



The Robert Jones and Agnes Hunt  
Orthopaedic Hospital  
NHS Foundation Trust

# Quality Strategy

Creating a culture of continuous  
improvement to increase and sustain  
the quality of our services for our  
patients, people and stakeholders

# 2024–27



[www.rjah.nhs.uk](http://www.rjah.nhs.uk)

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# Foreword from Paul Kavanagh-Fields and Ruth Longfellow

It is a pleasure to welcome you to our Quality Strategy where we will share our aims and priorities for high quality care over the next three years.

**D**elivery of the 2017-2020 strategy was somewhat impeded by our response to the international COVID 19 pandemic, where we as a Trust responded to the challenges presented with innovation, standardisation, and a focus on improvement.

We continue to work in a challenging landscape and so will make the most of opportunities that are available, to deliver care in different ways. This means we can build our services back better with the learning and experience we have gained from our

pandemic response, to ensure we continue to provide services that are clinically effective, safe, well-led, and responsive to patient's needs, offering a positive patient experience.

Furthermore, our Quality Strategy is intrinsically linked with the Trusts strategic objectives and supporting strategies, including the Nursing and AHP strategy which has been developed in collaboration with Nurses and AHPs across the Trust. The strategy is due to be launched in early 2024.



*We continue to work in a challenging landscape and so will make the most of opportunities that are available, to deliver care in different ways*

**– Ruth Longfellow**  
Chief Medical Officer



# Introduction

## Trust vision and strategic objectives

**T**he Trust's vision of aspiring to deliver world class patient care is something we strive towards with the underpinning goals of;

- **Caring for Patients**
- **Caring for Staff**
- **Caring for Finances**

The Trust also prides itself on being a values driven organisation, with five core values;

- **Friendly**
- **Caring**
- **Excellence**
- **Professional**
- **Respect**

Our vision will be delivered through the achievement of the Trust's strategic objectives, which are:

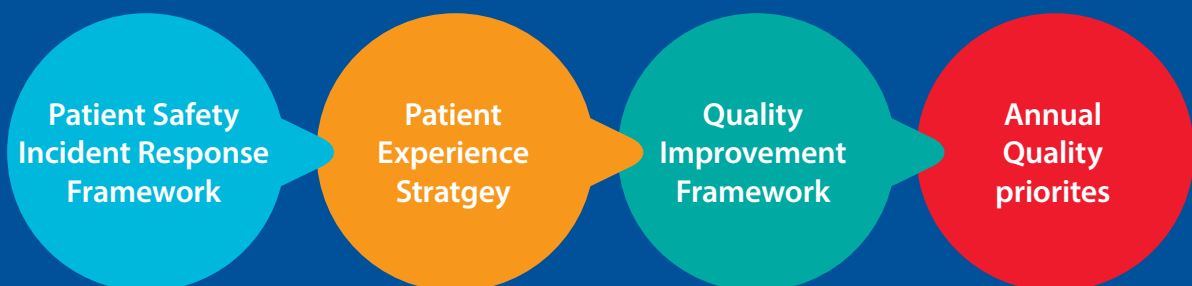
1. Deliver High Quality Clinical Services
2. Develop our Armed Forces and Veteran service as a nationally recognised centre
3. Integrate MSK Pathways across Shropshire, Telford and Wrekin
4. Grow our services and workforce sustainably
5. Innovation and Research is at the heart of what we do

These objectives have quality embedded in them. This shows the commitment and reality that quality drives all that we do.

The diagram below shows this strategy supports delivery of our vision and objectives. It sets out several of the key enablers and examples of the projects required to improve performance and to illustrate the breadth of our work programme. We have the patient central to our improvement planning and our priorities are aligned to achieving our vision through annual goals and targets.



## Enabling Strategies and Frameworks



# Our trust

The Robert Jones and Agnes Hunt Orthopaedic NHS Foundation Trust opened its doors in 1921. The founding members Sir Robert Jones and Dame Agnes Hunt established an organisation that prioritises quality and their vision continues to this day.



**W**e are proud of the quality care we deliver and are thrilled that the results of the Care Quality Commission (CQC) National Inpatient survey 2022 reinforces this.

Overall, we have again been named by the CQC as one of the organisations placed in the top band of Trusts across England delivering results that are considered “much better than expected”. The survey was carried out, whilst the Trust continues to recover from the impact of the COVID-19 pandemic however, our patients tell us that we continue to deliver excellent care. Indeed, we once again score No 1 in the country for the overall patient experience we offer, and this is just one of several significant highlights.

- Overall patient experience: RJAH rated No 1 in the country for the fourth year in a row
- Overall confidence in our doctors and nurses
- Hospital food: Our food has been rated No 1 in the country for the 17th time in the last 18 years.
- Cleanliness of wards and rooms: We rated No 1, for the third year running, for patients reported that their room or ward was clean.

None of this would have been achieved without the amazing, dedicated workforce that we employ at RJAH who continue to demonstrate compassion and resilience as we navigate our way through recovering from the impact of the pandemic.

Our focus now, is delivering our strategic operational plan headed by our Chief Operating Officer, to enable this organisation to not only meet the current operational pressures but to also be able to respond to wider pressures within the system such as winter pressures and workforce challenges. However, whilst we strive to increase our efficiency, we do so, by maintaining the high standards of quality care the Trust is renowned for.

RJAH also forms part of the Shropshire, Telford and Wrekin Integrated Care Board (ICB) and we will work collaboratively with system partners to ensure the patients and service users we serve, have a more personalised patient pathway that optimises health and reduces inequalities. ▶ [em](#)



## **Overall patient experience:**

*RJAH rated No 1 in the country for the fourth year in a row*



# The Vision of the ICS:



*Together as one, we want to transform the health and care across Shropshire, Telford & Wrekin*

**– Integrated Care System (ICS)**

**Together as one, we want to transform the health and care across Shropshire, Telford & Wrekin by:**

- Providing a greater emphasis on prevention and self-care
- Helping people to stay at home with the right support with fewer people needing to go into hospital
- Giving people better health information and making sure everyone gets the same high quality care
- Utilising developing technologies to fuel innovation, supporting people to stay independent and manage their conditions
- Attracting, developing and retaining world class staff
- Involving and engaging our staff, local partners, carers, the voluntary sector and residents in the planning and shaping of future services
- Developing an environmentally friendly health and care system



# Our Quality Strategy



## Development of our strategy

**D**rawing on the national patient safety strategy and the ICBs vision together with our local vision and strategies, and most importantly following feedback from our engagement events held with staff, we have devised six objectives that we believe will not only enable us to maintain our high standards of quality but continue to strive to improve quality standards across the organisation.

These six objectives embed the Trust's appetite for continuous improvement and change to ensure that we maintain our excellent standards for quality

### What are our priorities?

RJAH Quality Strategy is underpinned by the national NHS Patient Safety Strategy and its 3 strategic aims:

#### Insight

Improve our understanding of the quality and safety by drawing insight from multiple sources of patient safety and outcome information.

#### Involvement

People have the skills and opportunities to improve the quality of care provided throughout the services we offer.

#### Improvement

Improvement programmes enable effective and sustainable change in the most important areas.



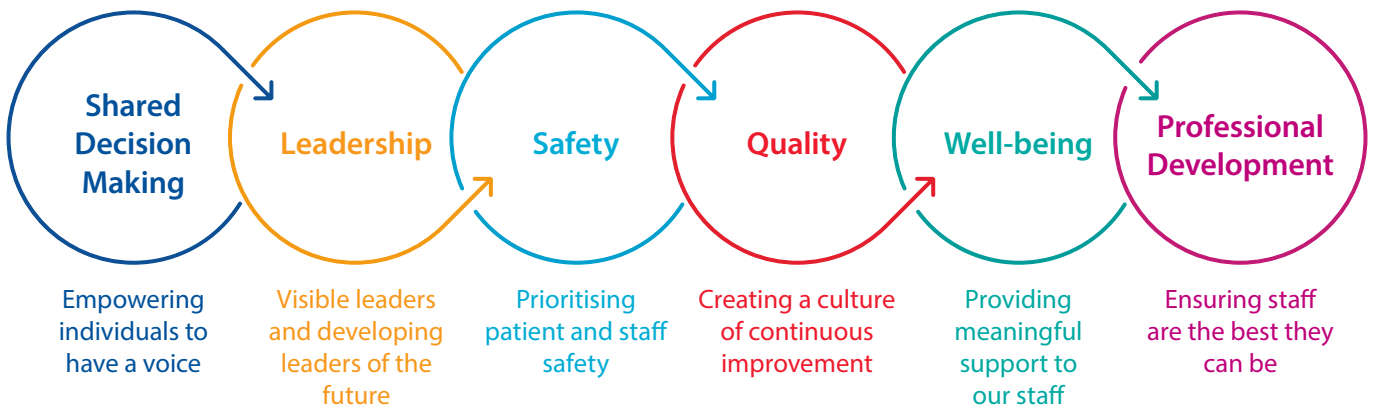
# Pathway to Excellence

**T**he Pathway to Excellence® programme is a framework for nursing and midwifery excellence, focussed on creating and sustaining a positive practice environment for our staff.

It is recognised globally as enabling excellence within our professions, instilling a strong sense of professional pride and offers proven strategies to help ensure that the care that we deliver to our patients and populations is of the highest calibre.

The Pathway to Excellence® framework aligns closely with the Chief Nursing Officer for England Ruth May's national vision to establish a country-wide collective leadership model, with a focus on transformational leadership, research and innovation.

## There are six Pathways to Excellence Standards:



RJAH will work towards achieving accreditation in each of these standards over the forthcoming 2 years. The accreditation award will showcase that RJAH can demonstrate our commitment to patient and staff safety and our vision of delivering world class patient care.

## Monitoring and Review

This strategy will be subject to review and evaluation on a yearly basis. The priority actions set out in this strategy will be prioritised in accordance with RJAH Corporate Objectives and BAF. The Quality and Safety Committee has ownership of and responsibility for the implementation of this strategy. The action plan will be monitored by the meeting members on a quarterly basis.





# Clinical Effectiveness

We believe that that our patients' care and treatment should be based on the best available evidence drawn from sources such as the National Institute for Care and Health Excellence (NICE), National Confidential Enquiries and national audits, in addition to information gathered from our own internal audits and outcome data. We will ensure that we use robust data to demonstrate clinical effectiveness and support continuous quality improvement.

## 1. Building on our work so far

We have mechanisms in place to measure our performance and evidence improvement in the quality and clinical effectiveness of the care we provide to our patients. These include clinical audit, structured judgement review, healthcare variation analysis, and clinical benchmarking systems. These mechanisms support us in ensuring that the care we provide is based on evidence-based best practice and that we continually seek to make improvements. Clinical audit can lead to direct improvement in patient care through measurement of actual clinical practice against evidence-based standards, thus providing a focus for change where necessary. Our annual programme of clinical audit is based on:

- National Clinical audit for improvement programme - each year a prioritised and comprehensive Trust Clinical Audit Programme is agreed. National audits enable us to not only compare our performance with peers but to also compare with our own previous performance as we seek to build on our culture of continuous quality improvement.
- National Institute for Health and Care Excellence (NICE) guidance implementation - the Trust has a proactive approach to the implementation of NICE guidance and audits relating to NICE are considered high priority for the Trust.
- Local clinical audit for improvement programme – the inclusion of Trust, delivery unit, and ICS priorities in our annual audit programme ensures a focus on the most important topics. Trust priorities are identified in a number of ways including the triangulation of data across incidents, inquests, claims, and complaints. At unit level, each

specialty has a Clinical Audit Lead to steer the direction of the clinical audit programme, based on local priorities. Working together, there is a shared responsibility for ensuring that the annual programme is delivered.

There is individual and organisational learning from the Medical Examiner scrutiny of every death and referral of cases for Structured Judgement Review (SJR) This process enables us to learn and to act on potential issues which could result in harm to other patients. Triangulating data with information from other sources, including incidents, inquests and complaints, enables us to maximise learning.

The review of clinical effectiveness benchmarking data from sources including Getting it Right First Time (GIRFT), also provides data to focus quality improvement interventions.

In 2023 the Trust achieved GIRFT Elective Hub accreditation, our improvement priorities will include the implementation of the improvements identified through the accreditation process, particularly in relation to our pre-operative assessment services.

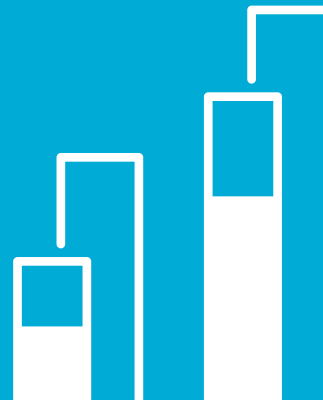
## 2. Improvement Priorities

Over the next 3 years we aim to build on our current work to deliver the following:

### 2.1. Continuous measurement and improvement of the effectiveness of our services

We are committed to delivery of the National Clinical Audit for improvement programme and to our annual Trust Clinical Audit Programme, which is informed by national priorities

# Clinical Effectiveness



and Trust data including patient safety events, inquests, complaints, and claims. Through this, we are able to measure our performance against our peers, provide assurance that we are providing high quality clinical care, and identify opportunities for improvement.

## We will:

- Provide high quality, evidence based and multi-professional clinical audit which drives learning and improvement.
- Ensure our processes for clinical audit are streamlined to provide timely reporting and actioning of results, including risk assessment or escalation of any issues of concern.
- Strengthen the links between audit and quality improvement, ensuring that audit data inform new and existing QI programmes.
- Demonstrate compliance with NICE Technology Appraisal guidance and evidence implementation of NICE Guidelines, Quality Standards and Medical Technology Guidance in support of clinical excellence.
- Work collaboratively to identify new priority themes or issues for clinical audit and deliver audits which lead to improvement.
- To continue to improve national Patient Reported Outcome Measures (PROMs) participation rates and be able to demonstrate improved health gains.

## 2.2. Triangulation of available data sources

We are committed to triangulating audit data with other sources of clinical effectiveness information to maximise opportunities for learning and to demonstrate continuous improvement over time.

## We will:

- Continue to use existing and develop new approaches to gathering and reviewing clinical effectiveness information, including data available from the Model Health System.

- Use clinical experts to inform the interpretation of data and potential solutions to improvement.
- Ensure the timely review of all available clinical effectiveness information by appropriate stakeholders to support informed decision making.

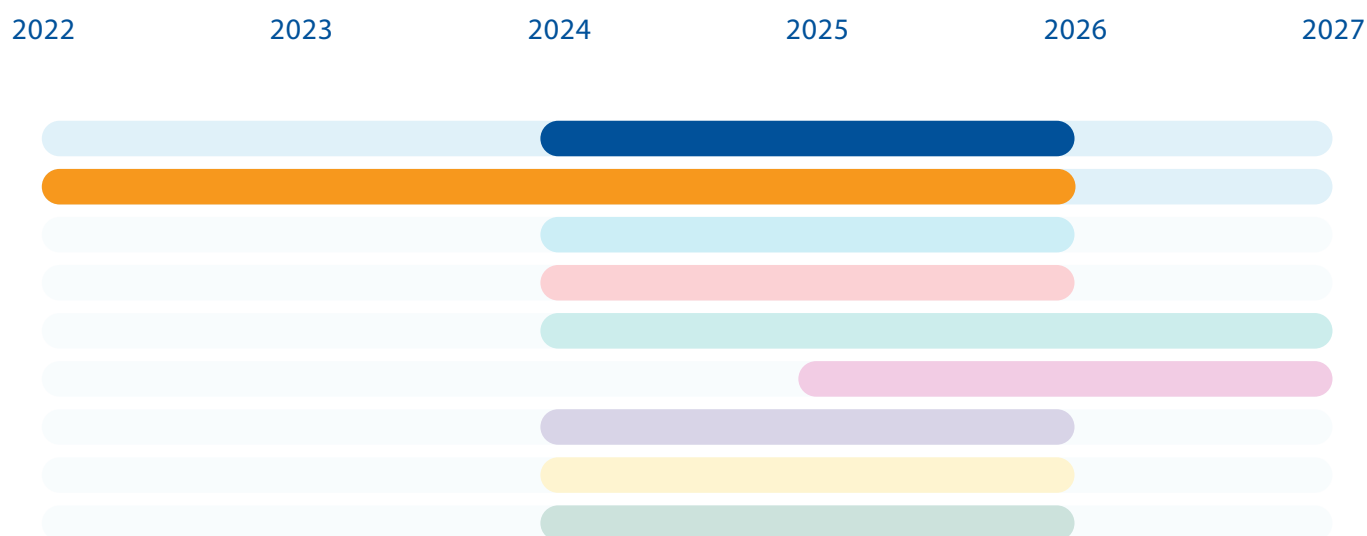
## 4.3 Learning and sharing of learning

We are committed to continually learning and sharing learning to optimise patient outcomes and reduce avoidable harm. Learning can be transferred between specialities, organisations and across the wider health service. We believe in the importance of keeping up to date with the latest evidence, innovation and research and employing effective mechanisms and processes for implementing these safely, with continuous monitoring.

## We will:

- Support clinicians to develop realistic SMART action plans.
- Provide training to help equip Trust staff with the necessary competency and support to participate in clinical audit, or confidently choose an alternative quality improvement method to obtain information and assurances on local performance and clinical care.
- Link organisational improvement routes where applicable.
- Keeping abreast of innovation and research, with the correct governance processes in place, ensures we are able to provide treatment and care based on the best available evidence. We will use clinical audit methodology for testing the achievement of best practice guidance implementation.

# Roadmap



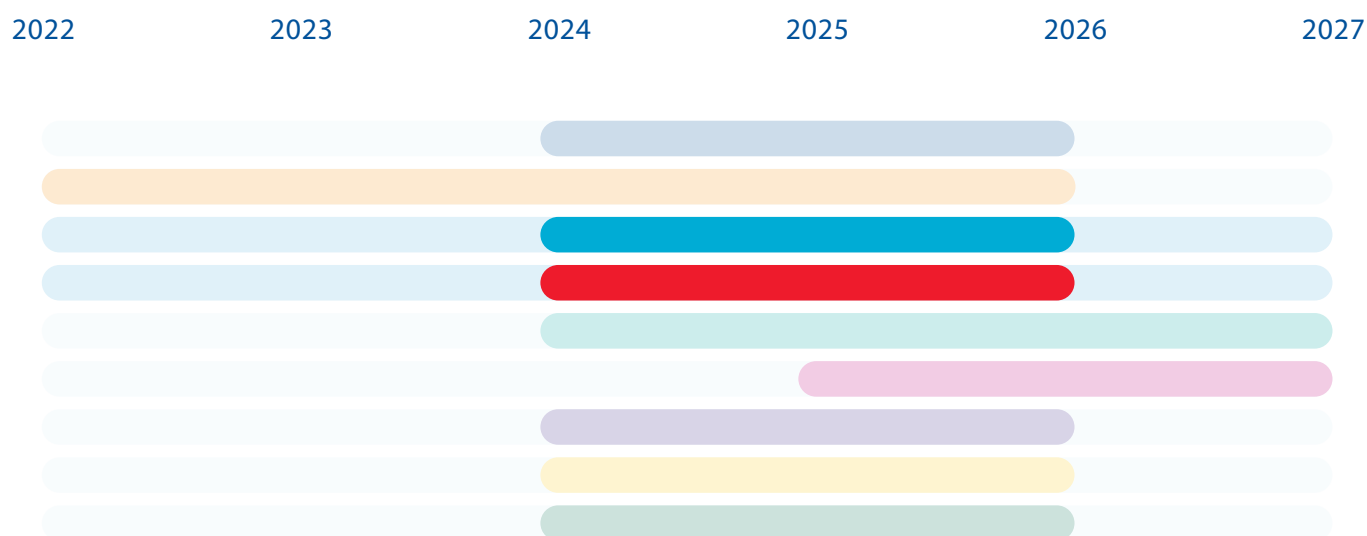
## Ensure the trust takes a system-based approach to learning from patient safety events, promoting a just and learning culture

Action	Date
To ensure the principles of the Patient Safety Incident Response Framework (PSIRF) are embedded across the organisation	2024
Launch of revised Human Factors training to educate staff in systems thinking for patient safety	2024
Ensure that Organisational Development focuses on applying the principles of a just and restorative culture	2025

## Continue to improve on patient and carer experience through delivery of the patient experience strategy

Action	Date
We will in partnership with our patients and actively involve them in decisions about their care	2022/23
We will communicate to our patients in a manner that is accessible and appropriate to their own individual needs whilst listening to our patients about their priority of care and what matters most to them	2023/24
We will involve our patients and services users and the public generally in decisions regarding the way we deliver services and any future developments	2023/24
We will engage with our patients to facilitate patients to manage their own health conditions and get the best out of their wellbeing	2023/24
We will further develop the role of volunteers to ensure we maximise their input to enhance patient experience	2024/25

# Roadmap cont'd



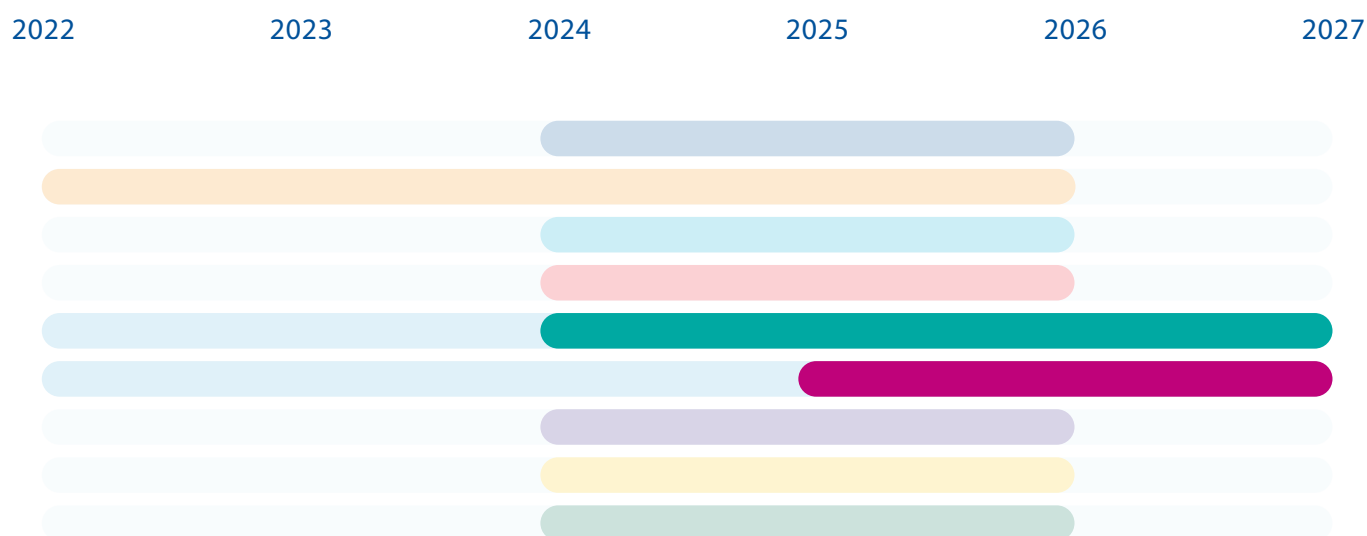
## Implement a Quality Accreditation Programme that enables effective and sustainable change in the most important areas

Action	Date
Develop a ward/departmental quality accreditation programme that provides assurance on the quality of care provided and focuses areas for improvement	2024/25
For all ward/departmental to be supported one cycle of the quality accreditation programme	2024/25
Launch of the Quality Improvement Framework and associated training, so people have the skills to apply quality improvement in their everyday work.	2025/25

## Work collaboratively with patients, system partners and third sector organisations to ensure our services meet the five national priorities for tackling health inequalities

Action	Date
A health inequality working group will be established to outline a plan for delivering on the five national priorities for tackling health inequalities outlined by NHS England. 1. Restoring NHS services inclusively 2. Mitigating against digital exclusion 3. Ensuring datasets are complete and timely 4. Accelerating preventative programmes 5. Strengthening leadership and accountability	2024/25

# Roadmap cont'd



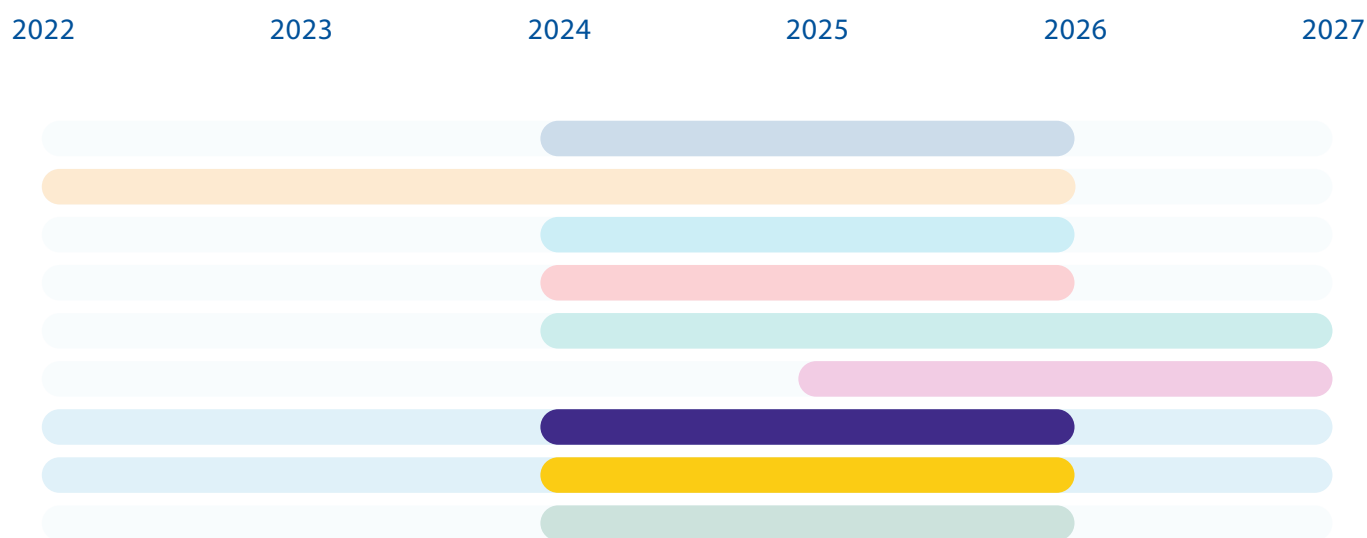
## Provide our workforce with the opportunities to ensure our services are clinically led and patients are at the heart of what we do (Nursing and AHP strategy)

Action	Date
Support the delivery of the Nursing and AHP strategy - Provide Outstanding Care - Leadership and a strong professional voice - Improvement and Innovation - Develop and invest in our workforce - Well-being and valuing our people	2024-26

## Through delivery of the quality strategy, patient experience, and nursing AHP strategy, prepare RJAH to commence application for pathway to excellence accreditation

Action	Date
Complete a self-assessment of Pathway to Excellence standards to understand areas of improvement required ahead of application	2025-26
Develop a project plan to commence the pathway to excellence accreditation process, outlining resources and funding required	2025-26
Apply for Pathway to Excellence recognition status	2025-26

# Roadmap cont'd



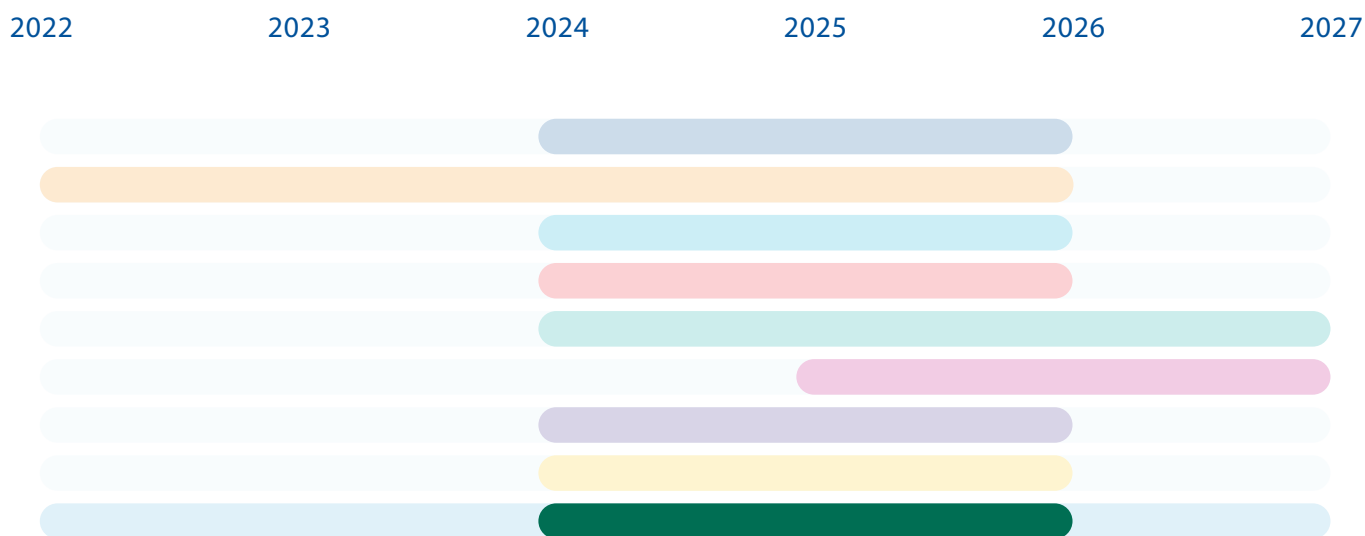
## Continuous measurement and improvement of the effectiveness of our services

Action	Date
Provide high quality, evidence based and multi-professional clinical audit which drives learning and improvement	2024-25
Ensure our processes for clinical audit are streamlined to provide timely reporting and actioning of results, including risk assessment or escalation of any issues of concern	2024-25
Strengthen the links between audit and quality improvement, ensuring that audit data inform new and existing QI programmes, through development of the 'innovation hub'	2024-26
Demonstrate compliance with NICE Technology Appraisal guidance and evidence implementation of NICE Guidelines, Quality Standards and Medical Technology Guidance in support of clinical excellence	2024-25
Work collaboratively to identify new priority themes or issues for clinical audit and deliver audits which lead to improvement	2024-25
To continue to improve national Patient Reported Outcome Measures (PROMs) participation rates and be able to demonstrate improved health gains	2024-25

## Triangulation of available data sources

Action	Date
Continue to use existing and develop new approaches to gathering and reviewing clinical effectiveness information, including data available from the Model Health System	2024-25
Use clinical experts to inform the interpretation of data and potential solutions to improvement	2024-25
Ensure the timely review of all available clinical effectiveness information by appropriate stakeholders to support informed decision making	2025-26

# Roadmap cont'd



## Learning and sharing of learning

Action	Date
Support clinicians to develop realistic SMART action plans.	2024-25
Provide training to help equip Trust staff with the necessary competency and support to participate in clinical audit, or confidently choose an alternative quality improvement method to obtain information and assurances on local performance and clinical care	2024-26
Link organisational improvement routes where applicable	2024-25
Keeping abreast of innovation and research, with the correct governance processes in place, ensures we are able to provide treatment and care based on the best available evidence. We will use clinical audit methodology for testing the achievement of best practice guidance implementation.	2024-26