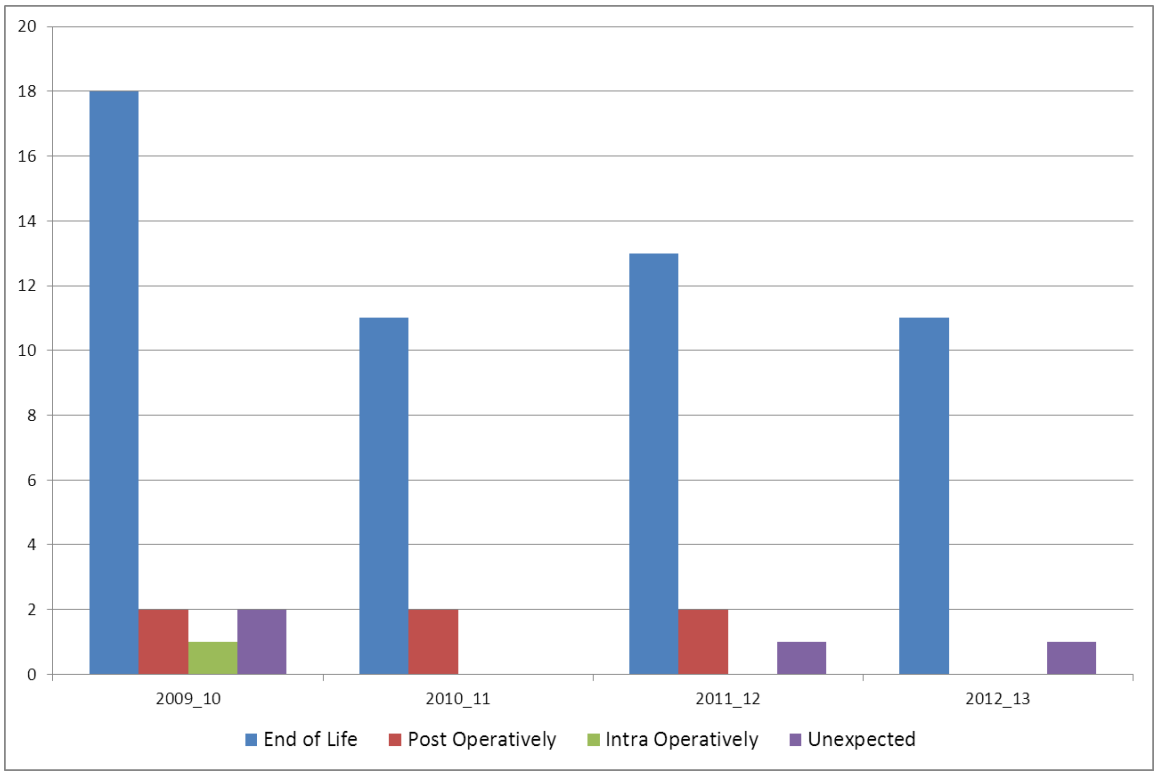
The overall Healthcare Resource Group (HRG) error rate for this audit was 2 episodes which is just 1% and only one of these caused a change in tariff. The value of the HRG changes was £285 gross, -£285 net which is an overall change of 0.0% absolute and 0.0% net, this is an exceptionally good result.

Review of Quality Indicators

National Quality Indicators

Mortality

The standardised mortality rates for hospitals, produced nationally by Dr Foster are not applicable to small specialist Trusts like the Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, because the numbers of deaths that occur are too small for change to be statistically significant. However, there has been ongoing monitoring of all deaths which occur within the Trust for some years and the graph overleaf outlines the number of deaths that have occurred over the past four years, commencing in April 2009 and ending in March 2013.



The hospital has one medical ward which cares for Elderly patients and clearly contributes to the higher profile in end of life care. All deaths are case-reviewed as part of the Morbidity & Mortality section at the twice-yearly Multi-Disciplinary Clinical Audit Meetings. All post-operative, unexpected and intra-operative deaths are recorded as Serious Incidents and are investigated in accordance with the Trust Serious Incident Policy which are reviewed and agreed by the Quality and Safety Committee.

Patient Reported Outcome Measure Scores

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust considers that this score is as described for the following reasons: each Trust in England is mandated to gather these scores prior to a hip or knee replacement operation and a national organisation then contacts the patient independently six months after the procedure, asks exactly the same questions to see if improvements have been made and produces national statistics on how well the organisation is performing.

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services by:

- undertaking an in depth review of the case mix adjustment model (this adjusts for differences in populations treated, such as demographic, age, social deprivation and whether the operation is a primary, first joint replacement, or a revision procedure) in order to determine where the individual patient improvement scores are reduced and then checking carefully what the actual patient expectation and outcomes have been; it is felt that the lack of social deprivation data for welsh patients and the high level of revision procedures undertaken here have an impact on the 'adjusted' score for the Trust. This will provide the Trust with factual data to determine whether our performance is approximate to the national average and thus allow us to identify where improvements to treatment are required, or whether the national case mix adjustment model is adequate to the task.

The Oxford Hip Score and the Oxford Knee Score are validated methods of assessing how a patient's hip or knee is affecting their life by asking the patient twelve simple questions. Six of the questions relate to pain experienced over the last four weeks with the other six devoted to ease of movement on stairs and using transport, limping, dressing and shopping. Each question is awarded a score

between 0 and 4 with 0 being the worst case and 4 being the best possible case, giving a total possible score out of 24. These are known as PROMs, Patient Reported Outcome Measures and provide a totally independent means of gathering information directly from the patients on how successful their joint replacement operation was.

Oxford Hip Score

	RJAH	National
15/08/2012	19.86	20.06
13/11/2012	19.93	20.09
14/02/2013	20.06	20.1

Oxford Knee Score

	RJAH	National
15/08/2012	16.35	15.17
13/11/2012	16.39	15.17
14/02/2013	16.21	15.15

The Robert Jones and Agnes Hunt has scored slightly below the national average for hips; this is due to the high number of revision procedures undertaken at RJAH when the primary hip joints have been undertaken at other hospitals and the impact of the case mix adjustments.

PROMs data Health Economics EuroQual EQ-5D Index improvement (General Health Questionnaire)

Hip Replacement

Organisation	2010/11	2011/12	2012/13
ENGLAND	0.405	0.416	0.437
ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	**0.412**	**0.428**	**0.46**
NUFFIELD ORTHOPAEDIC CENTRE NHS TRUST	0.407	0.432	0.5
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	0.327	0.383	0.431
THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	0.395	0.399	0.464

Knee Replacement

Organisation	2010/11	2011/12	2012/13
ENGLAND	0.299	0.302	0.312
ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	**0.298**	**0.333**	**0.286**
NUFFIELD ORTHOPAEDIC CENTRE NHS TRUST	0.307	0.302	N/A
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	0.216	0.233	N/A
THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	0.303	0.287	0.272

The figures shown above relate to a general health questionnaire which is not directly related to the procedure in question but asks general questions about any pain, mobility, self-care, anxiety or incapacity is being experienced whether it is related to the procedure or not. These questions are asking about pain from any source and not from the operated joint.

The scores range from 0 to 1, with 1 being 'perfect health'. As with the Oxford Joint Scores, this general health questionnaire is subject to the same case mix adjustments with the same issues of primary versus revision surgery and social deprivation affecting the score but with the added issue of not being specific to the joint replacement.

Readmissions to the Trust – 28 days readmission data

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust considers that this percentage is as described for the following reasons:

- data is submitted and checked on monthly basis as part of regular reporting.

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services:

- introducing a wound clinic
- providing pain management services prior to discharge.

Adults aged 16 and above

ORGANISATION	2008/ 2009	2009/ 2010	2010/ 2011
ENGLAND	10.90	11.16	11.42
ROBERT JONES AND AGNES HUNT ORTHOPAEDIC	**6.37**	**5.82**	**6.80**
NUFFIELD ORTHOPAEDIC CENTRE NHS TRUST	10.18	9.86	10.40
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	9.09	9.04	9.18
THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	8.92	8.84	8.54

Children aged 0-15

ORGANISATION	2008/ 2009	2009/ 2010	2010/ 2011
ENGLAND	10.09	10.18	10.15
ROBERT JONES AND AGNES HUNT ORTHOPAEDIC	**3.32**	**3.70**	**3.53**
NUFFIELD ORTHOPAEDIC CENTRE NHS TRUST	0.00	0.00	0.00
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	5.73	6.19	3.55
THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	9.69	7.90	5.46

28 days Readmission data for 2011/12 and 2012/13-(data gathered in-house and presented to Trust Board)

Month	2011/12		2012/13	
	Readmits	%	Readmits	%
April	10	1.54%	5	0.90%
May	6	0.87%	7	1.22%
June	6	0.96%	7	1.37%
July	12	1.84%	3	0.43%
August	7	1.16%	5	0.76%
September	8	1.17%	4	0.64%
October	7	1.03%	6	0.86%
November	6	0.81%	13	1.87%
December	7	1.13%	2	0.35%

January	3	0.44%	3	0.48%
February	7	1.02%	5	0.82%
March	4	0.56%	Data not yet available	
Total		1.02%		0.88%

The higher readmission rate in November 2012 has been reviewed and the main reasons for readmission to the hospital was for further wound management including elevation and ice therapy due to swelling and antibiotic therapy.

The Trust's responsiveness to the personal needs of patients

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust considers that this percentage is as described for the following reasons:

- the data is taken from five questions within the national inpatient survey which is carried out by an independent body. These questions are:
    - Were you as 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 your worries and fears?
    - Were you given enough privacy when discussing your condition or treatment?
    - Did a member of staff tell you about the 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?

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services:

- analysing the results from the 2012 survey and putting in place a full action plan.

Organisation	2010/11	2011/12	2012/13
ENGLAND	67.3	67.4	
ROBERT JONES AND AGNES HUNT ORTHOPAEDIC	**82.5**	**80.4**	**80.2**
NUFFIELD ORTHOPAEDIC CENTRE NHS TRUST	76.6	76.4	Data not available
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	73.4	72.5	
THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	78	78.1	

Staff employed by, or under contract to, the Trust, who would recommend the Trust as a provider of care to their family & friends

How members of staff rate the care that their employer organisation provides can be a meaningful indication of the quality of care and helpful measure of improvement over time and The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust takes the following indicator from the NHS Staff Survey.

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust considers that this percentage is as described for the following:

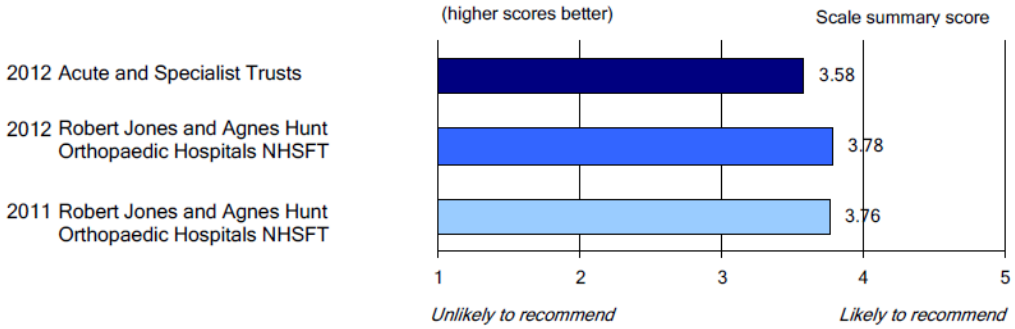
- the data is taken from the national staff survey which is carried out by an independent body.

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services:

- by agreeing and implementing an action plan to address issues raised through the staff survey.

Organisation	2011	2012
ALL TRUSTS	60	63
ALL ACUTE TRUSTS	65	85
ROBERT JONES AND AGNES HUNT ORTHOPAEDIC AND DISTRICT	**91**	**87**
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	88	89
THE ROYAL ORTHOPAEDIC HOSPITAL NHS FOUNDATION TRUST	85	80

Key Finding 34. Staff recommendation of the trust as a place to work or receive treatment



VTE Risk Assessments

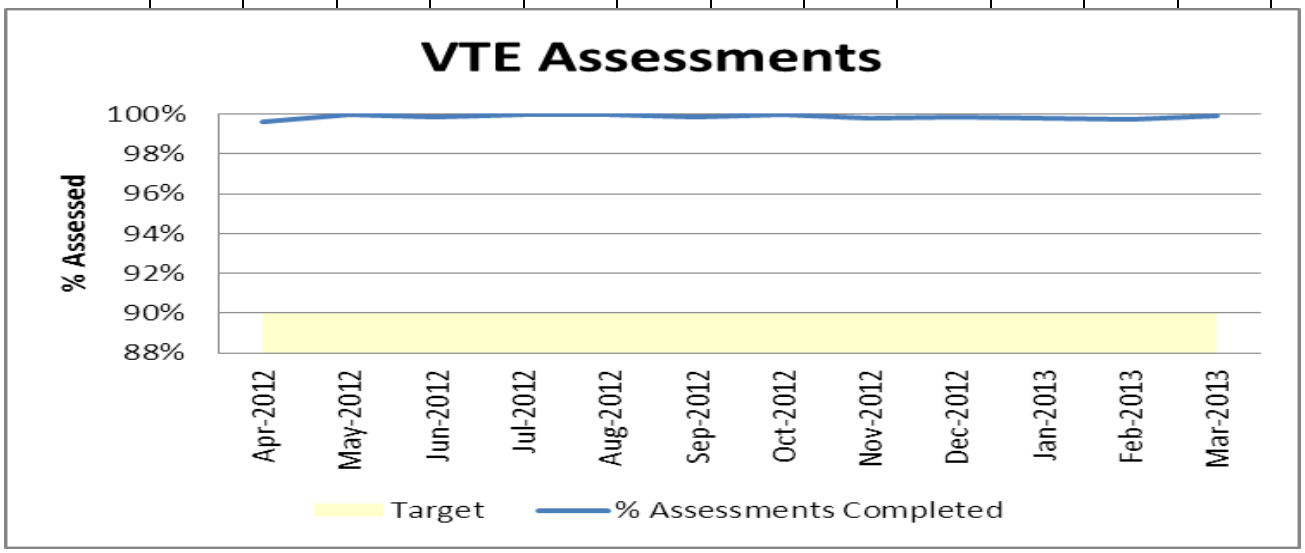
The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust considers that this percentage is as described for the following reasons:

- the data is monitored on a monthly basis and audits are carried out.

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services:

- regular communication with consultant staff
- on-going monitoring of areas of non-compliance.
-

TRUST	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13
No. of assessments	745	930	642	897	832	876	960	976	732	960	861	921
No. of admissions	748	930	643	897	832	877	960	978	733	962	863	922
% Assessments Completed	99.6%	100%	99.8%	100%	100%	99.9%	100%	99.8%	99.9%	99.8%	99.8%	99.9%



Cases of hospital-acquired Clostridium Difficile amongst patients aged 2 and above

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust considers that this percentage is as described for the following reasons:

- data is monitored and reported on monthly
- the infection control team work closely with ward staff and the microbiology department at the Royal Shrewsbury Hospital.

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services:

- continuing to implement its established infection control practices.

Name of NHS Trust	April 2010 - March 2011			April 2011 - March 2012			April 2012 - March 2013		
	Trust Target	Total	Rate	Trust Target	Total	Rate	Trust Target	Total	Data not yet available
Robert Jones & Agnes Hunt Orthopaedic Hospital	**2**	**2**	**3.7**	**2**	**2**	**3.7**	**2**	**2**	**TBC**
Nuffield Orthopaedic Centre	7	7	17.5	5	6	12.5	Data not yet available		
Royal National Orthopaedic Hospital	3	3	5.9	4	4	7.9			
The Royal Orthopaedic Hospital	9	9	24.5	6	6	16.3			

Patient Safety incidents

A patient safety incident is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care. The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust considers that this data is as described for the following reasons:

- data is reported on and monitored on a regular basis.

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services:

- continuing with an ongoing review of our reporting systems, including ensuring that the level of severity is appropriately recorded
- implementing a new actions module within the incident management system to track progress against actions arising from any patient safety incidents.

Total Number of Patient Safety Incidents Reported:

Period of Coverage	Rate of incidents	Number of incidents
Oct 12 - Mar 13	Data not yet available	713
Apr 12 - Sept 12		628
Oct 11 - Mar 12	7.17	513
Apr 11 - Sep 11	7.10	508
Oct 10 - Mar 11	5.17	364
Apr 10 - Sep 10	8.58	604
Oct 09 - Mar 10	5.54	376
Apr 09 - Sep 09	7.64	519
Oct 08 - Mar 09	10.93	751

The increase in the number of incidents is as the result of work to improve the reporting culture within the Trust

Total Number of Patient Safety Incidents rated as Severe Harm or Death

Period of Coverage	Rate of incidents	Number of incidents	% of total incidents
Oct 12 - Mar 13	Data not yet available	1	0.14%
Apr 12 - Sept 12		6	0.95%
Oct 11 - Mar 12	0.17	12	2.34%
Apr 11 - Sep 11	0.03	2	0.39%
Oct 10 - Mar 11	0.03	2	0.55%
Apr 10 - Sep 10	0.04	3	0.49%
Oct 09 - Mar 10	0.01	1	0.27%
Apr 09 - Sep 09	0.00	0	0%
Oct 08 - Mar 09	0.04	3	0.4%

In 2012/13, 0.52% of all incidents were rated as Severe Harm or death. Of these incidents rated as severe harm or death, 2 related to patients admitted to the Trust with harm identified (one grade 3 pressure ulcer acquired elsewhere and one patient admitted from a nursing home in a neglected state), 3 were unexpected deaths which have been reported through the Trust's serious incident policy and 2 were transfers out of the Trust for further supportive treatment as a result of a deterioration in the patient's condition. Work is on-going to ensure that the correct severity is recorded when incidents are reported through the monthly Incident Action Review Committee.

Local Quality Indicators

Patient Safety

Medication Report

The Trust continues to encourage the reporting of medicines related incidents, this ensures that areas of weakness can be identified and remedial action implemented. As a result of incidents reported the Trust has continued to implement new procedures:

- Ongoing provision of targeted medicines management training – all nursing, Operating Department Practitioner (ODP) and new medical staff are required to complete medicines management training. This is delivered in face to face sessions and via online training packages.

- Each medication incident is now investigated by the area/ward manager or their deputy, with the trust's Medicines Management Co-ordinator supporting and monitoring for any trust wide trends. We continue to provide feedback and support for individuals involved in order to foster lifelong learning.

- The introduction of a monthly newsletter to promote learning across the Trust.

- The adult drug assessment workbook and intravenous (IV) medicines competency workbook are now used for all staff joining the trust, those involved with medication incidents where further support is recognised as being required and for staff who request these resources for their own continued professional development.

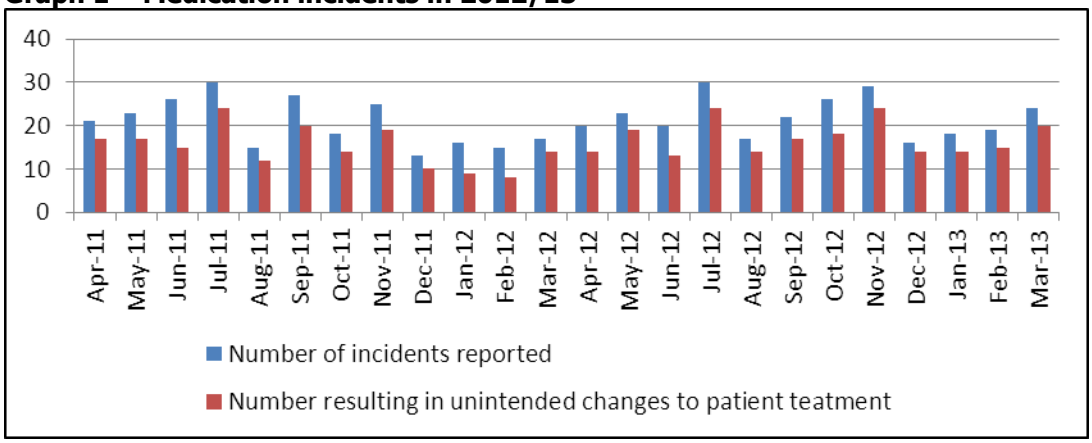
- The introduction of the self-assessment calculations competency test during 2012-2013 will allow for targeted training to be provided. The medicines management co-ordinator now facilitates half day and full day IV study courses.

- From April 2013 all trained staff on induction will receive training and support from the medicines management co-ordinator around medicines management, IV administration principles and care and assessment in relation to drug calculations.

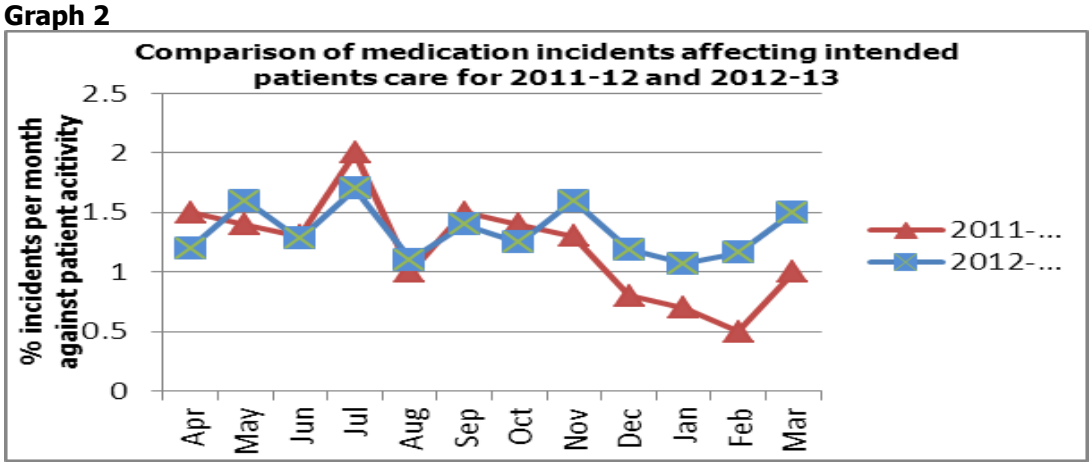
- The safe and secure storage of medicines is monitored, with a new initiative commenced in 2012 where the Medicines Management Co-Ordinator in collaboration with the Local Security Management Specialist (LSMS) undertakes unannounced inspections. Advice and action points are discussed on the day of the audit and followed by an email outlining the audit findings with actions required.

During 2012-2013, 264 incidents involving medicines were reported. Of these 206 resulted in an unintended change to the patient's treatment as shown in graph 1 below. However, no harm occurred to any patient as a result of these incidents

Graph 1 – Medication incidents in 2012/13



Graph 2



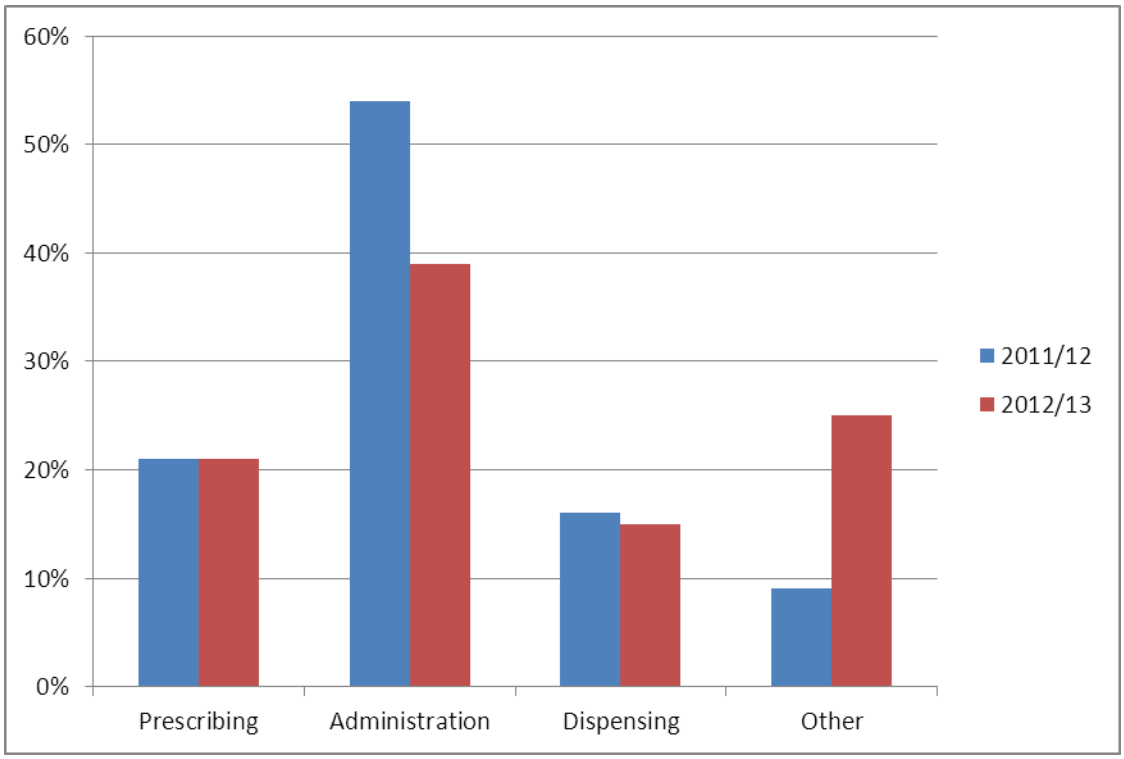
Graph 2 represents medication incidents measured against in-patient activity.

Medication incidents are monitored monthly; these are then calculated against in patient activity and presented as a percentage. Graph two demonstrates how this varies month on month. Medication incidents are categorised as shown in Table 1 into Prescribing, Administration, Dispensing and other incidents.

Table 1 Stage in medication process

Stage in medication process	Apr 2011 – Mar 2012		Apr 2012-March 2013	
Prescribing	27	21%	44	21%
Administration	69	54%	80	39%
Dispensing	20	16%	31	15%
Other*	11	9%	51	25%

*Other incidents include storage of medication, delays caused to treatment due to medication errors, deviation from policies, etc.



During medicines management and IV study updates for nursing staff we have promoted the reporting of all identified errors including those classed as near misses and those where there has been no harm to patients. We do this in order to promote patient safety and staff learning. This message has contributed to the significant rise of incidents classed as other from 9% in 2011-12 to 25% in 2012-13. This category includes near miss incidents in which a potential incident has been recognised before it has happened and incidents in which medicines have not been stored appropriately

As a result of incidents reported there have been major changes made within the main outpatients department:

- There is now a named pharmacist as a point of consistent contact.
- New systems have been implemented in outpatients
- Bespoke training provided for staff.

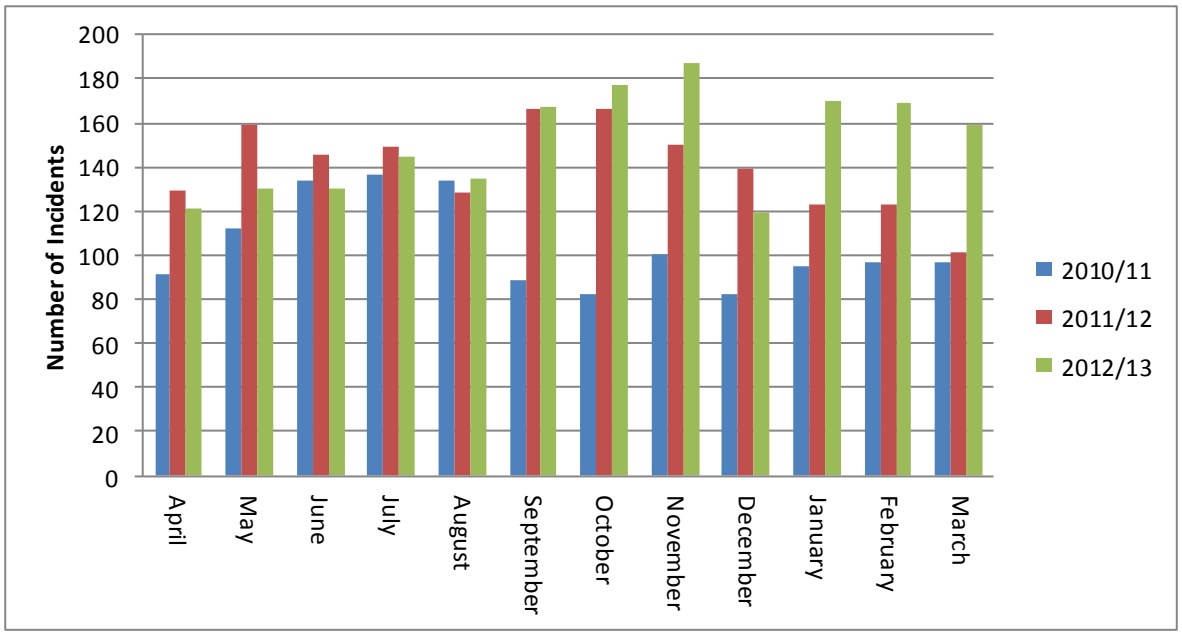
Key messages will continue to be delivered across the trust and local area training using specific real scenarios based on incidents reported for that area over the past 12 months are used for annual updates.

Medicines reconciliation on hospital admission ensures that medicines prescribed on admission correspond to those that the patient was taking before admission and in 2012-13 we improved the rate of medicines reconciliation on admission.

Incidents

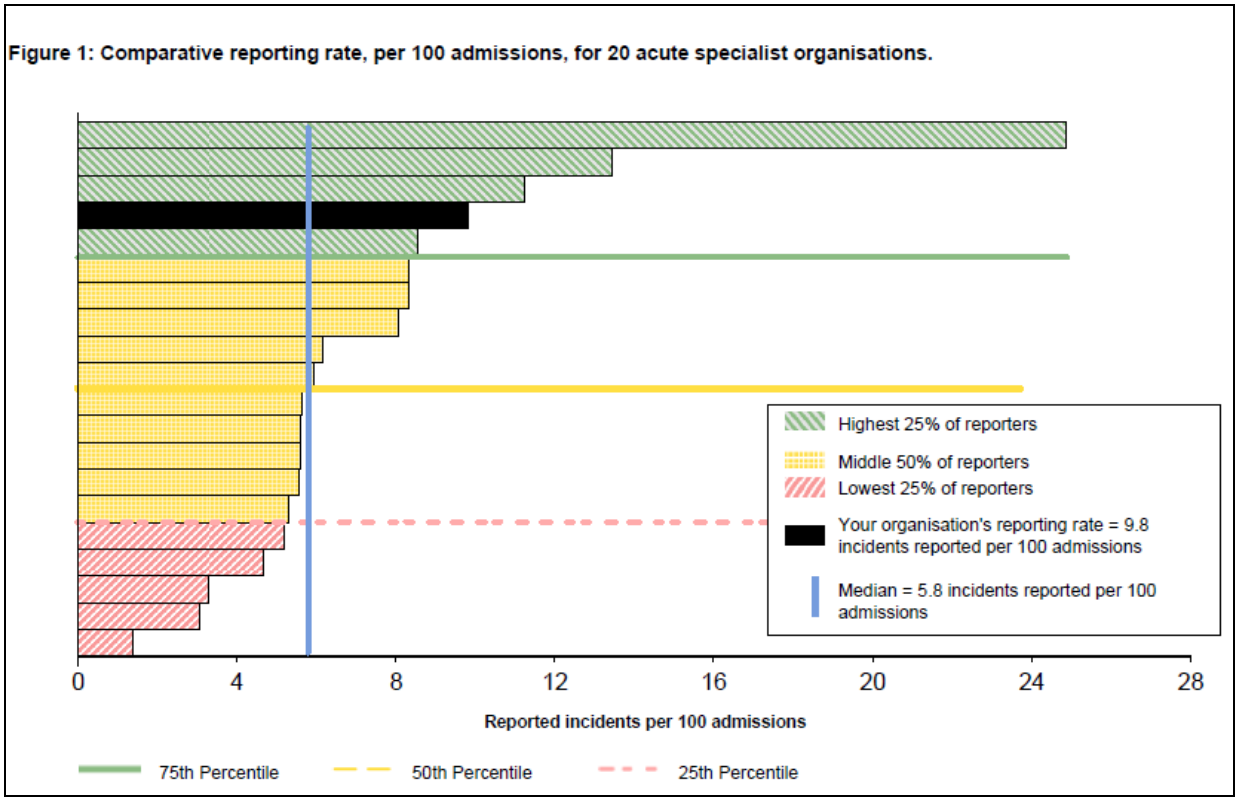
The Trust continues to use the Datix Incident Reporting system for regular and robust monitoring of Incidents that occur. The Reporting system allows regular monitoring of trends which are then provided to the Divisional Meetings and other Trust committee's for analysing. The Trust Board also provides this information to the Coordinating Commissioners on a regular basis. Work to improve the reporting culture has resulted in an increase in the number of incidents being reported between April 2010 and March 2013.

All Incidents reported from April 2010 to March 2013.



Patient safety incidents, including near misses, are reportable externally via the National Reporting & Learning System (NRLS). The table overleaf provides an overview of the incidents reported by RJAH between 1st April 2012 and 30th September 2012, 693 incidents were reported during this period. Data for October 2012 to March 2013 is not yet available from the NRLS; however the Trust exported a total of 1793 incidents in 2012/13.

Figure 1: Comparative reporting rate, per 100 admissions, for 20 acute specialist organisations.



Source: Organisation Patient Safety Incident Report (NRLS)

The Trust has risen from the middle 50% of reporters in 2011 to the highest 25% of reporters in 2012. As a Trust we provide a reporting system accessible to all staff to allow an open and strong safety culture which is important to enable the Trust and NHS to identify any trends or needs the organisation. This in turn enables action plans to be implemented to improve reoccurrence of incidents. A sign of a strong safety culture is the number of incidents rise whilst the numbers of incidents resulting in severe harm reduce.

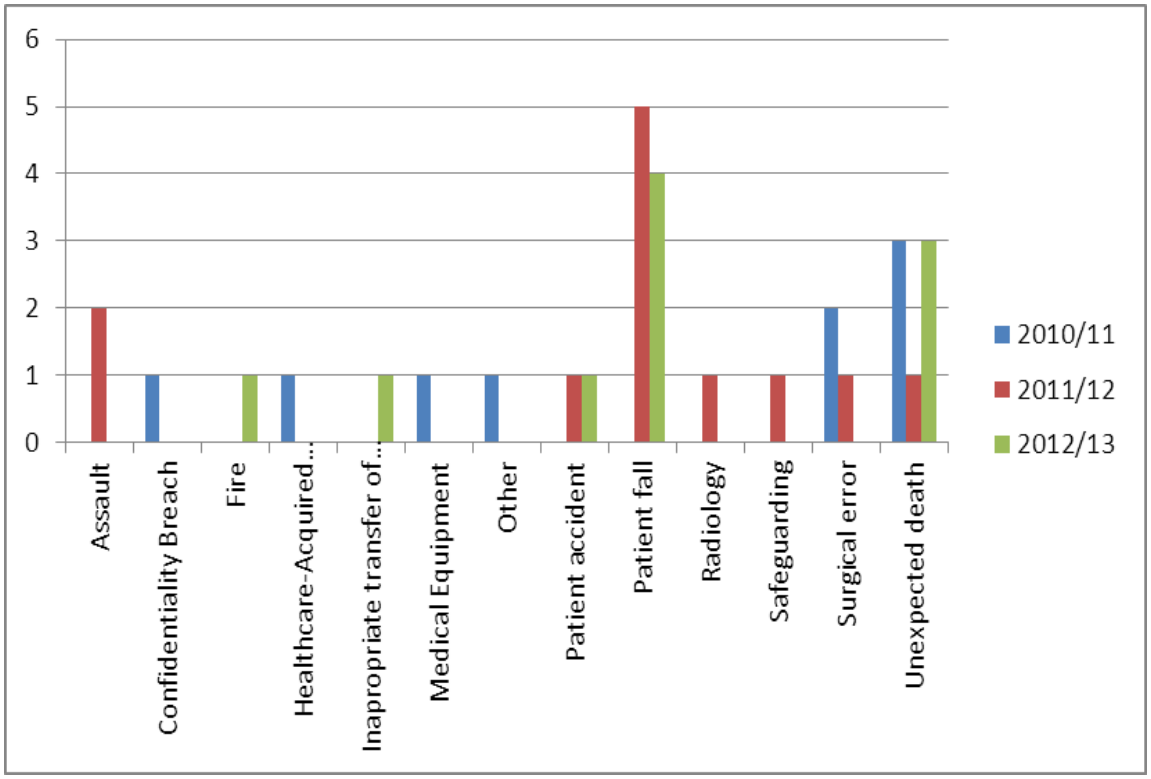
At the Robert Jones and Agnes Hunt Orthopaedic NHS Foundation Trust for all incidents that occur an investigation is completed. The outcomes of investigations are shared with departmental managers and all incidents are disseminated to the Divisional Meetings and a number of Trust Committees. The Trust meets with representatives of the Clinical Commissioning Group on a monthly basis to share the incidents and the resulting investigation.

Serious Incidents

In 2012/13, the Trust reported twelve Serious Incidents; two of these were subsequently downgraded with the agreement of Shropshire County PCT.

The graph overleaf shows the categories for the ten serious incidents that were not downgraded:

Serious Incidents



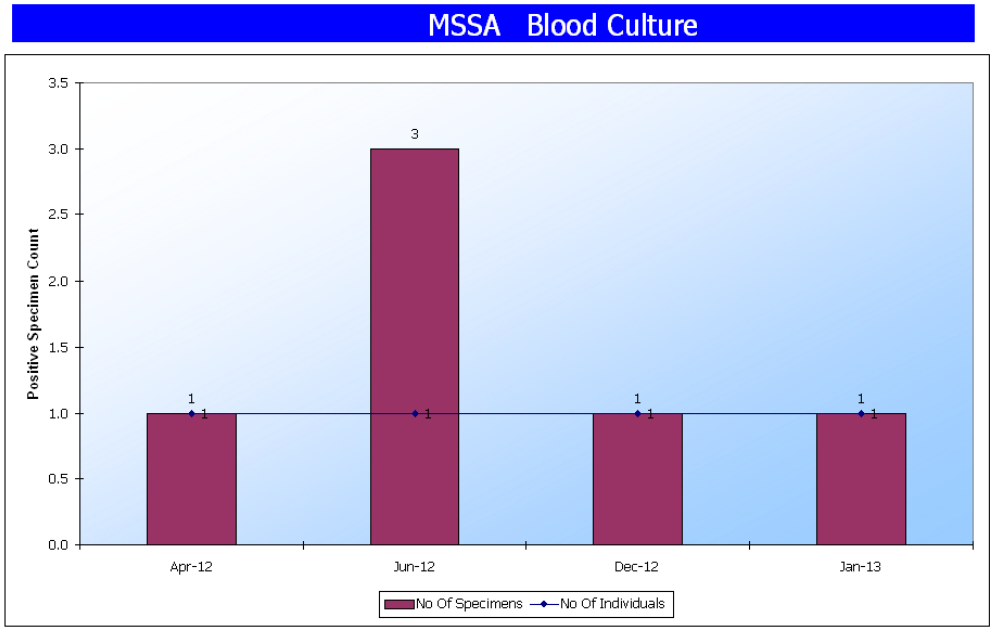
A full root cause analysis was undertaken for each incident and action plans were put in place as appropriate. The action plans are monitored through the Trust's Risk Management and Quality and Safety Committees

Hospital-acquired Infection

Methicillin Resistant Staphylococcus Aureus (MRSA)
Since 2006 the Trust had no MRSA bacteraemia infections. MRSA is a well-known health care associated infection. It is estimated that 3% of people carry MRSA harmlessly on their skin, but for hospital patients the risk of infection may be increased due to wounds, or invasive treatments which make them more vulnerable. Serious MRSA infection may result in MRSA blood stream infections (bacteraemia). The Trust's MRSA blood stream infection target for 2012/13 continued to be 0.

The Trust's MRSA screening compliance remains above the target of 95%.

Methicillin Sensitive Staphylococcus Aureus (MSSA)



There were four cases of MSSA bacteraemia in the year 2012/13. A full root cause analysis was undertaken for each case, three of which were identified on admission to the Trust. The fourth case had a history of MSSA bacteraemia linked to a spinal abscess.

Wound Clinic

The wound clinic service continues to be available 3 times a week for all patients who have post-surgical wound problems. The aim of the clinic is to enable internal post discharge surveillance and to prevent patients being unnecessarily readmitted, it also allows patients to be discharged sooner, who would otherwise remain an inpatient for daily wound care. This has proved to be a very valuable service for the patients, their relatives and the consultants.

Health & Safety

The annual 2012 Health and Safety plan was formulated against a Health and Safety audit report provided by external safety consultant group White, Young and Green during November 2011. Within this report the Trust was measured against the guidance of the Health and Safety Executive publication HSG65 'Successful Health and Safety Management'.

As set out below, the Trust has followed the recommendations from this report to strengthen its Health and Safety Management system.

- **Health and Safety Policy**
    - The Trust Health and Safety policy has been revised in line with current statutory legislation
    - All satellite Health and Safety policies and procedures (i.e. Risk Assessment, COSHH, Slips, Trips and Falls) are under review in line with the HSG65 audit recommendations
    - All policies are presented before the Trust Health and Safety Committee for approval prior to implementation across the Trust

- **Organising for Health and Safety**
    - The Director of Operations is the nominated Executive Director with responsibility for health and safety at the Robert Jones and Agnes Hunt Orthopaedic NHS Foundation Trust

- A 'competent person' for Health and Safety is employed by the Trust in the role of the Health, Safety and Risk Officer. This role reports directly to the Executive Director responsible for Health and Safety. The Health, Safety and Risk Officer is a member of the Institution of Occupational Safety and Health
- Trust roles and responsibilities for health and safety are clearly defined within the revised Health and Safety Policy
- All shortfalls in competencies and training needs in respect of Health and Safety are being identified by the Health, Safety and Risk Officer with the assistance of the Trust HR Training Department. Risk Assessment and Hazard identification refresher training has taken place for managers.
- Continuation of the promotion of worker involvement and consultation in health and safety matters through partnership working with staff side unions.

- **Planning and Implementation**

  - The Health, Safety and Risk Officer has formulated Health and Safety plans to action recommendations of the external HSG65 audit report. These are monitored by the Trust Health and Safety Committee.
  - A process for reviewing all risks across the Trust has taken place and an updated system of carrying out risk assessments has been implemented along with the revised Trust Risk Assessment policy.
  - Systems are in place to ensure that the dissemination of health and safety information across the Trust reaches all staff and other essential persons.

- **Measuring Performance**

  - Proactive and reactive methods of monitoring are used within the Trust to improve the health and safety management system. Examples of these would be reporting of near miss incidents, accident statistics, number of RIDDOR incidents, number of risk assessments produced/reviewed, number of procedures/policies reviewed, sickness records, reportable accidents, number of workplace inspections allied with findings, HSE Notices issued etc.
  - Action plans for continual improvements are held within the Trust Risk Assessment system and can be closely monitored and reported on at appropriate committee meetings

- **Auditing and Review**

  - The Health, Safety and Risk Officer is an experienced BS OHSAS 18001 Occupational Health and Safety Management Internal Auditor.
  - Monitoring and measuring health and safety information enables the Trust to review their activities and decide how to improve their health and safety performance.
  - A programme of health and safety internal audits will be developed within the Trust to further strengthen the Robert Jones and Agnes Hunt Orthopaedic NHS Foundation Trust health and safety management systems.

Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)

The Trust has reported a total of seven RIDDOR reportable incidents in the period April 2012 – March 2013. All of these incidents were fully investigated and reported to the Trust Health and Safety Committee and the Trust Risk Management Committee.

CAS alerts

The Central Alerting System (CAS) is the web-based portal for distribution of safety alerts from the Department of Health (DoH) to NHS Trusts. The Risk Officer is responsible for the distribution and administration of the CAS system.

All Medical Device Alerts (MDA), DoH Estates and Facilities Alerts are received by the Trust through this system. The Trust received 84 CAS alerts in 2012/13. Figure 1 tabulates the alert status at 31st March 2013.

Figure 1.

Alert Type	Number Received	Action Not Required	Actions Completed	Actions Ongoing
DoH Estates and Facilities	**2**	**0**	**1**	***1***
MHRA Medical Device Alerts	**82**	**66**	**16**	**0**

The on-going action relates to the review of window restrictors across the organisation which will be completed by June 2013.

Adult Safeguarding

The Robert Jones and Agnes Hunt Orthopaedic NHS Foundation Trust continue to be fully committed to encompassing the six key concepts in adult safeguarding; empowerment, protection, prevention, proportionate responses, partnership and accountability into our working practices at the organisation. As an organisation we continue to work with Shropshire and Telford and Wrekin Safeguarding Adults Board contributing to effective interagency working, and joint working partnerships to provide the most effective means of safeguarding vulnerable adults. As an organisation we aim to ensure that the dignity, safety and wellbeing of the individual remains a priority.

Actions undertaken during 2012/13

- A review of the named professionals has been undertaken, and there is a designated named nurse who is the adult safeguarding lead for the organisation, and a named doctor. The named roles have been developed in line with Working Together 2010.
- The Trust has provided safeguarding vulnerable adults training for all staff, and has continued to provide specific Mental Capacity training and Deprivation of Liberty safeguards (DOLs) training.
- Dementia training for clinical staff and mental health training for specific cohorts of staff who are regularly exposed to patients with mental health issues.
- Learning disabilities training which is e-learning and face to face facilitated training in collaboration with Shropshire County training
- Training provision has raised staff awareness and has enabled them to understand their role and responsibilities with regard to policy and procedures. This has enabled staff to promote good practice in response to concerns on a multiagency basis.
- Dissemination of clear adult safeguarding policies so that processes are embedded within the organisation. This has been undertaken through the development of the Safeguarding web page in the Trust intranet site
- Work continues in collaboration with outside agencies to ensure service users are safe from harm, and maintain independence, well-being and choice.
- Quarterly Safeguarding Committee meetings within the RJAH have continued which is a forum to discuss children and adult safeguarding issues. The committee has the appropriate accountability for safeguarding across the trust and reports to the Trust's Quality and Safety committee.

- A review of compliance with the Care Quality Commission Essential Standards Outcome 7 has been undertaken with the appropriate supporting evidence showing how the trust continues to work in partnership towards meeting the standards.

- The Trust has continued to work in partnership with the local authorities and have adopted the Safeguarding adults: multi-agency policy and procedures for the West Midlands and Shropshire and Telford & Wrekin Multiagency Adult Protection Policy which is accessible through the Trust intranet.

- Reporting mechanisms through the Trust Datix incident reporting system have been strengthened. All adult safeguarding incidents are reported through the reporting system, and the adult safeguarding lead is involved when investigations are being undertaken to provide the necessary support for managers.

- A Clinical Psychologist currently working at the RJAH has been part of the local DOLS Safeguarding Board and has completed the 'Best interest' assessor training. Having undertaken this additional training it has enabled staff to share best practice, and enhance their knowledge and skills within this specific area.

Adult Safeguarding Training

The Trust currently provides mandatory training for clinical staff with direct patient contact which needs to be completed every 3 years by staff identified within the Trust Training Needs Analysis.** The Trust aims for all clinical staff to have completed the training by the end of 2013/14

The table below shows the number and percentage of staff that are compliant with the training listed above:

Date	Number of staff compliant with training requirement
2010 – 2011	292
% in 2010-11	43.8%
2011 – 2012	628
% in 2011-12	83.6%
2012 – 2013	**582**
% in 2012-13	**85.5%**

The Trust aim is for at least 90% of relevant staff to have received Adult Safeguarding Training by 31st March 2014

The Trust also provides further training in the following specific areas:

- ***Mental Capacity Act 2005 Awareness***
  This is provided as a facilitated session delivered by an external training company.
- ***Deprivation of Liberty Safeguarding Awareness (DOLS) Training***
  This is provided as a facilitated session delivered by an external training company.
- **Learning Disabilities Awareness Training**
  This is provided as both an e-learning module and a facilitated session delivered by Shropshire County Training and a service user.

133 staff have completed a variety of Dementia awareness workshops and 73 staff have completed mental health awareness training and mental health first aid training.

Actions for 2013/14

Setting up adult safeguarding links within ward areas, and specific clinical areas to raise awareness of the importance of adult safeguarding, and the contribution of the Trust to the care of vulnerable adults ('Adults at risk')

Developing an evidence-based portfolio within the ward areas for staff to refer to, that demonstrates compliance against the CQC Essential Standard Outcome 7.

Delivery of the Dementia Strategy and its implementation working in conjunction with the local health economy is ongoing. The purpose of this work is to implement best practice across organisations and to ensure that the vision for dementia, as set out in the National Dementia Strategy (2009), Prime Minister's Challenge (2011) and the NICE (National Institute for Health & Clinical Excellence) guidance and quality standards are adopted and delivered for the benefit of patients and their carers.

Reviewing the process for identifying people with learning difficulties/disabilities and ensuring that the organisation reasonably adjusts its services to provide person centred care for this patient group

Continuing to embed these principles of openness and transparency to ensure a continued commitment to safeguarding through the collaboration with the local Safeguarding Board and the dissemination of information to prevent and protect adults at risk

The provision of staff awareness and training enables the Trust to empower and support adults at risk and provide a comprehensive service to them. Reviews of practice have enabled the Trust to develop a robust action plan which will continue into 2013/14 to further enhance safeguarding adults' practices within the organisation.

Child Safeguarding

The Trust is committed to achieving good outcomes for children and has systems in place to ensure the child's welfare remains paramount throughout their stay. Any safeguarding issues are addressed internally and then staff work collaboratively with other agencies, to facilitate their recovery and look after their Health and wellbeing.

The Trust has a nominated Executive lead for safeguarding children and young people and has recently appointed a non-executive lead to support her in this role. The Trust also has a Named Nurse and doctor and both have their safeguarding responsibilities clearly documented in their job description. These named professionals receive regular supervision and are supported by the local designated team.

The Trust holds a quarterly safeguarding children's committee and the local designated Nurse for Safeguarding Children and Young People is invited to ensure the Trust meets its full range of obligations within the safeguarding arena. A Named professional also attends the County wide Named nurse; Health governance safeguarding children committee and one of the senior representatives attends the Shropshire Safeguarding Children Board meetings.

In May 2012 The Trust underwent a safeguarding peer review by the Assistant Director of Nursing Safeguarding Adults and Children from Salford. This review covered both children's and adult services and provided the Trust with an action plan for development and improvement. With regards to children's services, work has developed as recommended in the action plan and progress in monitored in the Trust Safeguarding meetings.

A safeguarding web page has been developed this year on the Trust intranet. This facility has made it far easier for staff to access policies, contact numbers and up to date safeguarding information.

Training remains high on the agenda. All staff receive face to face training on their induction day and the staff training figures reflect 100% compliance with level 1 training. Training figures for all levels are overleaf:

Level 1	100%
Level 2	78.1%
Level 3	71.1%
Level 4	100%

The Trust target is that 90% of relevant staff should be trained at the level identified for their specific work area. Work will continue in 2013/14 to ensure 90% of relevant staff attend level 2 and level 3 safeguarding children training with level 1 and 4 to be maintained

This year we have continued to have a steady stream of cases with approximately 16 children reviewed with issues arising under the safeguarding umbrella. Some cases required minimal intervention however several cases required input from both the named doctor, nurse as well as the local designated nurse for safeguarding children.

We believe that our children deserve to be safeguarded by committed individuals who have the appropriate time, training and skills to support the child and family through difficult times.

Resuscitation Training

The Trust provides training internally on Basic Life Support (BLS), Immediate Life Support (ILS), Paediatric Immediate Life Support (PILS) and Advanced Life Support (ALS). ALS, ILS and PILS continue to be offered to outside agencies as a source of income generation. Other training sessions offered are:

- Rhythm recognition sessions (27)
- Paediatric basic life support sessions (11)

In 2012 / 13, the following training was provided internally:

Training	Attendance
Basic Life Support	249
Advance Life Support	15
Intermediate Life Support	279
Paediatric Life Support	156

Clinical Effectiveness

NICE guidance

In 2012/13 NICE published 102 guidelines. A baseline assessment was carried out for all guidance relevant to the Trust and where appropriate audits to measure compliance are put in place. Audits that have been carried out in 2012/13 in relation to NICE guidance include:

- Extra-corporeal Shockwave Therapy in Tendinopathy Audit
- Outcome of Carpal Tunnel release open and endoscopic at RJAH
- Compliance of the Outpatient Physiotherapy Department with NICE Guidance on the treatment of Low Back Pain
- Audit of compliance to NICE appraisal TA-Guidance 143 - Adalimumab, etanercept and infliximab for ankylosing spondylitis
- Re-audit of Current Compliance with Medicines Reconciliation on Admission in Compliance with NICE Guidance (re-audit of 126)
- Extra-corporeal Shockwave Therapy for Plantar Fasciitis
- Re-audit of management of patients with acute Rheumatoid Arthritis
- Use of Dabigatran for VTE prophylaxis in Arthroplasty Patients

- NICE IPG430 - Partial replacement of the meniscus of the knee using a biodegradable scaffold.

Cancer data (62 days and 31 days)

Achievement against the national targets for patients on a cancer pathway are as follows:
2 week cancer referral target – 93%
31 day pathway standards – 96%
62 day pathway standards – 85%

100% of all patients on a cancer pathway were seen within the targets

		2 week cancer referral target	31 day pathway standards	62 day pathway standards
No. of patients Seen	Apr-12	8	1	1
No. of Patients Seen in Target		8	1	1
No. of patients Seen	May-12	14	No data	No data
No. of Patients Seen in Target		14	No data	No data
No. of patients Seen	Jun-12	10	No data	No data
No. of Patients Seen in Target		10	No data	No data
No. of patients Seen	Jul-12	10	No data	0.5
No. of Patients Seen in Target		10	No data	0.5
No. of patients Seen	Aug-12	8	No data	No data
No. of Patients Seen in Target		8	No data	No data
No. of patients Seen	Sep-12	8	No data	No data
No. of Patients Seen in Target		8	No data	No data
No. of patients Seen	Oct-12	12	1	No data
No. of Patients Seen in Target		12	1	No data
No. of patients Seen	Nov-12	27	1	No data
No. of Patients Seen in Target		27	1	No data
No. of patients Seen	Dec-12	15	No data	No data
No. of Patients Seen in Target		15	No data	No data
No. of patients Seen	Jan-13	10	1	No data
No. of Patients Seen in Target		10	1	No data
No. of patients Seen	Feb-13	17	No data	0.5
No. of Patients Seen in		17	No data	0.5

Target				
No. of patients Seen	Mar-13 (provisional)	14	3	2
No. of Patients Seen in Target		14	3	2

NB: 'No data' = No patients seen/treated for that report in that month

Human Tissue Act

In March 2013 the Trust underwent a routine inspection by the Human Tissue Authority (HTA) to determine its suitability and compliance with the licences under which it operates. The HTA inspection covers four groups of standards: consent, governance and quality systems, premises facilities and equipment, and disposal. The process involved a visual inspection of several operational areas, interviews with key staff, document reviews and traceability audits. No discrepancies were found, although there was one area in which improvement actions were identified plus a number of optional recommendations were made. Overall, however, the HTA found the premises, practices and people operating under the licence suitable in accordance with the requirements of the legislation. The next inspection will be due in March 2015 and in the meantime the Human Tissue Act Group meets several times a year to ensure ongoing monitoring of action plans, audits and developments.

Local Patient Related Outcome Measures (PROMS)

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust does not limit its PROMs data collection to the nationally mandated hips and knees but follows up virtually all procedures undertaken at the Trust using internationally validated questionnaires to determine the success of spinal, foot & ankle and upper limb procedures.

As the number of Trusts undertaking these, "Local" PROMs is extremely limited and not all Trusts use the same questionnaires, comparison between the RJAH and other Trusts is not possible however the improvements seen in shoulder replacement surgery show a 16% improvement in Oxford Shoulder score at an average of 5 months and elbow procedures show an improvement on Oxford Elbow score of 25% at six months. Other limbs see similar improvements procedures for foot and ankle typically seeing a 14% improvement.

Scores are collected for spinal procedures but these cannot be seen as a "percentage" disability which could be compared to the score of other patients: the result is merely a figure for the convenience of comparing scores in the same patient on different occasions.

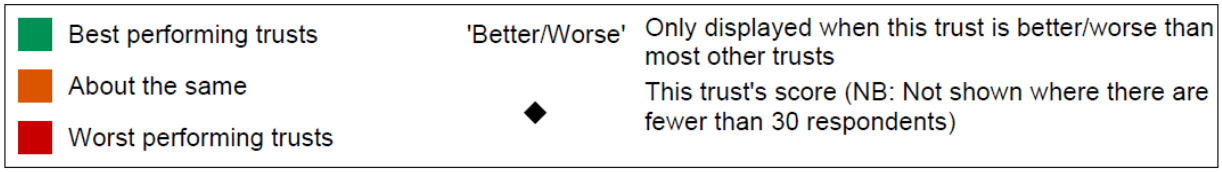
Patient Experience

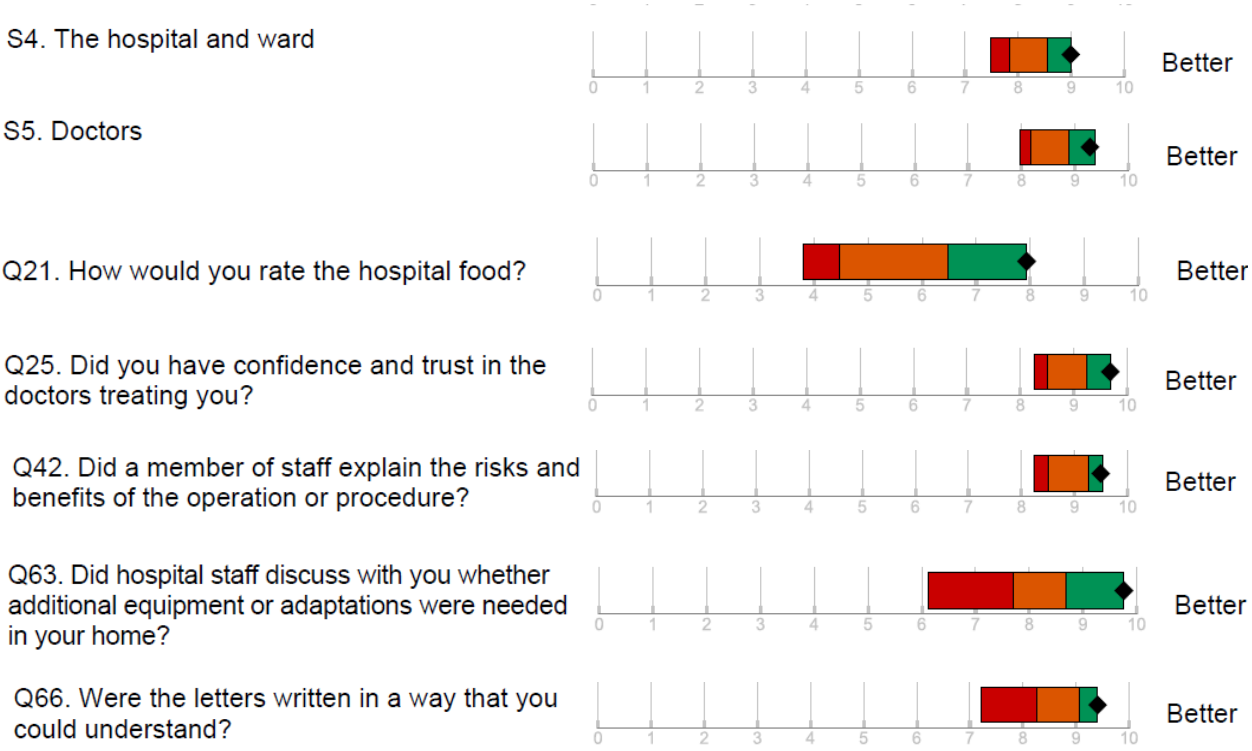
National Inpatient Survey 2012

In the 2012 National Inpatient Survey, the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust had top scores for food and choice of food, confidence in doctors, room cleanliness and for clarity of hospital letters received by patients. Patients gave extremely high ratings for various aspects on their experience throughout the hospital.

Of the 58 questions, RJAH scored top or almost top in over half of the questions and the specialist hospital was in the group of best performing hospitals in 89% of questions. The Trust's top scores included ward and bathroom cleanliness, hospital food and choice of food, confidence in doctors, information about risks and benefits of surgery, hospital letters, explanations about anaesthetic, involvement in discharge decisions and about specific adaptations required at home.

Examples of some of the scores where the Trust achieved top marks are set out below:





This is the tenth survey of adult inpatients involving 161 acute and specialist NHS Trusts. This year there were responses from more than 65,500 nationally and 514 patients from The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust. The response rate for the orthopaedic hospital was one of the highest at 63%, as compared with 51% nationally.

Patient Feedback from iPads

As part of the Quality Improvement Strategy as agreed by the Commissioners for improving patient experience, the Trust has gathered real-time information relating to patient experience and care delivery. The senior nurse team and the Patient Panel have worked closely to determine this as a priority of quality. Use and effectiveness of the system will be monitored by the Patient Panel, with regular updates to the Trust Board.

From April 12, Patient Advice and Liaison Service (PALS) staff and patient panel volunteers interviewed patients across all the wards asking six questions about their patient experience. This had been developed in house by the Trust IT department using an iPad and wireless website Technology. Six questions were devised by the Senior Nurses' Forum and the Patient Panel covering areas such as:

- menu choices
- feeling well cared for
- noise disturbances at night
- being involved and informed about their care
- time taken for call bells to be answered
- frequency of seeing a doctor

Since April 2012, 419 inpatients have been asked about their hospital experience by volunteers across the wards. All questions scored high (positive) results apart from noise at night and call bells being answered in less than 5 minutes. Results were discussed at the Senior Nurses' Forum and a detailed discussion was held on how to reduce noise at night. Some suggestions were put forward including limiting staff conversations in patient areas, and introducing ear plugs for patients.

Results below for each question:-

iPad results	
% who said they would be extremely likely to recommend the Trust to friends and family	88%
% who said they always received menu choice requested	74%
% who said they were always felt well cared for by nursing staff	88%
% who said there was no noise disturbance at night	38%
% who said they were always kept informed about their care	75%
% who said call bells answered in under 5 minutes	69%
% who said the doctor answered all their questions	92%

The introduction of the ward based assessment and intentional rounding should assist in the reduction of time taken to answer call bells. In addition, the senior nursing team will undertake night walk rounds and engage with staff and patients on strategies of how to reduce ward noise at night

Patient feedback about the care provided

This section reviews and summaries Trust activity related to all areas of patient experience from April 12 to March 2013 including:

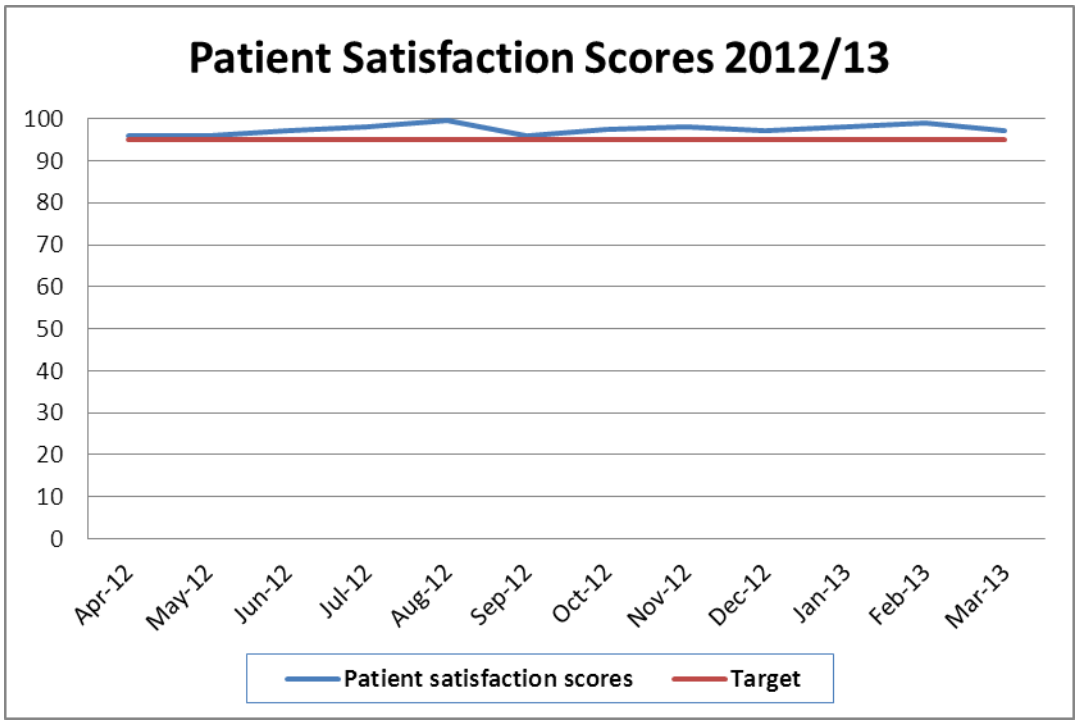
a. Complaints and Local Resolutions, PALS activity, Patient comments

b. Patient Panel activity

c. Patient feedback via other sources such NHS choices, patient stories

Comment Cards

97.6% of patients on wards have rated the Trust as excellent or good, when asked to rate their overall experience on the Trust comment card.


Patient Satisfaction Scores 2012/13
100
90
80
70
60
50
40
30
20
10
0
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Patient satisfaction scores
Target

A sample of compliments collected from Comment Cards

"Everybody was so nice and friendly and made me feel very welcome" ***Sheldon ward***

"Nurses and Physio's made the patient feel important by making conversation" **– Alice Ward**

"The treatment I received at your hospital during all my visits optimizes the very best features of the NHS, first class thank you." **– Menzies Unit**

"Was made to feel very comfortable. Very friendly and patient staff. Thank you for all your help." **– Clwyd Ward**

"I could not speak too highly enough of the care and attention I have received." **– Powys Ward**

"Staff excellent friendly and efficient"
Gladstone ward

"Couldn't fault the dept. was made to feel very comfortable and secure when I was v anxious" **– High Dependency Unit**

"I cannot think of any improvements - everyone with whom I came into contact with during my stay in hospital gave 150% - kindness, care, support and nothing was too much trouble. Thank you all so much." **– Kenyon ward**

"The staff were really friendly and nothing was too much trouble. They went out of their way to assist." **– Ludlow Ward**

"I cannot fault the staff they were kind, caring and went out of their way to make my stay as easy to deal with as possible." **– Wrekin Ward**

"I have had the most amazing experience here at Gobowen. It was like being at a private hospital, only better. Nothing was too much trouble, all the staff and doctors have treated me fantastically, the atmosphere is so friendly. I was so scared when I came in, but I was put at ease, please carry on what you are doing it works so well." **– Overall Hospital Experience**

The patient satisfaction score is calculated from the percentage of excellent and good ratings scored on the Trust comment card in response to a question about overall care.

- The total number of cards returned for April – March 2013 was 2189**.** This is 234 less than the same period last year.

- Patients scored an overall monthly average of **97.6%** of excellent or good when asked to rate their overall care.

- From the written comments 72% (821) were complimentary and 28% (327) were negative or suggestions for improvement.

- There were 9 service improvements made on wards following the manager's investigation into a negative comment or suggestion.

The main areas for suggested development/improvement continue were:-

- Aids and appliances, equipment, premises and poor ward environment (including bathrooms, lockers, temperature, day room facilities, natural light on some bays in Clwyd ward, noise at night, visiting times, TV facilities, Wi-Fi, radio, space between beds), sign posting, car parking and access.

- Quality of food including choice, quality, temperature, loss of menu cards and not getting what was ordered

- Waiting times in Pre-op or outpatients and waiting times on the day of surgery

- Poor communication/information to patient including written and oral

The patient panel will be involved in taking these areas forward for improvement.

Summary of Activity for Complaints, PALS and Concerns resolved locally

	Total
Complaints 2011/12	88
Complaints 2012/13	114
Local resolution 2011/12	29
Local resolution 12/13	69
Pals concerns 2011/12	331
Pals concerns 2012/13	504

Total PALS contacts

- For April 12 to March 2013 there were 1153 PALS contacts, 222 more than the previous year, which is 24%, increase.
- This equates to 96 enquiries to PALS per month an increase from last year of 18 per month.
- Of these 1153 PALS contacts, 503 were PALS concerns, (44%) and 650 were information requests, (56%).

Information Requests

The information requests include general enquiries made by patients on the Trust website. Examples of why patients contact PALS for help or advice include:

- how to make a referral to the hospital
- waiting times
- changes to appointment dates
- asking for staff contact details
- queries a patient has about their medical treatment
- compliments
- transport and car parking queries
- travel expenses reimbursement
- patient information
- how to complain
- interpreting services
- how to access medical records
- where to stay
- enquiries about specific treatment

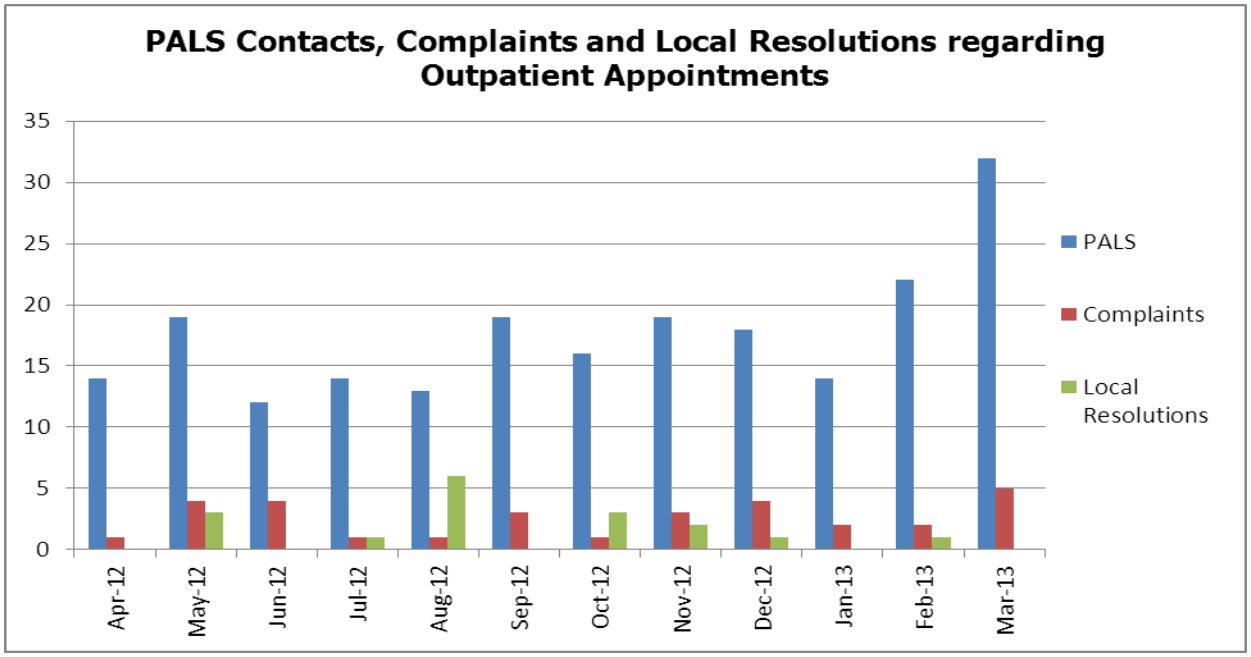
PALS concerns

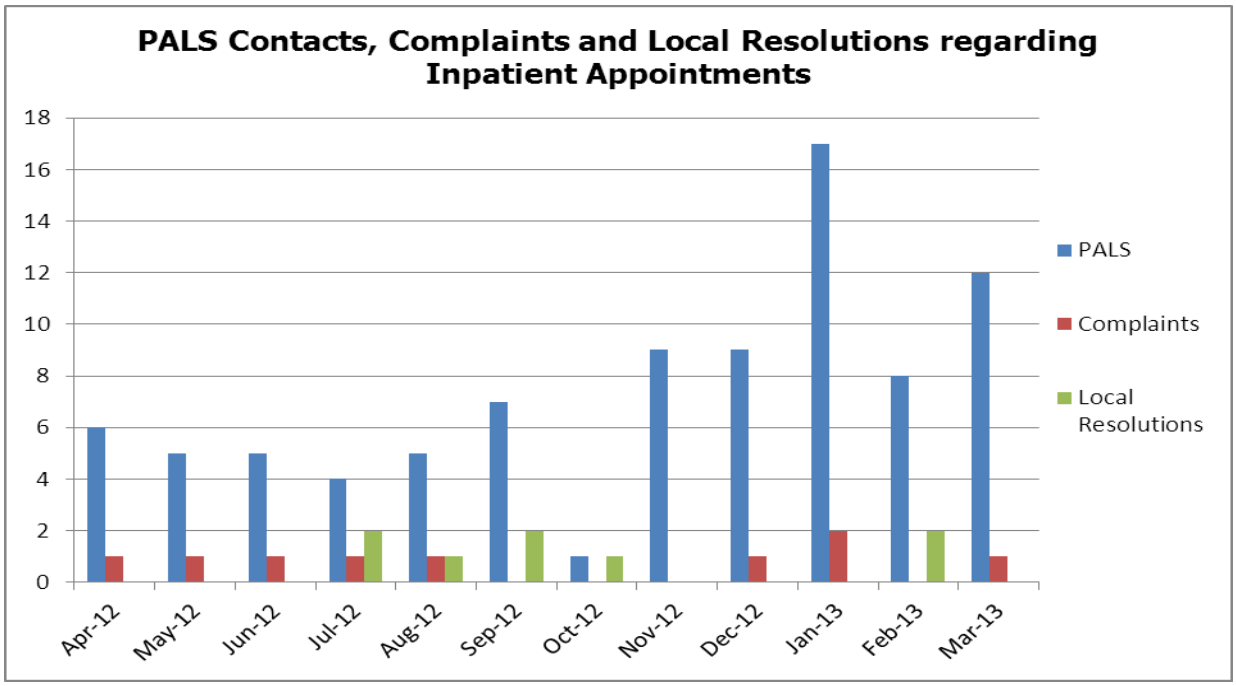
- Patients concerns are where a patient wants to raise an issue but does not want to make a formal complaint. PALS staff investigate the patient's concern on their behalf and reply to the patient. Examples of this include explaining why an operation was cancelled, waiting for treatment dates, waits on the ward for medication or before admission, staff attitude, lack of Physiotherapy care, not enough information on discharge.
- PALS concerns for this year (503) have increased from the previous year by 172 (51%).
- An average of 42 PALS concerns per month were received, this is an increase of 14 per month from last year.
- PALS concerns are 0.3% of the total Trust Activity including inpatients and outpatients.

The top reasons for patients contacting PALS (after information requests) are shown below:

	2011/12	2012/13
Outpatients Appointments, delay/cancellation	121	213
Inpatients Appointments, delay/cancellation	64	88
Communication / information to patients	34	50
Some aspects of treatment	42	39
Aids and appliances, equipment, premises (including access)	15	24
Attitude of staff	16	20
Transport	9	16

There has been an increase across all the categories above, however the biggest increase is concerns regarding outpatient and inpatient waiting times.

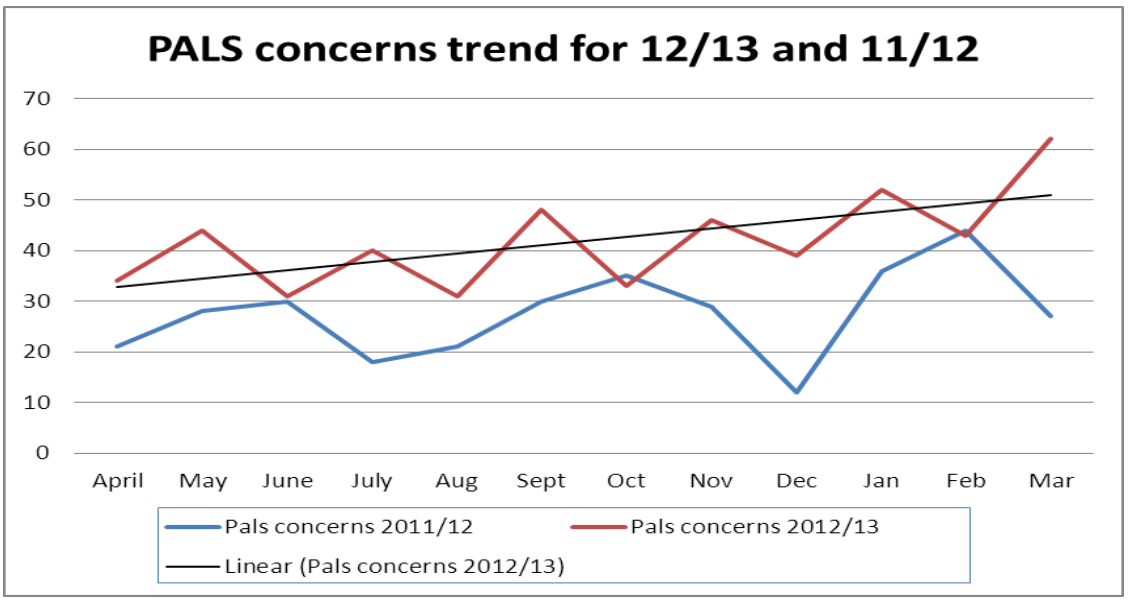




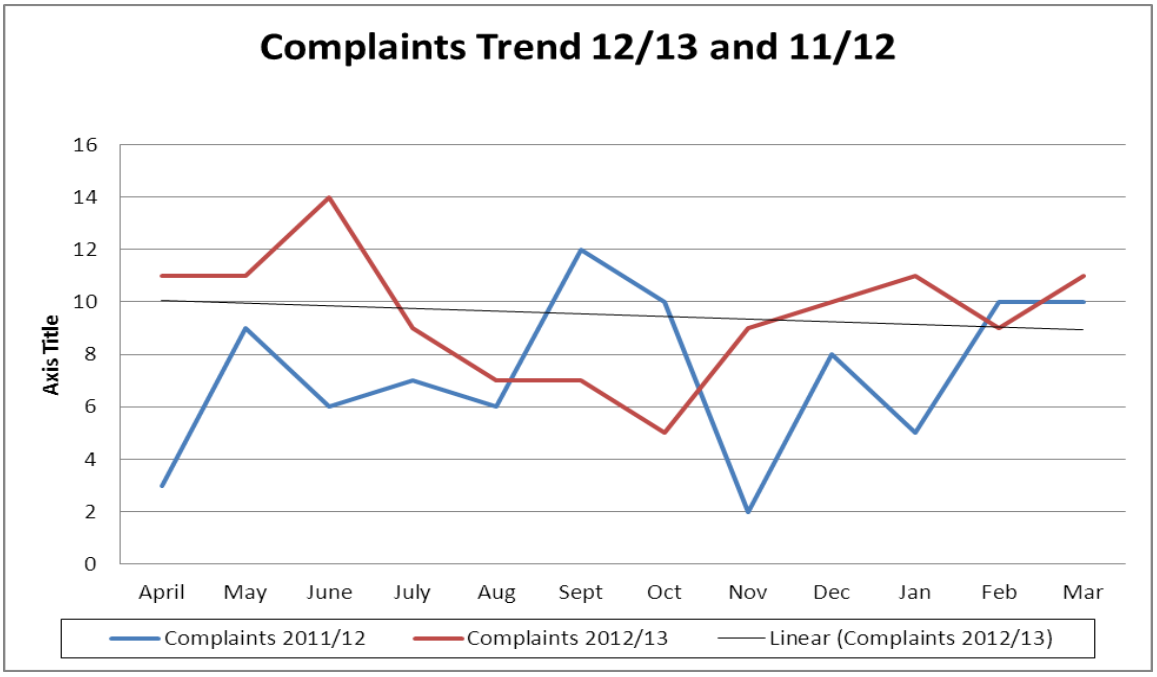
Between January 2013 and March 2013 the trust saw an increase in PALs contacts regarding inpatient and outpatient appointment waiting times. Many of the patients who had longer waiting times at RJAH were those with spinal disorders such as back pain. Nationally there is a significant issue with waiting times for these patients due to limited numbers of specialist spinal surgeons. The trust has focused throughout the year on ensuring those patients who had longer waiting times were contacted, seen by a Consultant and listed as appropriate and as soon as possible. Longer waits for services has significantly reduced along with PALs contacts relating to this matter

Work will continue in 2013/14 to ensure patients are seen and treated as soon as possible and the Trust is working with Commissioners to ensure services are available

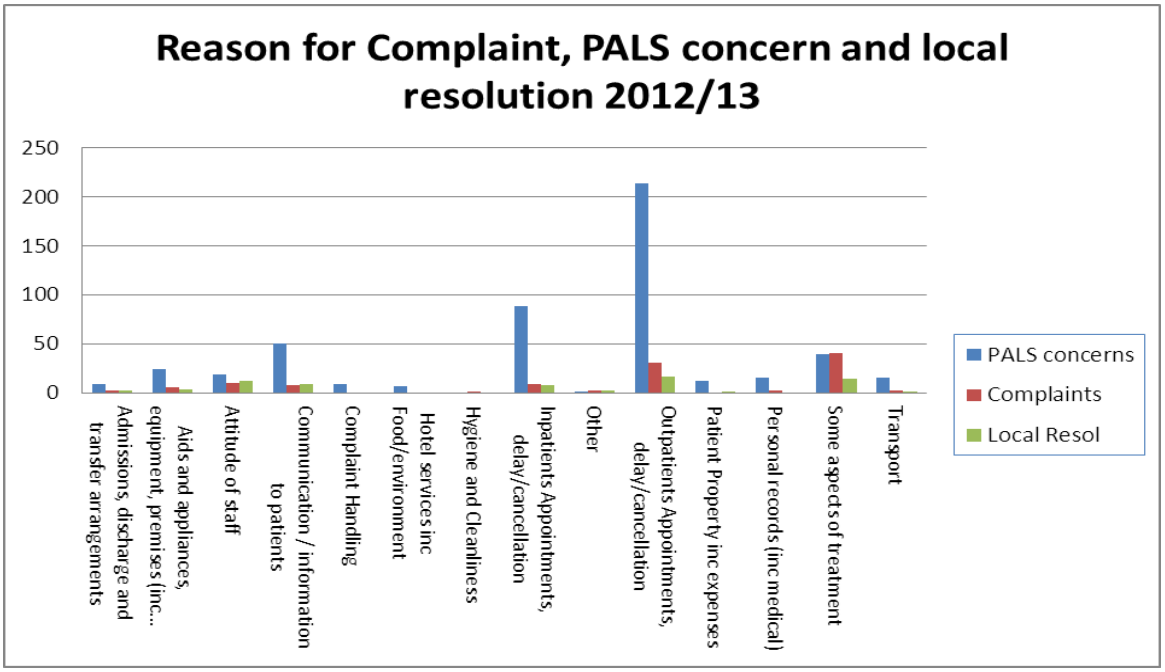
PALS Activity for 12/13 and 11/12



Complaints Activity for 12/13 and 11/12



Main reasons for patients making a Complaints, PALs concern and Local resolution from April 12 to March 13



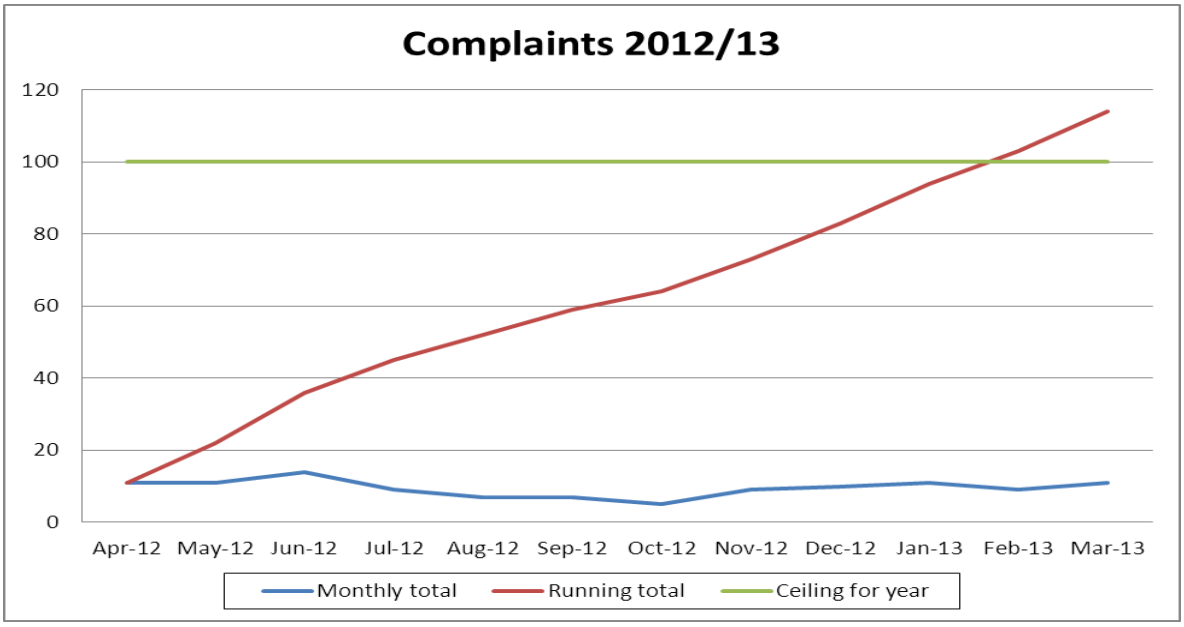
Complaints

Total complaints are only a very small percentage, 0.07% of the Trust total activity, including inpatients and outpatients. The average number of complaints is 9.5 per month.

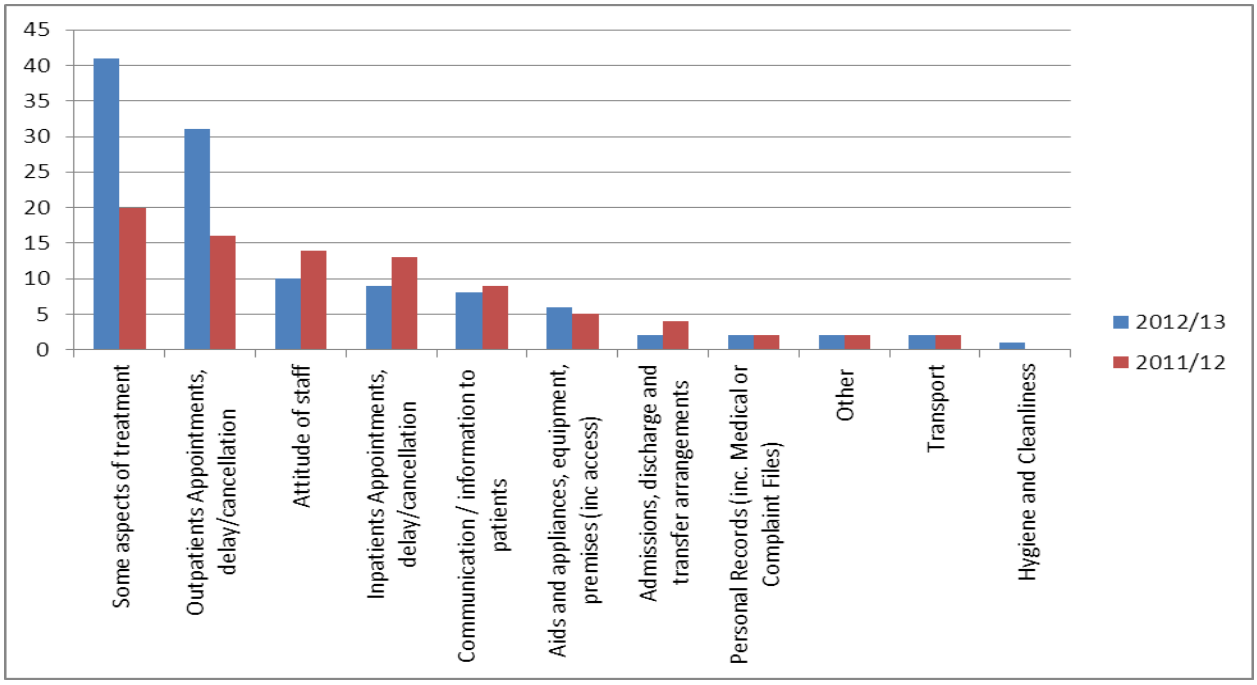
In the period April 2012 – March 2013, the Trust received 114 formal complaints, which represents a 30% increase, (26) from the previous year. Overall Trust activity has only increased by 1.08% from 2011/12 to 2012/13. We attribute this increase in complaints to a raised public and patient awareness of standards within the wider NHS which has resulted in a greater volume of feedback generally.

Of the total 114 complaints, 71 (62%) were 'upheld'. In line with Ombudsman principles, a complaint is 'upheld' if any single aspect of it is deemed well-founded.

Complaints were split exactly evenly between concerns around the quality of care received and operational matters, with 57 of each.



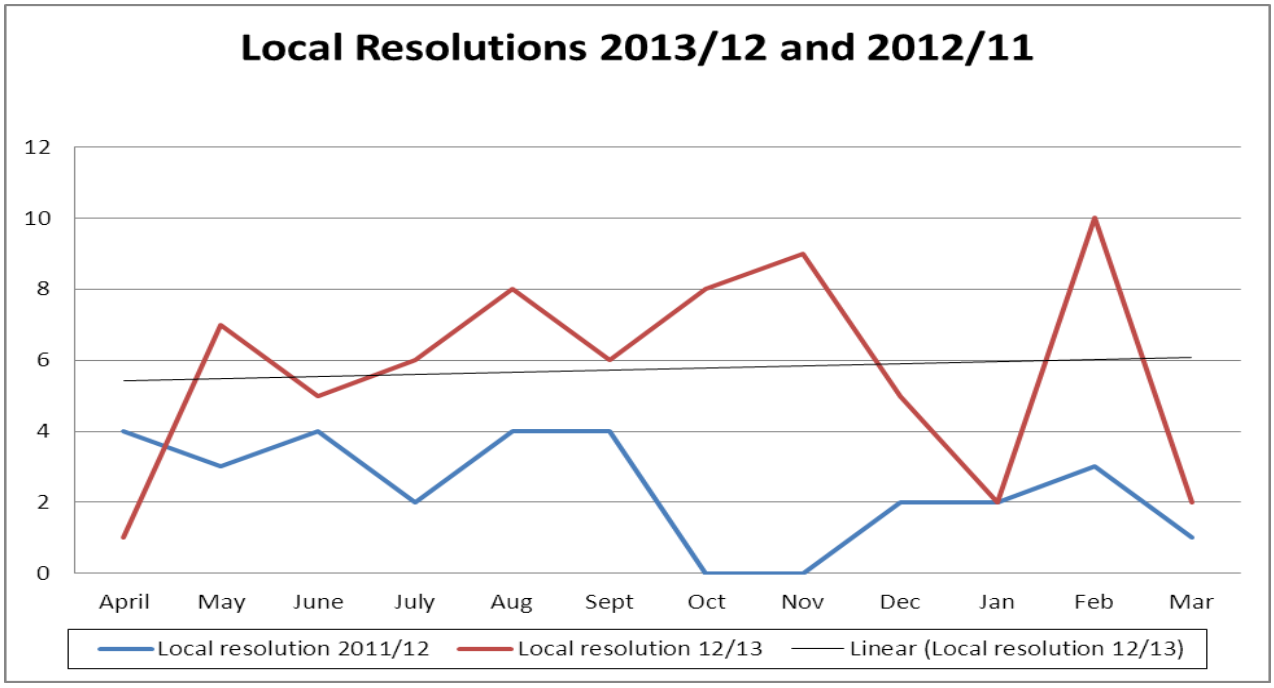
Top Reasons for making a complaint



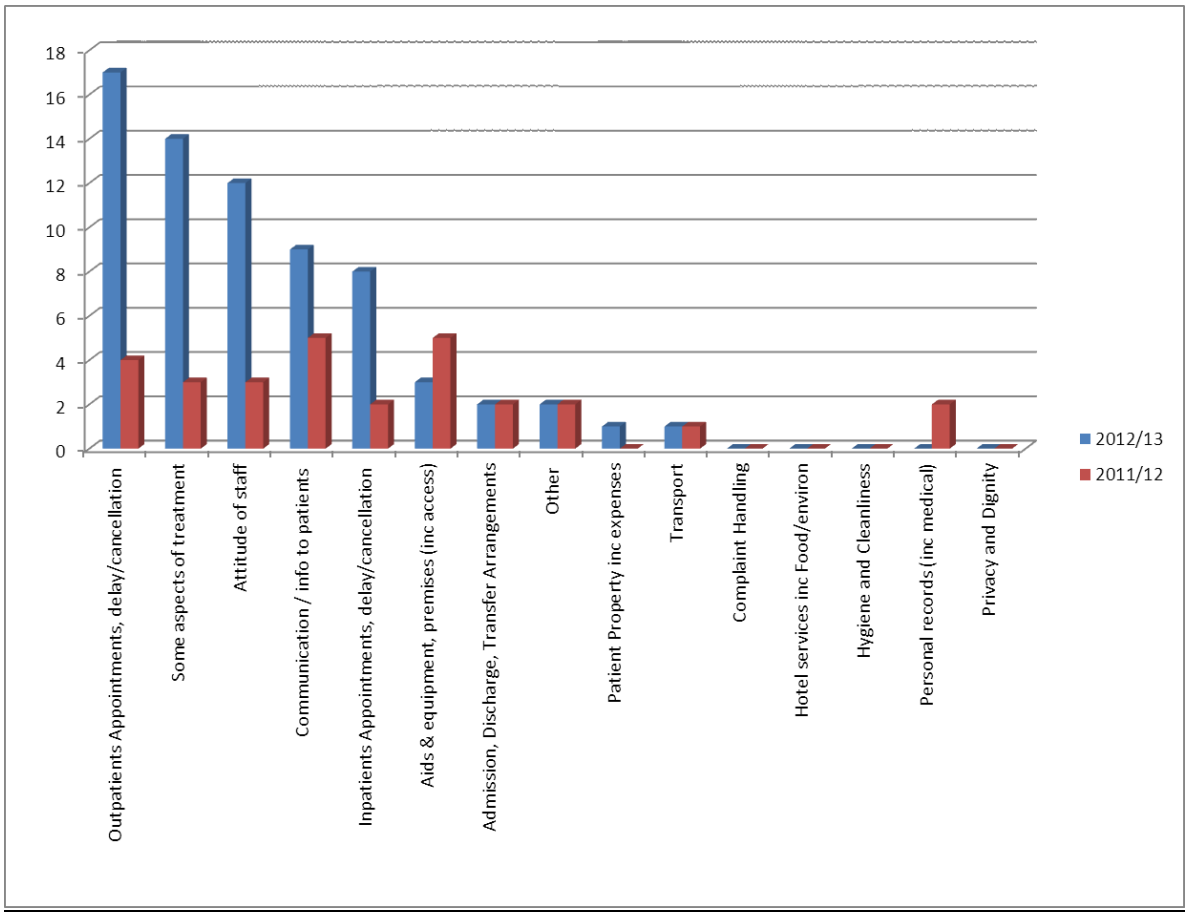
Local Resolution

There were 69 local resolutions during 2012/13. This is an increase from last year by 40, 138%.

Activity for local resolutions 2013/12 and 2011/12



Categories of Local Resolutions in 2012/13 and 2011/12



What you said and what we did – Making Experiences Count

Services have been improved as a result of a patient making a complaints PALs concern or completing a comment.

Appointment letters sent to patients who will be attending the Menzies Unit for surgery will be amended to advise patients they may have a long wait.

PALS Contact

Intentional 'rounding' to be trialled to see if buzzer calls are reduced on the Spinal Injuries Unit.

Complaint

Hallux valgus surgery anaesthetic plan always to include regional block (ankle)
Complaint

Following advice from the Trust dietician, the Catering Manager has included balanced high fibre items on patient's menus.

Comment Card

The Purchase and application of pool tickets will be reviewed by the Therapy Department Administrator who is looking at simplifying the process.
The Therapy Department Administrator will also look at changing the name on the ticket from "Leisure Ticket" to "Patient Therapeutic Pool ticket".
New patients joining to use the pool will be made aware of the requirement to have an annual review by a Physiotherapist.

PALS Contact

Shelves and grab rails put up on Clwyd Ward for patients' toiletries in bathrooms

PALS contact

External Transport Providers have introduced an onsite coordinator to liaise with hospital staff to provide swift resolution to any problems

PALS Contact

Training provided for bookings staff on internal policies and customer care

Complaint

Review of the use of chlorhexidine in Theatres

Complaint

Content of appointment letters reviewed and improved patient information sent out with letters

Complaint

Improved waste facilities in toilets

Complaint

Improved ward handover procedures

Complaint

All surgical patients identified as 'high risk' are seen by Cons Anaesthetist for discussion and consent PRIOR to day of surgery

Complaint

Patient Panel Activities

The Patient Panel continue to play an active role in the Trust's Patient Experience programme during 2012/13.

There are 20 current members, made up from previous and current patients, the Welsh Community Health Council, Shropshire LINks (Health watch), FT Governor, League of Friends, Oswestry Rheumatology Association, British Red Cross and Shropshire Patients Voices group.

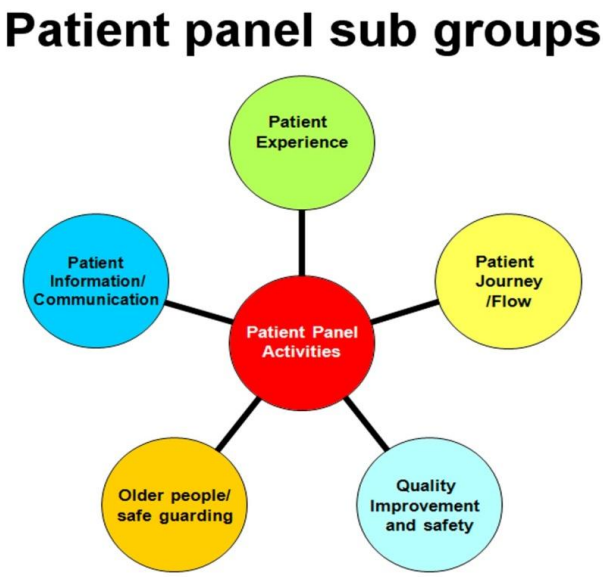
The Patient Panel has met 5 times during April 12 to March 2013 and agenda items have included: Multi-faith room relocation, High Impact actions sub projects, Infection Control, Tissue viability, Patient Nutrition, Patient Involvement with Muscular Dystrophy patients, Equality and Diversity schemes, Oswestry pain management programme, reinstated Joint school. Members have also had a Tour of the Hospital by the Archives Officer and Training on Adult Safeguarding.

Other initiatives that the Patient Panel has been involved in during 12/13:-

- Liaising with the Selattyn and Gobowen Parish Council and Whittington Parish Council to look at how the bus shelters can be improved outside the main entrance of the hospital.
- Collecting real time Patient Experience data on the wards using iPad technology
- Involvement in PEAT now PLACE mini inspections in the care environment. Full training has been given to patient representatives involved in this project.
- Reviewing of Patient information leaflets and Patient Pre-op Appointment letters
- Attendance at the re-instated Joint School (from October 12) by Hip and knee Support group volunteers.
- Attending various meetings as the patient representative, such as the Nutrition Steering group, Clinical Effectiveness, Clinical audit committee, Equality and Diversity Steering Group.
- Participated in a presentation to students at Walford and North Shropshire College on Patient support and role of PALS at the RJAH.
- A patient panel member having a shoulder operation in March 13 has agreed to be a Mystery Shopper patient and record her experience.

Moving forward the work of the Patient Panel for 2013-14

For 2013/14 the patient panel will be set up into 5 sub projects so that members can get more actively involved in specific projects in the Trust and out on the ward. Members are being asked to participate in one project in order to provide input from the Patient perspective. These sub projects are:



- **Older people/safe guarding group** led by the Quality Matron and will look at issues to do with; Safeguarding Adults and Children, Patients with dementia and learning disabilities, harm free care, Paediatric Forum, Patient Falls , Tissue Viability, Infection Control, Continence Care, Nutrition, VTE and PLACE audits.

- **Quality and Safety monitoring sub group** led by the Governance Manager and will include involvement with; Quality Improvement Strategy and Quality Accounts, Care Quality Commission Standards and ward audits

- **Patient Flow/Journey sub group**, this will look at Admissions/Admit on day of surgery (ADOS) processes, led by the Acting Bed Manager

- **Patient Experience sub group**, members can get involved with specific projects to measure the patient experience at the RJAH which will include; the 15 steps challenge project, On-going iPad Patient Experience data capture, Patient stories one per month across all wards for presentation to the Trust Board, Mystery Shopper, Joint School/Patient hip and knee support group. This will be led by the PALS officer.

- **Patient Information/Communication sub group** led by the PALS officer. This group will look at new/revised Patient Information leaflets, Patient experience/panel newsletter, and Hip and knee support group.

Patient stories programme

Patient stories have been presented at the beginning of each meeting of the Trust Quality and Safety Committee by the Director of Nursing. PALS staff obtained 3 patient face to face stories from the Menzies Unit, the Oswestry Pain Management Programme and a patient having a Spinal Disorders operation.

A Non-Executive Director said that having patient stories presented at the Quality & Safety meeting was crucial to hearing about patient experiences direct from the patient. Another Non-Executive Director said he found it extremely reassuring that within a patient story the patient refers to the 'good service' they have had, especially as this is over a number of years. It is good to see this level of continuity of service.

A patient panel member in March 13 having a shoulder operation has agreed to be a Mystery Shopper patient and we hope to do more of these during 2013/14.

Patients Comments made on NHS Choices Website and Patient Opinion

Patients Comments made on the NHS Choices website and Patient Opinion were overall complimentary.

Some Compliments made in April 12 to March 13

- I can't speak too highly of the physiotherapy department at RJAH. My physiotherapist is clearly expert in his field, approachable, professional, organised and has done a great deal to improve my condition. Obviously a lot of physio is up to the patient, but because he takes the time to explain, I understand what the exercises do and that is a great motivator. The physiotherapy reception staff are also friendly and helpful; there is always a smile and a good telephone manner.

- I went for knee replacement surgery to Gobowen with an open and apprehensive mind in March 2013. A lot of hospitals have had bad press recently but from my own experiences Gobowen is faultless .the staff seem to take pleasure in being proud of their hospital I was on Kenyon ward which was spotlessly cleaned each day. Each member of staff I came into contact with from reception to surgery was very friendly and caring the food was brilliant (too good in fact I put on a few pounds during my stay) the nursing staff showed no reaction to pressure nothing was ever too much trouble and always done in a caring way. I am now on the recovery trail and hopefully will be getting my other knee done I have no worries about coming back to this wonderful hospital. I'm sure nothing is perfect but I certainly saw no imperfections other hospitals that get bad press have no doubt got a lot of excellent staff but Gobowen seem to have everything spot on thank you to you all especially my surgeon.

- The attention I received was excellent. Everyone I came into contact with was very helpful, from the nurse, receptionist, thro' to my consultant. I liked the way he explained everything to me and made sure I understood. The new café is a lovely touch, a relaxing coffee (just the job). Beautifully clean everywhere.

- I walked into the main entrance at Robert Jones and Agnes Hunt Hospital- a smiley face at reception takes my letter and tells me where I need to go. I wait 2-3 minutes; name called, go in, weighed and measured. I sit down for 2 minutes and my name is called and I go in and have the bone scan. Very calm and professional staff, extremely efficient as well.

Workforce Factors

Overall the 2012 staff survey results showed:

Best Scores (ranked in order)

- I feel that my role makes a difference to patients/service users
- My organisation does not blame or punish people who are involved in errors, near misses or incidence
- I am trusted to do my job
- My organisation encourages us to report errors, near misses or incidents
- If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation
- I am satisfied with the quality of care I give to patients/service users
- I always know what my work responsibilities are
- I am able to do my job to a standard I am personally pleased with
- Team members have to communicate closely with each other to achieve the team's objectives
- The support I get from my work colleagues

Improvements since 2011

- I am able to do my job to a standard I am personally pleased with
- The extent to which my organisation values my work
- Communication between senior management and staff is effective
- I know who the senior managers are here
- My training, learning and development has helped me to stay up-to-date with professional requirements
- In general, my job is good for my health
- The opportunities I have to use my skills
- There are frequent opportunities for me to show initiative in my role
- I always know what my work responsibilities are
- The freedom I have to choose my won method of working

The questions relating to **Vital Signs** are the seven questions used by the Department of Health/NHS Commissioning Board relating to Staff Job Satisfaction, and the following are the 2012 scores:

- 42% said they are satisfied with the recognition they get for good work
- 62% said they are satisfied with the support they get from their immediate manager
- 65% said they are satisfied with the freedom they have to choose their own method of working
- 77% said they are satisfied with the support they get from their colleagues
- 73% said they are satisfied with the amount of responsibility they are given
- 69% said they are satisfied with the opportunities they are given to use their skills
- 30% said they are satisfied with the extent to which the organisation values their work.

Statement from Local Healthwatch

Healthwatch Shropshire was established on 1st April 2013 to act as the independent consumer champion for health and social care for the people of Shropshire. We are grateful for the opportunity to consider and comment on the Quality Account.

The review of the year 2012 – 13 shows an NHS trust that is striving hard to deliver a high quality service to its patients. The report read well and the information was presented in a straight forward and accessible manner. However, we would like to suggest that a summary document in straight forward language is made for use by patients and their families that sets the context of the trust (geographical area covered, numbers of in and out patients, range of services) and gives clear reports on key quality issues.

Healthwatch Shropshire noted the rise in level of incidents reported and the comment that the Trusts had worked hard to develop an open and strong safety culture. This is welcomed but Healthwatch Shropshire would like to see this monitored over time in order to determine that there is no actual rise in the number of incidents.
Healthwatch Shropshire welcomes the proposed quality priorities for 2013-14, especially the patient experience for people with dementia.

Jane Randall-Smith
Chief Officer

Statement from Health & Overview Scrutiny Committee

The Committee was satisfied with the content of the Quality Account document, and agreed with the priorities set by the Trust, which mirrored national health priorities in general, and would like to acknowledge the work done by the Trust to sustain its high levels of service provision for its patients.

Members were satisfied with the progress made with last year's priorities, and the way in which they had been implemented, and although they were satisfied with the content of the Quality Account, they found some of the wording complex and jargonistic, and would request that this be addressed in some form prior to being signed off as a public document. There was also need for the inclusion of a glossary of terms, and it was essential for an easy read Executive Summary to be produced to sit alongside the full Quality Account.

The Committee was reassured that the Trust was investing in clinical training for staff and welcomed closer working with Commissioners to extend this training provision and knowledge to GPs across Shropshire. Members recognised the need for more work to be undertaken on medicine management not just in the Trust but across the health economy and specifically with GPs.

The development of partnership working and integrated thinking is seen as key to success not just for the Trust, but the whole health economy. With increasing

demand on all areas of health and social care, more and more pressure is being put on services, but the developments being put in place by the Trust through its priorities, and collaborative working, will go some way to improve patient outcomes, develop integrated services, and create a sustainable health economy for the future.

The Committee welcomed continued engagement with Healthy Communities Scrutiny Committee in the coming year.

Councillor Gerald Dakin
Chairman
Healthy Communities Scrutiny Committee
Shropshire Council

Statement from Shropshire Clinical Commissioning Group

Shropshire Clinical Commissioning Group (SCCG) Comment on the Draft Quality Account from Robert Jones and Agnes Hunt Orthopaedic an District Hospital Foundation Trust

Shropshire Clinical Commissioning Group (SCCG) as the Lead Commissioning Organisation (England) monitors the quality of the services delivered by the Trust. This is includes regular reviews of performance and governance data, patient safety and experience metrics via Clinical Quality Review (CQR) meetings, announced and unannounced quality and safety review visits.

We believe that the Quality Account is a true reflection of the Trusts continued achievements and demonstrates its commitment to strive for excellence in both; the delivery of outstanding patient care and access across all clinical specialties.

The Trust continues to concentrate on delivering improvements in quality and patient outcomes. It has achieved its 2012/13 CQUIN scheme, high ratings in the annual national In-patient survey and has worked with its staff on developing the organisations values.

Shropshire Clinical Commissioning Group looks forward to continue working in partnership with the Trust and supports the trust priorities for 2013/14 which include; developing its patient safety strategy, older person/safeguarding, improved communication and embedding positive behaviours across the organisation.

Accuracy of Information
SCCG has taken the opportunity to check the accuracy of the data provided in the Quality Account in relation to the services commissioned from the Trust and believes it is a true reflection.

Linda Izquierdo
Director of Nursing, Quality, Patient Safety and Experience
On behalf of Shropshire Clinical Commissioning Group

Statement of Directors' Responsibilities in Respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2012/13;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - Board minutes and papers for the period April 2012 to June 2013
    - Papers relating to Quality reported to the Board over the period April 2012 to June 2013
    - Feedback from the commissioners dated May 2013
    - Feedback from governors dated February 2013
    - Feedback from Local Healthwatch organisations dated May 2013
    - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2012;
    - The latest national patient survey March 2013
    - The latest national staff survey February 2013
    - The Head of Internal Audit's annual opinion over the trust's control environment dated 02/05/2013
    - CQC quality and risk profiles dated April 2012-March 2013
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual)).

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

Russell Hardy
Chairman
29th May 2013

Wendy Farrington Chadd
Chief Executive
29th May 2013

Appendix One

Quality Accounts Glossary of Terms

CQC	Care Quality Commission
MRSA	Methicillin Resistant Staphylococcus Aureus
VTE	Venous Thrombo-Embolism
PALS	Patient Advice and Liaison Service
BMI	Body Mass Index
ADOS	Admit on Day of Surgery
FFT	Friends & Family Test
CQUIN	Commissioning for Quality and Innovation
6 Cs	care, compassion, competence, communication, courage and commitment
NHSLA	NHS Litigation Authority
LINk	Local Involvement Network
PROM	Patient Reported Outcome Measures
NCEPOD	National Confidential Enquiries
MCSI	Midlands Centre for Spinal Injuries
NICE	National Institute for Health & Clinical Excellence
WHO	World Health Organisation
EPR	Electronic Patient Record
PCT	Primary Care Trust
MEWS	Modified Early Warning Score
NIHR	National Institute of Health Research
MECC	Making Every Contact Count
PE	Pulmonary Embolism
A&E	Accident and Emergency
ITU	Intensive Treatment Unit
KPI	Key Performance Indicator
IV	Intravenous
NRLS	National Reporting and Learning System
COSHH	Control of Substances Harmful to Health
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
CAS	Central Alerting System
MDA	Medical Devices Alert
MHRA	Medicines Health & Regulatory Agency
DOLS	Deprivation of Liberty Safeguards
TA	Technology Appraisal
IPG	Interventional Procedures Guidance
HTA	Human Tissue Authority
PLACE	Patient-Led Assessments of the Care Environment