Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Quality Account
1 April 2023 – 31 March 2024

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INTRODUCTION

The safety and quality of the care that we deliver at Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust is our highest priority. To support this, we undertake a review of the quality of our services on an annual basis and outline the progress we have made against our agreed quality priorities. As well as this we take the opportunity to acknowledge the challenges that we have faced in delivering care to the standard to which we aspire.

Each NHS Trust is required to produce an annual report on quality as outlined in the National Health Service (Quality Account) Regulations 2010. A Quality Account is a published report about the quality of services and improvements offered by an NHS healthcare provider.

The quality of services is measured by looking at:

- patient safety
- how effective patient treatments are
- patient feedback about care provided

The quality account is published every year on our website and enables us to explain our progress to the public and allows leaders, clinicians, governors, and staff to demonstrate their commitment to continuous, evidence-based quality improvement.

Through increased patient choice and scrutiny of healthcare service, patients have rightfully come to expect a higher standard of care and accountability from the providers of NHS services. Therefore, a key part of the scrutiny process is the involvement of relevant stakeholders. To that end, one of the requirements for inclusion with the quality account is a statement of assurance from these key stakeholders and evidence of how the stakeholders have been engaged.

In addition, as NHS Foundation Trust we are required to follow the guidance set out by NHS England regarding the quality account and for which there are several national targets set each year which we monitor the quality of the services we provide.

Through this quality account, we aim to show how we have performed against these national targets. We will also report on locally set targets and describe how we intend to improve the quality and safety of our services moving forward.

Foreword from the Chief Nurse and Patient Safety Officer and the Chief Medical Officer

The Trust's aspiration is to provide world class care. With quality, safety, and patient experience sitting firmly at the core of this. During 2023/24 our focus has been to continue reducing our waiting times in Outpatients, Radiology and Surgical and to continue to build on the significant improvements made in relation to Infection Prevention and Control, to ensure that providing quality care remains at the heart of everything we do, every day.

Despite these challenges we continued with our aim to deliver outstanding patient care to every patient, every day. Our staff have adapted and continue to deliver the high level of care we are so proud of. This has been reflected in the feedback received from our patients.

As we move into 2024/25 our focus will be to deliver on the Trust strategic objective of delivering high quality clinical services by;

- Ensuring the highest standards of care for our patients.
- Empowering departments to develop services.
- Optimise productivity and efficiency within our services.
- Ensure a fair, equal and inclusive culture across the Trust.

Dr. Ruth Longfellow
Chief Medical Officer

Paul Kavanagh Fields
Chief Nurse and Patient Safety Officer

PART 1

Statement on Quality from the Chief Executive Officer

It gives me great pleasure to introduce our annual Quality Account, sharing with you our achievements and celebrations over the past year, as well as the challenges and the improvements made. This Quality Account sets out our key achievements in 2023/24, as well as sharing our priorities for 2024/25.

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust state a vision that we aspire to deliver world class patient care. It is a clear statement – but one we feel we can refine further to reflect who and what we are as an organisation, and that is something we aim to do in collaboration with our staff over the coming weeks and months. Our Quality Strategy is at the core of our vision, as it ensures that quality and patient safety are at the heart of everything we do.

It has been another proud year for the Trust as we continue to face the challenge of bringing down waiting times and developing our services for the benefit of all the communities we serve. Despite the many and varied challenges, our teams have continued to inspire us in the ways they have stepped up with great resilience, consistently delivering the high-quality patient care that we pride ourselves on.

Our most significant patient safety initiative during the year was the implementation of the Patient Safety Incident Response Framework (PSIRF), which saw us transitioning away from the older Serious Incident Framework. Our PSIRF Policy was approved by the Board of Directors in September 2023 and formally adopted from October and ensures we meet four key aims:

- Compassionate engagement and involvement of those affected by patient safety incidents;
- Application of a range of system-based approached to learning from patient safety incidents;
- Considered and proportionate responses to patient safety incidents; and
- Supportive oversight focused on strengthening response system functioning and improvement.

In June 2023, we also introduced the Medical Examiner System in line with the statutory requirement from NHS England, that all deaths in any health setting that are not investigated by a coroner will be reviewed by NHS medical examiners.

Learning from all patient safety incidents is promoted throughout the Trust with examples of good practice shared at a variety of meetings. Highlights in 2023/24 included the reintroduction of our Multi-Disciplinary Clinical Audit Meeting (MDCAM), as well as mini MDCAM sessions to promote learning. MDCAM provides us with a more robust process to share information in relation to clinical outcomes, clinical audit and Quality Improvement. The forum also provides an opportunity to share learning from patient safety reviews that are shared widely across the Trust.

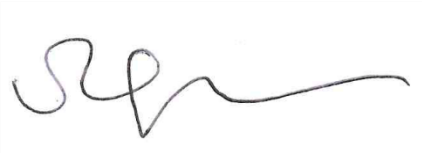
We also saw validation of our work from a number of staff and patient surveys.

The National NHS Staff Survey which is undertaken by more than 300 NHS organisations again provided very positive feedback with 52% of staff completing the survey in 2023 and 94% of respondents saying they would be happy with the standard of care provided if a friend or relative needed treatment. This score was the best in the entire country.

September 2023 saw the publication of the Care Quality Commission Adult Inpatient Survey 2022. Once again, we were delighted with the excellent feedback we received from our patients over the past year. Overall patient experience at RJAH was rated as the best in the country compared to other NHS Trusts. The same survey also saw the food we prepare and serve at RJAH rated as the best in the country for the 17th time in 18 years, as well as the wards being highlighted as the cleanest in the country – for the second year running.

Quality is at the heart of every decision we take and, with the significant contribution of staff from across the hospital, we will strive to keep improving in 2024/25 to deliver ever higher levels of patient experience and care.

I confirm that to the best of my knowledge the information outlined in this document is true.



Stacey Keegan,
Chief Executive Officer
24 June 2024

PART 2

Priorities for improvement

Our Quality Improvement Priorities for 2024/25

Deciding on our quality priorities for the coming year

This part of the report describes the areas for improvement that the Trust have identified for the year 2024/25. The quality priorities have been derived from a range of information sources, including any emerging national quality priorities and the areas of performance that did not meet the quality standard to which we aspire, however the quality priorities for 2024/25 largely reflect the local priorities of the Trusts Patient Safety Incident Response Plan (PSIRP).

In October 2023, the Trust moved from the Serious Incident Framework to the Patient Safety Incident Response Framework (PSRIF) as a guide to responding to patient safety events. While the Trust is in this transition process, it is important that the focus from a quality perspective, is to ensure that the underlying principles of PSIRF are embedded to inform safety actions that deliver tangible improvements.

Each of the quality priorities outlined below were monitored throughout the year via existing governance structures which will be described in more detail below.

Patient Safety

1. Learning from Infection Prevention and Control patient safety events, including Surgical Site Infections (SSIs) and nosocomial outbreaks

Objective: To ensure that a systems-based approach is embedded in our learning response methods used to review SSIs or nosocomial outbreaks.

Rationale: Infection Prevention and Control practices remain a key focus for the Trust to ensure that we continue to build on the significant and sustained improvements made in 2023/24. Ensuring that we adopt a systems-based approach to our learning responses, will provide more insight into the systems and processes that we need to improve to reduce the likelihood of SSI's and nosocomial outbreaks.

Measures:

- A reduction in the number of SSIs
- A reduction in the number of nosocomial outbreaks
- Evidence of learning from safety events to identify areas for improvement.

Board Sponsors: Paul Kavanagh-Fields, Chief Nurse and Patient Safety Officer

Oversight Committee: Patient Safety Meeting with upward reporting to Quality and Safety Committee.

2. Learning from deteriorating patient, patient safety events.

Objective: To ensure that a systems-based approach is embedded in our learning response methods used to review deteriorating patient, patient safety events.

Rationale: Through development of the Trusts PSIRP, the Trust identified that deteriorating patients was a key theme amongst patient safety events reported under the Serious Incident Framework. Ensuring that we adopt a systems-based approach to our learning responses, will provide more insight into the systems and processes that we need to improve in managing and preventing the event of a deteriorating patient.

Measures:

- Annual Deteriorating Patient Audit
- Increase in NEWS2 Audit compliance.
- Monitoring of the Deteriorating Patient KPI
- Evidence of learning from safety events to identify areas for improvement.
- Reduction in the number of deteriorating patient events, associated with the management of diabetes.

Board Sponsor: Paul Kavanagh-Fields, Chief Nurse and Patient Safety Officer

Oversight Committee: Patient Safety Meeting with upward reporting to Quality and Safety Committee.

3. Learning from Medication Safety Events.

Objective: To ensure that a systems-based approach is embedded in our learning response methods used to review medication safety events.

Rationale: There were a total of 350 medication incidents reported during 2023/24 of which 17 resulted in patient harm. Medication-related incidents remain one of the most frequently reported categories of patient safety incidents, accounting for about 10% of reported incidents nationally. Ensuring that we adopt a systems-based approach to our learning responses, will provide more insight into the systems and processes that are impacting medicines safety and the improvements required.

Measures:

- Reduction in number of medication incidents with harm
- Evidence of learning from safety events to identify areas for improvement.

Board Sponsor: Paul Kavanagh-Fields, Chief Nurse and Patient Safety Officer

Oversight Committee: Patient Safety Meeting and Quality and Safety Committee

4. Learning from Inpatient Falls

Objective: To ensure that a systems-based approach is embedded in our learning response methods used to review inpatient falls.

Rationale: There was a total of 110 falls reported in 2023/24. Falls and fall-related injuries are a common and serious problem for older people. There are no single or easily defined interventions which are shown to reduce falls. However, it is estimated that multiple interventions performed by the multidisciplinary team working collaboratively and tailored to the individual patient can reduce falls by as much as 25-30%. Ensuring that we adopt a systems-based approach to our learning responses, will provide more insight into the systems and processes that can be improved to reduce the risk of inpatient falls.

Measures:

- Inpatient falls per 1000 bed days
- Reduction in the number of falls resulting in harm.
- Evidence of learning from safety events to identify areas for improvement.

Board Sponsor: Paul Kavanagh-Fields, Chief Nurse and Patient Safety Officer

Oversight Committee: Patient Safety Meeting and Quality and Safety Committee

5. Learning from VTE events

Objective: Ensure compliance against the Trusts VTE policy.

Rationale: A VTE multi-disciplinary working group was established in 2023/24 to review all VTE events, including a review of compliance with VTE prophylaxis and treatment. As a result of this working group a masterclass workshop has been delivered to include evidenced-based practice and shared decision making. Through a collaborative approach the Trust have developed a new policy which is due to be launched in Q2 2024-25.

Measures:

- Number of VTE events
- To achieve 100% compliance with the Trusts VTE Policy
- Evidence of learning from safety events to identify areas for improvement.

Board Sponsor: Ruth Longfellow, Chief Medical Officer

Oversight Committee: Patient Safety Meeting and Quality and Safety Committee

Clinical Effectiveness

6. Implementation of the Getting It Right First Time (GIRFT) Preoperative Improvement Plan

Objective: To deliver the GIRFT preoperative improvement plan

Rationale: In 2023/24 the Trust was successfully accredited as an elective surgical hub delivering high standards in clinical and operational practice. The Trust has been accredited both for its adult services and for its paediatric services - it is one of the very first organisations in the country to get the kitemark for paediatrics. The scheme, run by NHS England's Getting It Right First Time (GIRFT) programme in collaboration with the Royal College of Surgeons of England, assesses hubs against a framework of standards to help hubs deliver faster access to some of the most common surgical procedures such as cataract surgeries and hip replacements. It also seeks to assure patients about the high standards of clinical care.

While the Trust was successful in being accredited, it did provide the Trust with the opportunity to identify improvements that are required for our Preoperative pathway.

Measures:

- Reduction in 'on the day' cancellations
- Improved patient experience
- Increase the % of patients with a preassessment at Decision to Treat

Board Sponsor: Ruth Longfellow, Chief Medical Officer and Mike Carr, Deputy CEO and Chief Operating Officer

Oversight Committee: Clinical Effectiveness Meeting and Quality and Safety Committee.

Patient Experience

7. Enhancing the experience of patients with Learning Disabilities and Autism and Dementia who access our services.

This quality priority has been rolled over from 2023/24 and extended to include Dementia care.

Objective: Improve patient experience with patients with learning disabilities and autism and patients with dementia who access our services.

Rationale: Through stakeholder engagement the Trust recognised more could be done to improve the experience of our services for those with Learning Disabilities (LD) and Autism. Although awareness training and resources available for Learning Disabilities and Autism have improved in 2023/24 there are still improvements required in promoting the need for reasonable adjustments for our patients, the use of hospital passports and access to specialist LD nurses for advice and guidance. The 2023 PLACE inspection also highlighted areas for improvement within the environment in the domain's disability and dementia.

Measures:

- Improved % with training compliance for dementia awareness.
- Improved scores in the disability and dementia domains on the PLACE audit for 2024
- Continued compliance with tier 1 LD and Autism awareness training and review of staff groups to undertake Oliver McGowan training.
- Increased feedback from patients with LD, Autism and Dementia
- Increased access to specialist advice for LD and Autism

Board Sponsor: Paul Kavanagh-Fields, Chief Nurse and Patient Safety Officer

Oversight Committee: Patient Experience Meeting with upward reports to Quality and Safety Committee.

Statements of Assurance from the Board

In this section we report on matters relating to the quality of NHS services provided as stipulated in regulations. The content is common to all providers so that as can be compared across NHS Trusts.

Review of Services

During 2023/24, The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust provided three NHS services, in Musculo-skeletal surgery, medicine and rehabilitation.

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these health services.

The income generated by the relevant health services reviewed in 2023/24 represents 100% of the total income generated from the provision of NHS services by The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust for 2023/24.

Participation in Clinical Audit

During 2023/24, 12 National clinical audits and nil national confidential enquiries covered NHS services that the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust provides.

During that period, The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust participated in 11 out of 12 (92%) National Clinical Audits that it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust participated in during 2023/24 were as follows:

- National Early Inflammatory Arthritis Audit (NEIAA)
- National Joint Registry (NJR)
- National Audit of Inpatient Falls
- National Comparative Audit of Blood Transfusion programme
- CQUIN 01 – Staff Flu Vaccinations
- CQUIN 02 – Supporting Patients to drink, eat and mobilise after surgery
- CQUIN 03 – Prompt Switching of IV antimicrobial treatment to the oral route of administration as soon as patient meets switch criteria
- CQUIN 06 – Changes to Medication via the Discharge Medicines Service
- CQUIN 11 – Shared Decision Making with Specific Specialised Pathways to support Recovery
- K401A Patient Complaints Annual Return
- Elective Surgery (National PROMS Programme)

The reports of 15 local clinical audits were reviewed by the provider in 2023/24 and The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust intends to take the actions set out in below to improve the quality of healthcare provided.

No.	Project Ref	Project Title	Action Plan
1	2122_007	Correct Completion of Imaging Referrals Audit	1. Regular review of referral forms 2. Referral forms to be controlled documents. 3. All essential fields to be completed on electronic referrals, and a representation from imaging department in consultation and implementation of new EPR system
2	2122_041	Management of Constipation in elective cerebral palsy hip reconstruction	1. Raise Awareness of constipation issues in relation to CP complex surgery and the relevant guidelines. 2. Increase prescription of laxatives pre-admission, during admission and on discharge. 3. Improve documentation of bowel habits and laxative use
3	2122_049	Minimising the casting time for AFOs for children with Cerebral Palsy	1. Continue with 1-week intervals between casts 2. Orthotist checks last date they have seen the patient 3. Follow up appointment to be done every 6 weeks via telephone or face to face
4	2122_050	Reaudit on the Surgical Management of ACL Injuries	1. Documentation re non-op and op treatment options - Design a patients ACL booklet which the surgeon can point to the patient to for further info and discussion of any questions, 2. Documentation re discussion of pros and cons of various graft options, 3. Local anasthesia and type of block used documentation - make surgeons and SpRs/Fellows aware of the need to include LA and block details on operative notes
5	2223_039	Audit of compliance with new SOP to prevent wrong side/site peripheral nerve blocks	1. 100% Compliance with new SOP on Perp-Stop-Block by handing over the tray with syringes filled with LA & Block needles to ODP prior to actually performing the block, 2. Training in commonly performed nerve block to be provided by Consultant Anaesthetist. 3. 100% compliance with new SOP on prep -stop-block by handling over the tray with syringes filled with LA & Block needles to ODP prior to actually perform the block
6	2122_017	Perioperative Management of Children with Cerebral Palsy undergoing Major Surgery	1. Education of ward staff who complete STAMP tool 2. Increase input of dietitian review of high risk patients 3. Amended STAMP guidance to permit professional judgement in medium risk category patients
7	2122_031	Aneurysmal Bone Cysts – Surgery or	None

		Sclerotherapy (ABC – SOS)	
8	2122_033	Do children require long-term f2f review following Pavlik treatment dysplasia of the hips?	1. Potential to be able to convert F2F to virtual consultations - Review of current system and consider the actions required to change / additional support required/ potential benefits and disadvantages of implementing a virtual system 2. Discuss as part of paediatric MDT group as to feasibility of virtual clinics for post Pavlik DDH F-up and develop potential plan
9	2122_038	Audit of intra-operative upper arm tourniquets in trauma surgery	1. Improve compliance with recommended TQ pressure, 2. Ensure TQ isolation to prevent seepage of skin prep fluids, 3. Record method of exsanguination, 4. Record skill condition of TQ site pre- and post-procedure
10	2122_044	Improving Imaging Protocol for SOOS NMRs across Shropshire ICS	1. Request alteration of NMR protocol at RJAH re U55 hip xrays - Formal request for alteration of protocol 21/3/2023 2. Documented evidence of receipt of all image reports, 3. Documented evidence of result and action taken imparted to referrer and other practitioner where relevant
11	2122_051	Knee Arthroplasty Surgery Documentation Audit	None
12	2223_008	BOFAS Study: Outcomes of Foot and Ankle Surgery during COVID	1. Check timings of preoperative imaging - Imaging to be dated within 6-12 months of the planned surgery
13	2223_030	Reaudit of Paediatric Transfer Audit	1. Review the pathway: In the day-case pathway ask two further questions: Any recent history of chest infections? and Do you feel fit and well today? 2. Discuss with ward clerk and nurse in charge of the pathways to add questions to the relevant document.
14	2223_035	Compliance with RJAH IRMER procedures	1. IRMER practitioner recorded on all research exposures - new referral form for research study. 2. Consistent recording of the IRMER practitioner - additional information and learning provided to Radiographers, 3. Improvement in compliance with IRMER procedure 4. repeat audit to include larger sample of individuals of childbearing age.
15	2223_038	Whole Spine MRI for follow-up of spinal injury patients Service Evaluation	None

9 Service Evaluation projects reports were reviewed by the provider in 2023/24 as follows:

No.	Project Ref	Project Title	Action Plan
1	2223_023	Service evaluation of mobile muscle service	1. Share findings with department
2	2223_054	Reaudit of causes of delayed discharge after total shoulder replacement surgery	2. Set the EDD of a standard primary TSR/TER to 1 day 3. Contact Pre-op assessment to let them know that primary TSR/TER EDD is to be set to 1 day post op
3	2223_055	Reaudit: Treatment rates for DDH in the neonatal hip ultrasound clinic(2122_021)	1. Implementing lower alpha angle as threshold for treatment with Pavlik harness 2. Review of Graf I and IIa hips requiring treatment with Pavlik harness
4	2223_059	Was Not Bought (WNB) Policy Compliance Audit	1. Document when letter is sent, or Pt. confirmed USS appointment. - Secretary to record on EPR or Lorenzo when letter sent or parent contacted via telephone. 2. Increase patients who receive telephone reminders. 3. Update WNB policy to advise all WNB should have a CPIS check, 4. CPIS check on all WNBs
5	2324_016	Post-operative redislocation rate after surgical intervention in children with DDH	1. Share findings with department
6	2324_033	Re-Audit intra-operative upper arm tourniquets in HULU trauma surgery	None
7	2223_050	Local Paediatric stock vs custom insole service evaluation re-audit	None
8	2223_057	Service Evaluation Post operative VTE in arthroplasty patients	1. Not possible to identify relationship between use or timing of Rx dose Clexane and subsequent wound problems 2. Documentation needs to improve for post-op reviews,

			3. Consider analysis of matched cohort of Arthroplasty patients without suspected PE
9	2324_005	Are ankle blocks effective in controlling postoperative pain after forefoot surgery?	1. Success rate of ankle blocks needs to improve - Discussion, teaching , promoting US for all the blocks

Participation in Clinical Research

Research at The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) continues grow. As a department we continue to meet, and exceed, the targets set out in the Research Strategy 2020/2025 (Table 1), set up to ensure the trust undertakes research as a core clinical activity to support world class patient care. The total number of studies active at the Trust during 2023/24 was 75, representing a 12% increase from the previous year. 53 of these were adopted onto the National Institute for Health research (NIHR) portfolio, representing a **23% increase** from the previous year.

Table 1. Showing how key research strategy and performance indicators have been met and exceeded in 2023/24.

Research strategy performance indicators	**Evidence 2023/2024**
Increase the number of participants involved in sustainable research by 5% each yr.	Achieved - The Trust has increased the number of participants involved by 20%.
Increase the number of non-medical staff with a Higher Degree (MSc, PhD) by 1 over the 5 yrs. through development support and recruitment.	The Trust have successfully recruited 3 specialist, PhD level staff who have academic research backgrounds in the musculoskeletal field. The staff recruited support project management and specialist study monitoring. All RJAH sponsored studies are on course to have been monitored this year.
Building on world class infrastructure and facilities: • To further develop the regenerative medicine facility to capitalise on cell therapy and manufacturing opportunities that may arise, as well as growing our own opportunities.	The RJAH research team successfully secured capital funding bid from NIHR, has enabled the Trust procure specialist equipment, specifically for regenerative medicine, which will allow increased research and further academic and commercial collaboration.

Commercial studies, which currently make up 20% of our projects, bring in the most money for the trust. Increasing the number of commercial studies will be deemed important over the

coming year. We are also very proud of the number of home-grown studies sponsored by the trust. These studies make up 35% of our research and often bring together local clinicians and academics who develop their research ideas into tangible projects with the help of the research department. These projects serve to boost the profile of the department via dissemination at national/international meetings and conferences and also through peer reviewed publication. The remaining 45% of our projects are hosted studies and involve academic and non-academic sponsors.

These studies fall into the Clinical Research Network speciality areas (Cancer, Children's, Genetics and Congenital Disorders, Inflammatory and Immune diseases, Musculoskeletal, Anaesthesia, Peri-operative Medicine and Pain Management, and Surgery) (figure 1A). They include commercial, academic, and RJAH-sponsored studies.

The number of participants that were enrolled in research eligible for inclusion in the NIHR portfolio was 538. This figure represents a 20% increase on the previous year's (448) performance of recruitment to clinical research studies (figure 1B). The number of patients recruited was 1001 (Figure 2).

The research department has also taken a pro-active role in supporting grant applications for research and to increase research capacity within the trust this year. For example, our specialist team of staff have supported, written and submitted a large grant application (200k) to the NIHR capital funding bid to support the growth research in the hospital and ultimately benefit patients, which was a key target set out in the research strategy (Table 1).

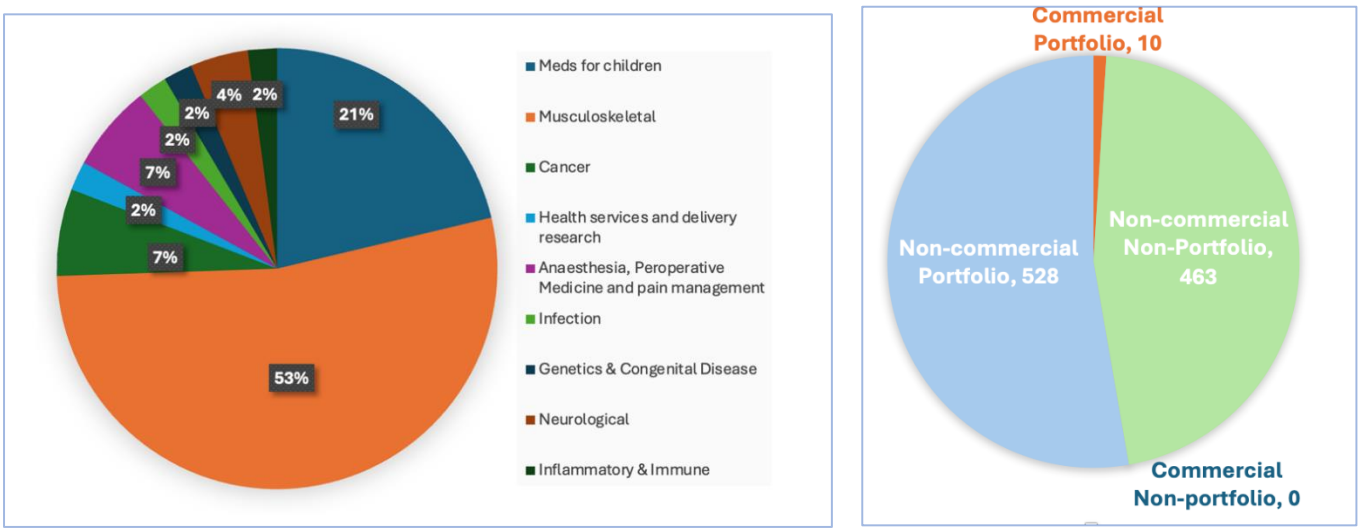


Figure 1. A showing the breakdown of studies by NIHR specialist area. B showing the number of studies by commercial and portfolio status.

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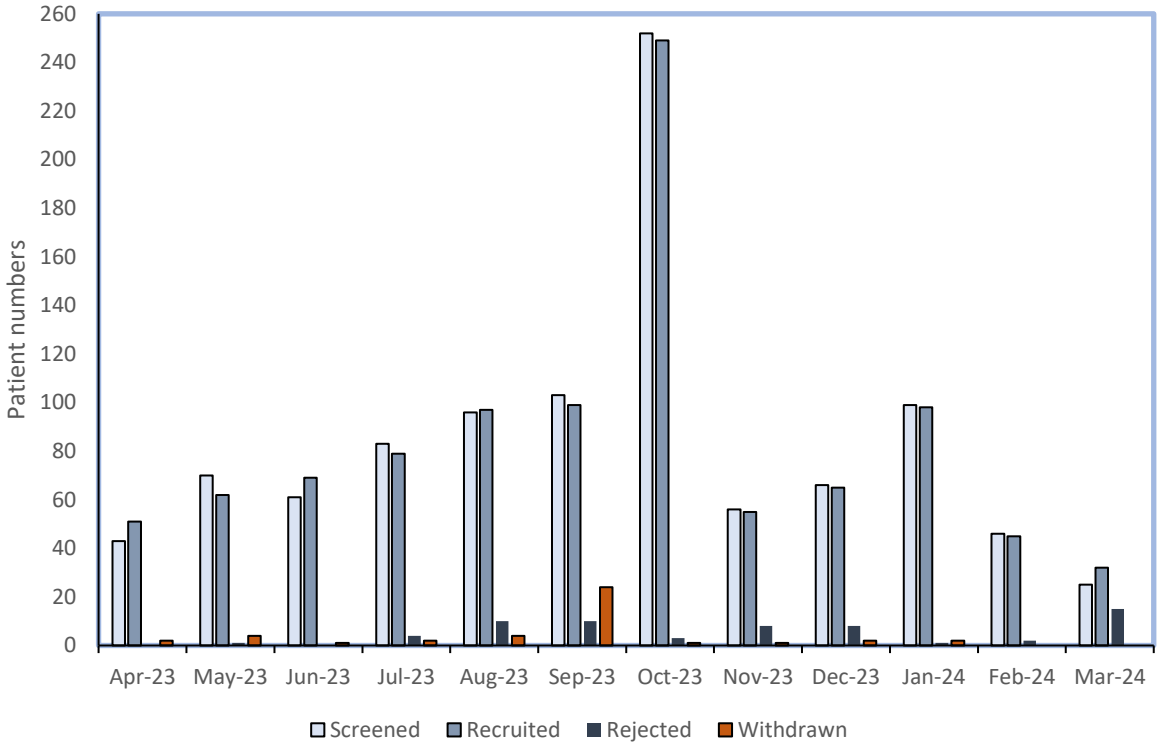


Figure 2. Patient recruitment by month to all study types for the year 23/24.

Total number recruited = 1001

CQUIN framework

During 2023/24 The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust participated in five of the CQUIN schemes (Commissioning for Quality and Innovation) as to which four were fully achieved. No income was conditional on achieving quality improvement and innovation goals agreed between the Trust and its Commissioners through CQUIN.

For 2024/25 NHS England have paused the requirement for CQUIN, therefore the Trust is not required to report on any further CQUIN schemes.

CQC registration

The Robert Jones and 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 any enforcement action against The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust in 2022/23.

During December 2018, the CQC carried out an inspection of the Trust and at this time, the Trust was given an overall rating of 'Good' with care found to be 'Outstanding', with the breakdown of ratings show in the table below:

Ratings for The Robert Jones and Agnes Hunt Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Surgery	Good ↑ Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019
Critical care	Requires improvement →← Feb 2019	Requires improvement →← Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019	Requires improvement ↓ Feb 2019	Requires improvement →← Feb 2019
Services for children and young people	Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Outpatients	Good Feb 2019	N/A	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019
Diagnostic imaging	Good Feb 2019	N/A	Good Feb 2019	Good Feb 2019	Good Feb 2019	Good Feb 2019
Overall*	Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019

The full CQC inspection report can be found at the following link: https://www.cqc.org.uk/provider/RL1/services

In response to the inspection report from February 2019, the Trust put in place and completed a robust action plan to address the areas for improvement highlighted by the CQC. A further inspection was planned during 2020 however this continues to be deferred by the CQC due to the COVID-19 pandemic.

In 2022 the Trust hosted a pilot Medicines Optimisation CQC inspection. This was the first inspection in the pilot and included all the CQC key lines of enquiry (KLOE's). The CQC visited clinical areas including the Pharmacy and Homecare, Theatres and Day surgery unit, six wards, Outpatients, radiology, and the High Dependency Unit. The inspection team spoke with 28 staff in clinical areas and 19 staff via focus groups and interviews. We spoke with 8 patients and relatives. The inspectors observed a ward round, patient consultations both face to face and via telephone; tracked a patient's journey through theatres and observed medicine preparation and administration. There was also an opportunity to review 17 sets of medical records and/or related prescription charts.

The Medicines Optimisation Pilot Rating across all KLOES was GOOD

In 2023/24 the Trust established a new CQC engagement group. The purpose of this group is to review the new quality statements from the CQC that form part of their new approach to undertaking CQC inspections. A CQC dashboard is now in development, understanding how as a trust we demonstrate compliance with the new quality statements.

Secondary Uses Service Submission

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust submitted records during 2023/24 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 latest published data (December-23) which included the patient's valid NHS number was:

- 100% 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

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

- Raise the awareness and profile of data quality, developing within the Trust a positive culture, through encouraging best practise and promoting new processes, and ensuring that all staff recognise that they have a responsibility for ensuring a high standard of data quality.
- Maintain a robust Audit framework that provides assurance for key performance indicators as reported in the Trust's Integrated Performance Report (IPR).
- To monitor and review a set of data quality KPI's focussing on any areas of concern.
- Improve the Data Quality in relation to referral to treatment time (RTT) through audit, validation, and education of both clinical and non-clinical teams, providing support and advice when needed.
- To ensure compliance with all data quality standards as specified within the Data Security and Protection Toolkit.
- During 2024/25 financial tear the Trust will implement new EPR system (Apollo). Trust will ensure integrity of data from new system and any migrated data from legacy systems.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, personal identifiable information. The NHS Information Governance Framework is supported by a data security and protection toolkit and the annual submission process provides assurances to the Trust, other organisations and to individuals that personal information is dealt with legally, securely, efficiently, and effectively.

The Trust has an established information governance management framework and continues to develop information governance processes and procedures in line with the Data Security and Protection Toolkit (DSPT). The Trust`s Information Governance status is the subject of ongoing review by the Information Governance Meeting which is responsible for reviewing policy and monitoring compliance with Department of Health and Social Care Guidelines. This

process is overseen by the Audit and Risk Committee which also has a role in ensuring that all serious data governance risks or incidents are brought to the attention of the appropriate Board Committee. The Trust has in place the Chief Medical Officer as the Caldicott Guardian, and the Director of Digital as the Senior Information Risk Owner (SIRO). Further, Trust Secretary is the Interim Data Protection Officer.

The requirements of the Data Security and Protection Toolkit (DSPT) are designed to encompass the National Data Guardian review's 10 data security standards.

The Robert Jones and Agnes Hunt Orthopaedic NHS Foundation Trust's Information Governance DSPT score overall for 2023/24 has not yet been determined as the final submission date is 30 June 2024.

For 2022/23 the Trust's score was STANDARDS MET.

During 2023/24 the Trust identified and reported no serious IG breaches.

Clinical coding error rate

The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust was not subject to the Audit Commission's Payment by Results clinical coding audit during 2023/24.

An internal audit was conducted with the results as outlined below:

Primary diagnosis correct	Secondary diagnosis correct	Primary procedures correct	Secondary procedures correct
96.50%	97.40%	100.00%	99.54%

Seven Day Working

The seven-day services programme has been designed to ensure patients receive high quality consistent care across all seven days of the week. As an elective centre, the Trust does not receive emergency admissions in the same way as an acute hospital, being aware of emergency admissions in advance which enable the Trust to ensure appropriate multidisciplinary teams are in place. The Trust offers several seven-day services appropriate to the service requirements of an orthopaedic elective centre. This is regularly reviewed based upon patient requirements and feedback, to ensure our services reflect the needs of our patients.

NHS Outcomes Framework: Review of performance against mandated indicators

Statement taken from here: NHS Outcomes Framework Indicators - March 2022 release - NHS England Digital

"The NHS Outcomes Framework (NHS OF) is a set of indicators developed by the Department of Health and Social Care to monitor the health outcomes of adults and children in England. The framework provides an overview of how the NHS is performing.

Following the merger of NHS Digital and NHS England on 1st February 2023 we are reviewing the future presentation of the NHS Outcomes Framework indicators.

As part of this review, the annual publication which was due to be released in March 2023 has been delayed. Further announcements about this dataset will be made on the publication page in due course."

Throughout 2023/24 the Trust has monitored its performance and improvements against evolving National Oversight Framework.

Mortality

The Trust has a Learning from Deaths Policy in place in line with national requirements. This policy ensures that the Trust reviews all deaths in line with the NHSE framework and supports the requirements of the new Medical Examiner Service. We record all our expected and unexpected deaths, and all have a mortality review completed. These results are reviewed through the Trust Mortality and Resus Meeting. We have a lead consultant who chairs this committee and reports to the Patient Safety Meeting. A quarterly Learning from Deaths report is presented at Trust Board.

Because of the low numbers of deaths across the organisation the HSMR and SHIMI are not monitored by the Trust. Further, 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, again because the numbers of deaths that occur are too small for change to be statistically significant. However, there is ongoing monitoring of all deaths which occur within the Trust with oversight by the Quality and Safety Committee and reporting to the Board.

During 2023/24 seventeen patients of Robert Jones and Agnes Hunt Orthopaedic Hospital died. This comprised the following number of deaths which occurred in each quarter of that reporting period: three in the first quarter; two in the second quarter; six in the third quarter and six in the fourth quarter.

As of 31 March 2024, twelve case record reviews and four coroner's investigations have been carried out (case review outstanding in one case) in relation to the seventeen deaths. In no cases was a death subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: three in the first quarter; one in the second quarter; five in the third quarter and three in the fourth quarter.

No patient deaths, representing 0% of the patient deaths during the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. Due to the low number of deaths that occur in the hospital, it is possible for every death to be tracked and reviewed and the data provided above is therefore accurate.

In 2023/24 the trust had one death where COVID appeared on the death certificate. This was not RJAH acquired.

Through the case record reviews and investigations the Trust identified an opportunity to improve liaison between the wards and critical care around the planning of limits for treatment. this has prompted discussion between the MCSI lead and HDU lead for providing opinion on treatment limits planned. A newly formed working group has reviewed the end-of-life care process and improving both training and links with local hospice.

In June 2023 RJAH introduced the Medical Examiner System in line with the statutory requirement from NHS England, that all deaths in any health setting that are not investigated by a coroner will be reviewed by NHS medical examiners. There were no case record reviews and no investigations completed which related to deaths which took place before the start of the reporting period. 0 representing 0% of the patient deaths during 2023/24 are judged to be more likely than not to have been due to problems in the patient care.

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

- Due to the small numbers of death that occur at the hospital it is possible for every death to be reviewed in detail.

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust has continued with the implementation of the ongoing Learning from Deaths Policy including Medical Examiner Service introduced during 2023.

Helping people recover from episodes of ill health or following injury.

Readmission Rates

During 2023/24 the percentage of patients aged 0-15 years old, readmitted to the hospital within 28 days of discharge was 0% and for 16+ years old it was 0.75%.

Activity	No. of readmissions	% readmissions
01/04/2023	5	1.03%
01/05/2023	4	0.69%
01/06/2023	6	0.98%
01/07/2023	3	0.57%
01/08/2023	6	1.04%
01/09/2023	4	0.67%
01/10/2023	6	0.97%
01/11/2023	5	0.75%
01/12/2023	6	1.06%
01/01/2024	6	0.96%
01/02/2024	4	0.58%
01/03/2024	5	0.70%

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

- No comparative data is currently available.
- Data is submitted and checked monthly as part of regular performance reporting.

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust will take action to improve this percentage by:

- Improving understanding of readmission rates linked to infection.
- Continuing discharge planning at pre-operative appointments

Quality Outcomes Sammy

The Trust contributes to the National Registries to collect outcomes data. Currently these include:

- British Spine Registry (BSR)
- National Ligament Registry
- UK Hand Registry
- Foot and Ankle Registry (BOFAS)
- British Hip Registry (NAHR)
- National Joint Registry (NJR)

RJAH continues to be awarded the 'NJR Quality Data Provider' award. This scheme has been devised to offer hospitals public recognition for achieving excellence in supporting the promotion of patient safety standards through their compliance with the mandatory National Joint Registry (NJR) data submission quality audit process and by awarding certificates the scheme rewards those hospitals who have met the targets. From the 2022/23 audit year onwards, a new three-tier, gold, silver and bronze awarding system is being applied. The Trust achieved Gold-level in the last audit period and demonstrates the high standards being met towards ensuring compliance with the NJR.

The Trust also collects large volumes of PROMs (patient reported outcome measures) for total hip and knee procedures to submit to the national PROMS programme. The programme led by NHS England mainly focuses on specific procedures.
Health gains are monitored and reported on based on patient responses to a questionnaire before and after surgery. Published Patient Reported Outcome Measures (PROMS) data is available:

- The data shows the scores for all the Trusts involved in the NHS PROMS programme in England. This programme monitors the improvement seen in joint replacements. Patient data is collected within a 12-week timeframe before their operation and 6-9 months following their surgery. Data is only representative of questionnaires that have been populated both before and after surgery. This does mean that the number of modelled records is less than the number of procedures actually carried out in that period.

- Four areas are reported on by NHS England, Primary Hip replacements, Revision Hip replacements, Primary Knee replacements and Revision Knee replacements.
- Oxford Hip Score (OHS) and Oxford Knee Score (OKS) are short 12-item questionnaires that are developed and designed specifically to assess patients function and pain. Each question can have a score of 0-4 and the overall total can provide a score from 0-48, the higher the score resulting in the best possible outcome. The EQ5D is a separate questionnaire providing a quality-of-life score and is used wider than orthopaedics, similarly the higher the number the better the score.
- The Trust's most recent data was published in July 2023 and provides the latest figures for 2020/21. Due to the pandemic, there are a lower number of submissions for this year, but the results still show that the Trust achieves good outcomes for its patients, particularly given the complex nature of the procedures it carries out.

The published data is shown below and provides the National Average for all NHS Trust involved in the National NHS PROMs programme in England. It also provides the Highest Score achieved and the Lowest Score achieved within England. Over the years the Trust is seen to be exceeding or meeting the National Average.

Primary Hip Replacement

	EQ5D Index						Oxford Score					
	2016 /17	2017 /18	2020 /21	2019/ 20	2020 /21	2021 /22	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21	2021 /22
National Average	0.445	0.468	0.465	0.459	0.472	0.462	21.8	22.68	22.68	22.687	22.981	22.847
Highest Score	0.537	0.566	0.557	0.539	0.574	0.534	25.123	26.299	25.376	25.547	25.702	26.004
Lowest Score	0.310	0.376	0.348	0.352	0.393	0.376	16.428	18.871	18.752	17.059	17.335	7.310
Robert Jones and Agnes Hunt	0.453	0.489	0.496	0.468	0.470	0.522	22.211	23.574	24.429	24.135	24.129	24.933

Revision Hip Replacement

	EQ5D Index						Oxford Score					
	2016 /17	2017 /18	2020 /21	2019 /20	2020 /21	2021 /22	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21	2021 /22
National Average	0.290	0.289	0.287	0.307	0.336	0.317	13.512	13.901	13.864	14.065	15.445	14.624
Highest Score	0.362	0.322	0.396	0.38	0.413	0.402	16.504	17.664	18.961	16.130	17.328	17.301
Lowest Score	0.239	0.142	0.206	0.238	0.253	0.323	10.253	10.735	7.853	10.648	13.338	13.724
Robert Jones and Agnes Hunt	0.334	0.298	0.248	0.297	*	*	13.719	15.912	10.387	14.177	*	*

Primary Knee Replacement

	EQ5D Index						Oxford Score					
	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21	2021 /22	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21	2021 /22
National Average	0.325	0.338	0.338	0.335	0.315	0.324	16.546	17.259	17.330	17.486	16.886	17.625
Highest Score	0.404	0.417	0.405	0.419	0.403	0.417	19.884	20.635	20.011	20.688	20.25	20.634
Lowest Score	0.242	0.234	0.266	0.215	0.181	0.246	12.335	13.156	13.774	12.622	11.916	14.267
Robert Jones and Agnes Hunt	0.318	0.354	0.361	0.364	0.358	0.350	17.843	18.541	17.74	19.188	19.681	19.547

Revision Knee Replacement

	EQ5D Index						Oxford Score					
	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21	2021 /22	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21	2021 /22
National Average	0.273	0.292	0.288	0.295	0.299	0.317	12.346	13.124	13.598	13.840	13.499	14.624
Highest Score	0.296	0.328	0.297	0.394	0.230	0.323	13.781	15.444	15.784	16.384	12.425	13.772
Lowest Score	0.156	0.196	0.196	0.168	0.207	0.303	8.602	9.374	9.014	8.650	8.701	11.726
Robert Jones and Agnes Hunt	0.251	0.328	0.279	0.326	*	*	10.946	14.392	15.113	12.439	*	*

NHS National Staff Survey

The principal aim of the staff survey is to gather information which will help the Trust to improve the working lives of our staff and so help to provide better care for patients. The staff survey provides the Trust with a wealth of information detailing staff views about working at the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust.

In 2023 the staff survey is aligned to the NHS People Plan, and the People Promise. The Trust has set up a monthly focus group to look at the top three concerns, areas to focus on and good practice.

Key headlines:

- Completes questionnaires = 907
- Response rate = 52%
- Recommended as a place to work = 75.63% *(2022 data = 65.89% increase of 9.74%)*

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust considers that this data is as described for the following reasons:
The Trust continues to participate and improve the Staff survey results.

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

- Implementation of the NHS People Plan
- Monthly Staff Survey Focus Group
- Setting up Staff Network Groups

Ensuring that people have a positive experience of care.

Responsiveness to Inpatient's Personal Needs

The table below presents patient experience measured by scoring the results of a selection of questions from the National Inpatient Survey focussing on the responsiveness to personal needs.

	2018	2019	2020	2021	2022	2023
National Average	8.1	8.1	8.4	8.1	8.1	Data not published until July 24
ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS TRUST	9.1	9.2	9.5	9.4	9.4	
Highest	9.1	9.2	9.5	9.4	9.4	
Lowest	7.3	7.4	7.5	7.4	7.4	

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

- The Trust has a robust patient experience programme in place that facilitates learning and implementing changes based on patient experience.

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust has taken the following actions to improve its performance:

- Monitoring delivery of the Patient Experience Strategy
- Continued use of real time feedback on patient experiences
- Improved patient involvement in the review of patient safety events
- The production and completion of action plans in response to complaints

Patient Friends and Family Test

The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. Patients are asked to answer the following question: "How likely are you to recommend our organisation to friends and family if they needed similar care or treatment" on the day of discharge or after they have had a clinic appointment. They are invited to respond to the question by choosing one of six options, ranging from "extremely likely" to "extremely unlikely".

	2019/ 20	2020/ 21	2021/ 22	2022/ 23	2023/ 24
National Average	96%	94%	94%	94%*	94%*
Highest Score	100%	100%	100%	100%*	100%*
Lowest Score	73%	65%	64%	73%*	75%*
The Robert Jones and Agnes Hunt	99%	98%	98%	98%	98%

Treating and caring for people in a safe environment and protecting them from avoidable harm

VTE Assessment

Our patients often have difficulties mobilising which places them at an increased risk DVT or PE and as such the Trust's VTE assessment is of utmost importance to ensure that patient's do not develop an avoidable DVT or PE.

The Trust has in place a robust system of audit to measure compliance with the VTE assessment process. Further, any incidence of DVT or PE is subject to a full incident analysis review to ensure that learning is taken. The Quality and Safety Committee receives regular reports on the Trust's work on VTE prevention.

The chart below outlines the percentage compliance for VTE assessments for the year (up to March 2024).

	2017-18	2018-19	2020-21	2021-22	2022-23	2023-24
Average	95.30%	95.60%	95.50%			
ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS TRUST	99.90%	99.90%	99.90%	99.72%	99.80%	99.78%
HIGHEST	100%	100%	100%			
LOWEST	64.30%	63.20%	67.50%			

There is no national data comparison for recent years as submission of data ceased at beginning of pandemic. Notification received from NHS England in March-24 that the national data collection will be reinstated for 24/25 financial year so national comparisons will be available in future years.

RJAH has maintained the required percentage of VTE assessments completed. The Trust monitors this through the monthly performance reports and the Trust VTE Group.

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

- The Trust has in place a clinical lead for VTE who champions the VTE process amongst the clinical staff.
- Regular reviews and audits are undertaken to check compliance with follow up actions where required.
- The Quality and Safety Committee through the Patient Safety Meeting, receives regular reports on compliance with VTE assessments.

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

- Established a VTE Group which reviews all events relating the VTE.
- Any themes or trends are monitored through this group and recommendations for improvement are shared with the Patient Safety Meeting members.

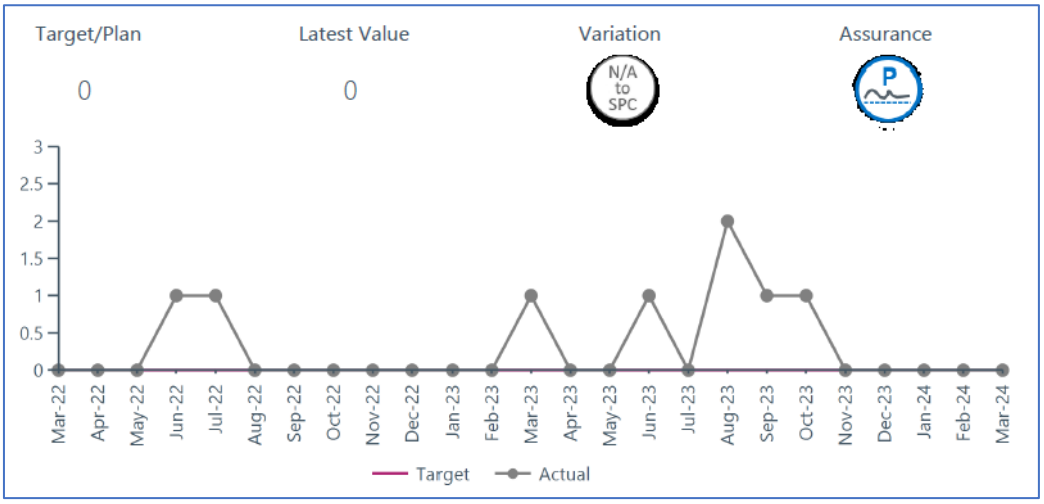
Clostridioides Difficile Infections (CDI)

The Trust measures infection control performance as a rate of Trust apportioned cases per 100,000 bed days of cases amongst patients.

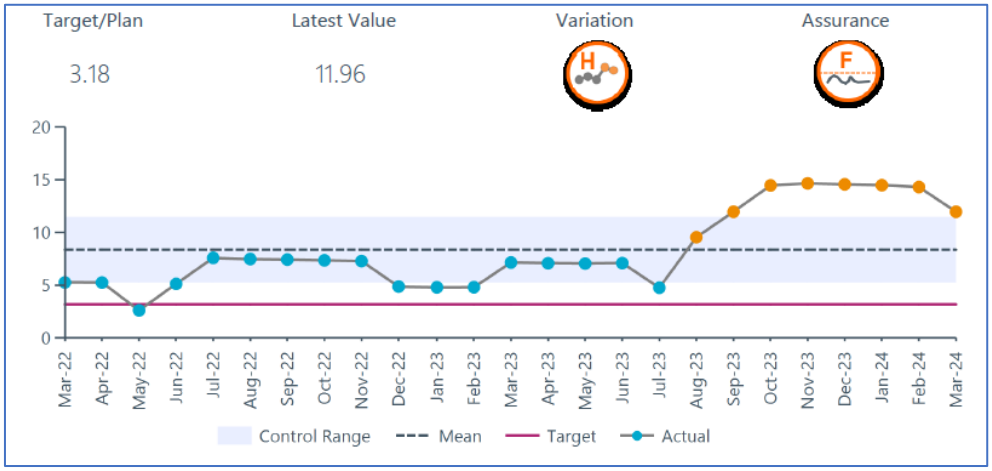
The Trust has had five attributable cases of CDI for the year 2023/24. This was against a target of two. All 5 cases were classed as unavoidable.

A rise of hospital onset CDI has been observed nationally following the COVID-19 pandemic, whereas prior to this, rates were generally declining with some fluctuations. This change in trend to a steady increasing trajectory is of major concern and is the only data collection where there has been a major shift post pandemic. The reason or which are being investigated by NHSE.

Number of RJAH Acquired CDI



CDI Rates Per 100,000 Bed Days



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

- Data is reported and monitored monthly.

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

- Continuing to carry out individual case reviews on all hospital acquired infections to ensure the Trust can learn and improve the quality of its care, and to share our findings with other NHS providers and NHSE.

Number of patient safety incidents and percentage resulting in severe harm/death

The hospital has a robust and established incident management process in place. The Trust utilises an electronic reporting system which enables all incidents to be tracked from the point

of reporting and on-going monitoring until closure of an incident, therefore promoting timely response to serious incidents.

The tables below show the number of patient safety incidents reported each month during the reporting period and a breakdown by severity grading for these, including the proportion of incidents resulting in severe harm or death.

Patient Safety Incidents Reported per 1000 Bed Days

Period of Coverage	Rate of incidents	Number of incidents
Oct 23 - Mar 24	56.2	1480
Apr 23 - Sep 23	45.4	1196
Oct 22 - Mar 23	44.9	1176
Apr 22 - Sep 22	42.5	1119
Oct 21 - Mar 22	42.6	1116
Apr 21 - Sep 21	41.4	1092
Oct 20 - Mar 21	27.3	716

Patient Safety - Severe Harm / Death

Period of Coverage	Rate of incidents	Number of incidents	Comments
Oct 23 - Mar 24	0.27	7	7 deaths (3 unexpected and 4 expected) and no severe harm incident.
Apr 23 - Sep 23	0.23	6	5 deaths (3 unexpected and 2 expected) and 1 severe harm incident.
Oct 22 - Mar 23	0.31	8	6 deaths (1 unexpected and 5 expected) and 2 severe harm incidents
Apr 22 - Sep 22	0.23	6	6 Deaths (3 unexpected and 3 expected) and 0 severe harm incidents
Oct 21 - Mar 22	0.38	10	10 Deaths (1 unexpected, 9 expected) and 0 severe harm incidents
Apr 21 - Sep 21	0.04	1	1 Deaths (1 expected) and 0 severe harm
Oct 20 - Mar 21	0.34	9	6 Deaths (1 unexpected, 5 expected) and 3 severe harm incidents

Footnote: Definition of Severe Harm/Death:
Severe Harm: Any unexpected or unintended incident that appears to have resulted in permanent harm to one or more persons.
Death: Any unexpected or unintended incident that directly resulted in the death of one or more persons.

Serious Incidents

In 2023/24 the Trust reported three serious incidents as defined by the NHS England Serious Incident Framework. All these incidents have had Root Cause Analysis completed and reports prepared for presentation and agreement at Quality and Safety Committee. In addition, all our serious incidents have been reviewed by the Integrated Care System to ensure they are in line with the NHSE Framework.

Incidents that have been reported and investigated relate to the following areas:

- Pressure Ulcers (1)
- Deteriorating Patient (2)

In October 2023 the Trust adopted the Patient Safety Incident Response Framework moving away from the Serious Incident Framework, as mandated by NHS England. Since the move to this framework, there have been no patient safety events that have required a Patient Safety Incident Investigation in relation to National priorities, however several patient safety reviews have been completed in line with the Trusts Patient Safety Incident Response Plan.

Never Events

These are defined as serious, largely preventable patient safety incidents. All never events have a Root Cause Analysis completed which is presented and agreed at the Quality and Safety Committee as per the Trust's Serious Incident Management Policy.

In 2023/24 one never event was reported. Incidents that have been reported and investigated relate to the following areas:

- Wrong sided block (1)

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

- The Trust has continued to undertake reconfiguration work on Datix to ensure more accurate capture of themes and trends in the categories of incident.
- Through the Patient Safety Meeting, the Trust is provided an overview of incident management within its Units.

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

- Benchmarking of incident reporting against other Specialist Trusts
- Inclusion of patient safety events in the Multi-Disciplinary Clinical Audit Meeting attending by a cross section of clinical staff
- Continuing to embed the principles that underpin the new Patient Safety Incident Response Framework, that was adopted in October 2023.

PART 3

Review of Quality

Summary of Performance Status for Quality Priorities Set for 2023/24

In line with the Trust's Quality Improvement Strategy, and in discussion with the Board of Directors, Council of Governors and other relevant stakeholders, the Trust identified the following key priorities for 2023/24:

- Patient Safety: Reduction in the number of reported medication incidents
- Patient Safety: Reduction in inpatient falls
- Patient Safety: Reduction in RJAH acquired pressure ulcers
- Clinical Effectiveness: Reduction in delayed discharges
- Patient Experience: End of life care and the ReSPECT process
- Patient Experience: Enhancing the experience of patients with Learning Disabilities, Autism and Dementia, who access our services.

Progress made for quality priorities 2023/24

The following table gives an overview of the progress we have made for each of the quality priority areas and how the improvement work will be maintained in the coming year or continued.

It is important to remember that even though some priorities may be retired, this is not to say that the work ceases, but rather that the processes and systems for continued management of the improvement goal are well established and can be maintained outside of the Quality Account process.

Priority	Objective	Measure of Success	Actions completed/taken	Achieved
PATIENT SAFETY				
1. Reduction in the number of reported medication incidents	Reduce the number of medication incidents reported across the Trust	• Reduction in medication incidents • Implementation of safety actions identified from reviews, monitored through the Trusts safety improvement plan.	• Quarterly thematic reviews, utilising a systems-based approach to explore 'work as done' are now being completed and shared through the Patient Safety Meeting. • Trust wide observations of practice have been completed identify improvements in relation to medicines safety. Several recommendations have been made and will be actioned and monitored through the Trusts patient safety meeting. • A task and finish group has been established to work through the recommended safety actions generated from the reviews.	**Partially achieved.** Learning from medication safety events is identified as a quality priority for 23/24. In 2022/23 the number of medication incidents reported were 239, in comparison to 372 for 2023/24.
2. Reduction in inpatient falls	Reduce number of inpatient falls per 1000 bed days	• Reduction in inpatient falls per 1000 bed days. • Implementation of safety actions identified from reviews, monitored through the Trusts safety improvement plan.	• Quarterly thematic reviews, utilising a systems-based approach to explore 'work as done' are now being completed and shared through the Patient Safety Meeting. • **Falls Prevention Awareness** –Patient Safety Fayre and Trust compliant with bi-annual Fall Prevention Training. • **Fall Risk Assessment documentation** – working with the digital transformation team for build of electronic version for Apollo. • **Bedrail Assessment –** Policy and assessment update complete and approved. • **Patient Education Poster** – key points for all patients to follow to avoid having a fall produced and in use on MSK wards. Changes being made to ensure relevance for specialist wards. • **Yellow Visual Cues** – applied across all Wards.	**Fully Achieved.** Inpatient falls per 1000 bed days reduced slightly from 2.81 in 2022/23 to 2.51 in 2023/24. Learning from inpatient falls is identified as a quality priority for 23/24.
3. Reduction in RJAH Acquired Pressure Ulcers	Reduce the number of RJAH acquired Pressure Ulcers	• Trust compliance with pressure ulcer training	• **Education:** 4 TV study days planned to deliver across 23/24 & 24/25. Mandatory training remains compliant.	**Fully Achieved.**

Priority	Objective	Measure of Success	Actions completed/taken	Achieved
		• Audit of reported pressure ulcer incidents and correct categorisation • Reduction in RJAH acquired pressure ulcers	• **After Action Reviews** completed for all RJAH acquired pressure ulcers thoroughly investigated and outcomes presented via PSWG, Unit Gov. meetings, SNAHP. • **Documentation**: Commenced introduction of Purpose T risk assessment and implementation of new pressure ulcer categorisation guidance.	Reduction in RJAH acquired pressure ulcers (PU) 2022/23 = 22 RJAH acquired PU 2023/24 = 11 RJAH acquired PU Tissue Viability remains as an agenda item through the Patient Safety Working Group.
CLINICAL EFECTIVENESS				
4. Reduction in delayed discharges	Ensure all patients are aware of their expected date of discharge. Early discharge planning needs to commence on arrival at the Trust or pre-operatively for elective admissions.	• Achieve % improvements towards trust target of 5.24% delayed discharges. • Increased positive patient experience scores. • Development of new roles within the MDT to support discharge processes.	• Datix reporting for delays, level of harm and total days delay is now embedded practice. • Standardised checklists are completed and integrated into pathway booklets as new versions are required. • Criteria Led Discharge is embedded within Sheldon and MSK Wards. • No Criteria to Reside is recorded on PAS as per national data requests. • Sheldon Ward work closely with the ICS discharge hub to ensure clear communication. • A review of the MCSI resettlement has been completed, with work to develop a post for a permanent discharge coordinator.	**Partially achieved.** Delayed discharge rate peaked at 11.29% in December 23 and has reduced in Q4 ending at 9.59% in March 2024. Working group will continue to meet and explore with System Discharge Team what support is available for RJAH MSK wards. The IPR metric monitored at Quality and Safety Committee.
PATIENT EXPERIENCE				
5. **End of Life Care and the ReSPECT Process**	Ensure patients receive good quality and safe care at the end of their life by ensuring staff have	• Increased levels of training • Increased quality of documentation on ReSPECT forms	• Case of need for a dedicated End of Life Health Professional was approved by the Executive Team in December 2023 and currently exploring external funding stream for this.	**Fully achieved.** Working group will continue to meet and monitor the

Priority	Objective	Measure of Success	Actions completed/taken	Achieved
	the correct skills and training		• The SWAN model of care is due to be launched in Q1 of 2024. •	implementation and impact of the SWAN model of care and funding/recruitment of the EoL Health Professional.
6. **Enhancing the experience of patients with Learning Disabilities and Autism and Dementia who access our services.**	Improve patient experience with patients with learning disabilities and autism and patients with dementia who access our services.	• Improved % with training compliance for dementia awareness. • Increased feedback from patients with LD, Autism and Dementia • Improved scores in the disability and dementia domains on the PLACE audit for 2023	• LD and Autism tier 1 awareness training rolled out and now achieving >90% compliance trust wide. • NHS Benchmarking audit completed for 2023/24 • Patient video 'What to expect when visiting the hospital' filmed and available to patients accessing RJAH services on Trust Internet. • LD working group re-established. • Commenced implementation of Oliver McGowan training.	**Partially Achieved** To be continued as a quality priority for 24/25 with monitoring through the Patient Experience Meeting.

Local Quality Indicators

In addition to the Quality Priorities for 2023/24 the Trust has selected a number of local quality indicators that have continued to be monitored throughout the year and continued to embed the national Patient Safety Strategy.

Safety

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust is committed to continuously improve patient safety and delivering the NHS Patient Safety Strategy.

The NHS Patient Safety Strategy describes how the NHS will continuously improve patient safety, building on the foundations of a safer culture and safer systems. RJAH have three members of staff who adopt the role of patient safety specialist, allowing them to oversee and support patient safety activities across our organisation. The patient safety specialists help to embed the strategy providing dynamic, senior leadership, visibility, and expert support to the patient safety work at RJAH. The aim of the patient safety specialists is to support the development of a patient safety culture and ensure that systems thinking, human factors understanding and just culture principles are embedded in all patient safety processes.

A Patient Safety Meeting forms part of the quality governance framework and is led by the Chief Nurse and Patient Safety Officer; this is a multi-disciplinary meeting which monitors patient safety improvement action plans, risks, and associated policies. The Patient Safety Meeting receives upward reports from the Patient Safety Working Group which supports the work in relation to the Trusts PSIRP.

A key focus for the patient safety specialists this year has to been to prepare the organisation for the implementation of the new NHS England Patient Safety Incident Response Framework, which the Trust adopted in October 2023, replacing the current NHS England Serious Incident Framework.

Patient Harm reviews

At RJAH, we provide predominantly elective orthopaedic surgery to the local population. During covid-19 there had been a pause to elective activity, and we found ourselves with a backlog of large numbers of patients on our waiting lists for surgery.

This position did not align with our 5-year Strategy where we committed to delivering high quality clinical services by *"empowering our teams to develop services, optimise productivity and efficiency with services..."*

The Board recognised that this was not acceptable and supported the operational and clinical teams to set up a Patient Harm Working Group, which was initially launched in August 2021, however, now forms part of the Patient Safety Working Group. It was then agreed that any patient on our waiting lists who had been waiting over 52 weeks needed clinical review as this length of time was unacceptable.

The group was tasked to look at what we could do to address this backlog, but more importantly, ensure there was a process in place to ensure those waiting, were not coming to harm. This review process has now evolved to a point where every patient on a waiting list will receive a clinical review every 6 months. Each firm within the Trust has established a way of completing these and, whilst procedures vary in their approach, it ensures that all reviews are clinician led and can be completed as a virtual consultation or desk top exercise. Any patient identified as potentially experiencing harm due to the long wait is expedited and seen in clinic within 3 weeks. This has ensured that those identified as potentially coming to harm due to the extended wait are prioritised and treated promptly.

To date we have completed 8,798 clinical harms reviews of patient on our waiting lists, fortunately, we have only identified 8 patients that were at risk of coming to harm if they remained on the waiting list and we have been able to expedite and treat these patients. For these 8 cases we also commissioned an investigation to ensure any learning could be identified and actioned, which took place alongside the patients identified and shared the findings with these individuals.

As a Trust, we are committed to continuing with this process until we no longer hold a backlog waiting list - this is vital to ensure those in our care receive the treatment they require with a timeframe that does not negatively impact on their health or the outcome.

Safeguarding

At RJAH we take all of our safeguarding responsibilities very seriously and are compliant with discharging our duties within national and local legislation, policies and guidance.

The Children Act 1989, the Children Act 2004, the Mental Capacity Act 2005, the Care Act 2014, Working Together to Safeguarding Children Statutory Guidance (2023), Statutory Guidance for Integrated Care Boards (ICBs) and the England Safeguarding Accountability and Assurance Framework (SAAF 2022) places a duty on all partners across the safeguarding platform to protect and promote the welfare of children, young people and adults at risk.

Safeguarding governance contributes to a wide range of performance and quality measures both internally and externally, in accordance with the Care Quality Commission (CQC), Shropshire Safeguarding Community Partnership (SSCP) and our local Integrated Care System (ICS).

Improvements have been seen across the organisation in relation to the safeguarding priorities for 2023/2024, with a steady increase throughout the year in relation to mandatory safeguarding training. An increase in awareness and confidence is evident across the Trust in the recognition and reporting of actual and potential safeguarding concerns, including domestic abuse. The Safeguarding Team, in conjunction with colleagues in Midlands Partnership Foundation Trust (MPFT) and local Learning Disability partners, have produced a number of resources to support staff and patients, with additional needs such as mental health, learning disabilities and neurodiversity.

Significant investment has been made by the Trust in relation to the Safeguarding Team, including the recruitment of dedicated Named Nurses for Adults and Children, which will continue to enhance and support the organisational safeguarding agenda.

Infection Prevention and Control

Infection Prevention and Control (IPC) is a key priority for the Trust and every member of our staff is committed to ensuring safe and effective IPC practices and procedures. This year, IPC has been focussed on a return to basics following the impact that the Covid-19 pandemic had across our Trust.

Following the launch of the IPC strategy in January 2023, throughout 2023 and into 2024, the Trust has been working toward achieving excellence in IPC practice. Progress has been achieved through all 4 domains of integrated working; education; digital technology and enhanced engagement.

The IPC Team have redesigned the way they deliver IPC services, introducing a new programme that included an audit refresh, increased support and visibility to our clinical teams, involve our patients in audit, re-invigorated our education programme which included IPC Fayres and following the NHS Patient Safety Strategy, changed how we manage and investigate infection events.

We have introduced a new way to monitor Surgical Site Infections through Statistical Process Control charts. These allow us to track trends and variations and triggering investigations when our control limits are reached. We conduct thorough investigations into all Healthcare Associated Infections liaising with our IPC partners across the Integrated Care Board, NHSE and the United Kingdom Health Security Agency. The Robert Jones and Agnes Hunt IPC Team have also been working closely with colleagues from the Royal Orthopaedic Hospital to share best practice on infection prevention.

We continue to host IPC colleagues from NHSE who now visit the Trust to collaborate with the IPC Team, providing us with an opportunity to showcase further improvements in our Estates and Facilities. To make our non-clinical areas hygienic and easier to clean, we have refurbished our therapies area, renewing floors, painting walls and ceilings, and improving lighting as well as equipment and storage areas.

Challenges in the management of infections have been experienced nationally with not only an increase in resistant micro-organisms, but also the number of patients experiencing infections. The Trust has seen a rise in Healthcare Associated Infections and we have been working closely with NHSE to monitor data and share learning. We have led on the development of a system wide CDI improvement plan, which has been adopted by all providers in the Integrated Care System.

The new National IPC Manual has provided one source of IPC information for all Healthcare facilities in England and the IPC Team have been rewriting IPC policy to align with the new changes. This strengthens our Trust's IPC practices and procedures, guiding our staff with the most up to date information and advice on IPC prevention and management.

The IPC Quality Management system continues to strengthen assurance to processes and compliance to national requirements including the Health and Social Care Act, National IPC Manual and the IPC Board Assurance Framework. In addition, the system also captures all actions and improvements on the Trusts IPC Quality Improvement Plan. The data warehouse

consolidates all IPC related data and displays a dashboard providing a live position for IPC governance. At the end of March 2023, we are proud that the Trust achieved 97% overall with no areas of non-compliance.

The improvements made could not have been achieved without the continued dedication and commitment from staff across all disciplines across the organisation.

Medication Incidents

Medication incidents are any patient's safety incidents (PSIs) where there has been an error in the process of prescribing, preparing, dispensing, and administering, monitoring, or providing advice on medicines. Within the Trust there is an open dialogue and reporting culture relating to medication incidents. A repot is produced monthly detailing any harms, number of incidents, key incident themes, and sharing of identified learning. This is shared across the Trust.

Medication incidents are identified as a local priority in the Trusts PSIRP. As outlined in the Trusts PSIRP a quarterly thematic review, using a systems-based approach is completed. The aim of the thematic review is to identify areas of improvement in relation to medicines safety, which are shared at the Trusts Patient Safety Meeting and safety actions agreed for implementation.

The Trust benchmark and share medicines safety themes through the Shropshire Telford and Wrekin ICB Medicines Safety Group, the regional Medicines Safety Officer Group and the CD Lin with the Chief Pharmacist network having oversight of all groups.

Learning Lessons from incidents

- The learning from the patient safety reviews are shared widely across the Trust via relevant meetings such as the Patient Safety meeting, Unit Governance meetings and at the Trusts Multi-disciplinary Clinical Audit Meeting (MDCAM) ensuring that shared leaning and awareness of issues is cascaded across all areas.
- The Trust continues to involve patients in serious incident investigations and patient safety reviews with a nominated Patient/Family Liaison person for each learning response that is conducted. The investigation reports are shared with patients and where applicable their families and opportunities are provided for the investigation to be discussed with clinical and governance staff.
- The Trust holds debrief meetings with relevant teams and support from the Clinical Governance Team in which the reports are shared with the staff involved. These are conducted in a way that promotes the principles of PSIRF, compassionately engaging with those affected by patient safety incidents.
- Areas of good practice are shared following any patient safety review, focusing the learning on both good practice and areas of improvement that may be required.
- Over the last year there has been an increased focus on improving the quality of the incident investigations and the Trust have introduced a framework on our internal reporting system, that promotes a systems-based approach to investigating and learning.

- Infographics are produced, following patient safety reviews to aid dissemination of learning throughout the organisation. These are shared at unit governance, patient safety, and senior nursing meetings.

Implementation of Patient Safety Incident Response Framework (PSIRF)

In August 2022 NHS England published the Patient Safety Incident Response Framework (PSIRF) setting out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety, moving away from the Serious Incident Framework that was published in 2015.

The framework represents a significant shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system across the NHS. It is a key part of the NHS patient safety strategy. The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

- Compassionate engagement and involvement of those affected by patient safety incidents.
- Application of a range of system-based approached to learning from patient safety incidents.
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening response system functioning and improvement.

It is a mandated requirement for hospitals that provide NHS services to adopt the new framework and Trusts were expected to adopt the new guidance from Autumn 2023.

As a response to this, RJAH established a PSIRF implementation group to transition to the new framework and activities included identifying local priorities and national priorities relevant to the Trust, agreeing learning response methods that are proportionate and to ensure that those identified as Learning Response Leads and Engagement Leads have the required training.

The Trusts PSIRF Policy and PSIRP outlines the local and national priorities for the Trust, including the learning response methods identified for each priority. The PSIRF policy also outlines how safety actions generated from patient safety reviews are populated on the Trusts Patient Safety Improvement Plan and monitored for completion through the Trust's Quality and Safety Committee.

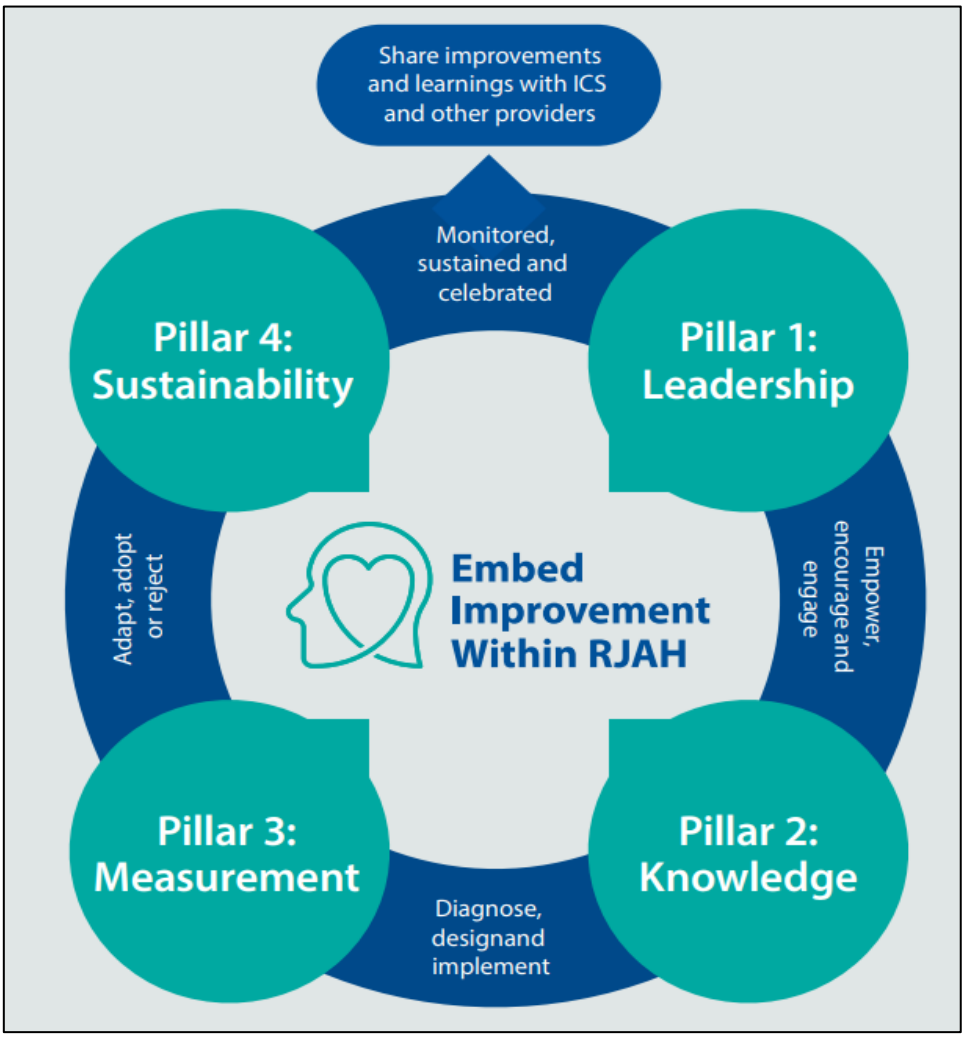
In September 2023 the Trust Board considered and approved the PSIRF Policy and PSIRP for RJAH, to adopt from October 2023.

Quality Improvement

At the end of 2022/23 The Trust launched its Quality Improvement (QI) Framework to support embedding improvement within our organisation. The Trust has further progressed its improvement journey during 2023/24. The Trust's ambition is to develop and evolve improvement-led delivery through effective leadership behaviours and by building capabilities. Ultimately this will improve the quality, safety, and experience of our patients and workforce.

The QI framework describes the approach to improvement which highlights four instrumental pillars to support the embedment:

- **Leadership**: Developing our leaders to understand and champion improvement.
- **Knowledge**: Developing our staff's knowledge on improvement.
- **Measurement:** Evidence driven improvements utilising quantitative and qualitative intelligence.
- **Sustainability**: Learn, share, and celebrate our improvements whilst continually checking changes are still having the desired effect.



During 2023/24 the Quality Improvement journey has involved:

- **Improvement at Trust Induction**: Dedicated space on induction for all staff joining our Trust.
- **Improvement Champions:** Cohort 5 commenced December 2023. The Improvement Champions course runs across four days with staff working on a specific improvement project whilst learning about topics such as the history of improvement, improvement in healthcare, improvement tools and techniques, emotional intelligence and resilience, and measurement.
- **Online Bitesize Training:** Is available on staff intranet
- **Board Training:** Our Board of Directors underwent a personalised quality improvement session.

- **Innovation Hub:** The Trust has created an Innovation Club which aims to further encourage innovative ideas for improvement. It is open to all staff and held on alternating dates once per month.

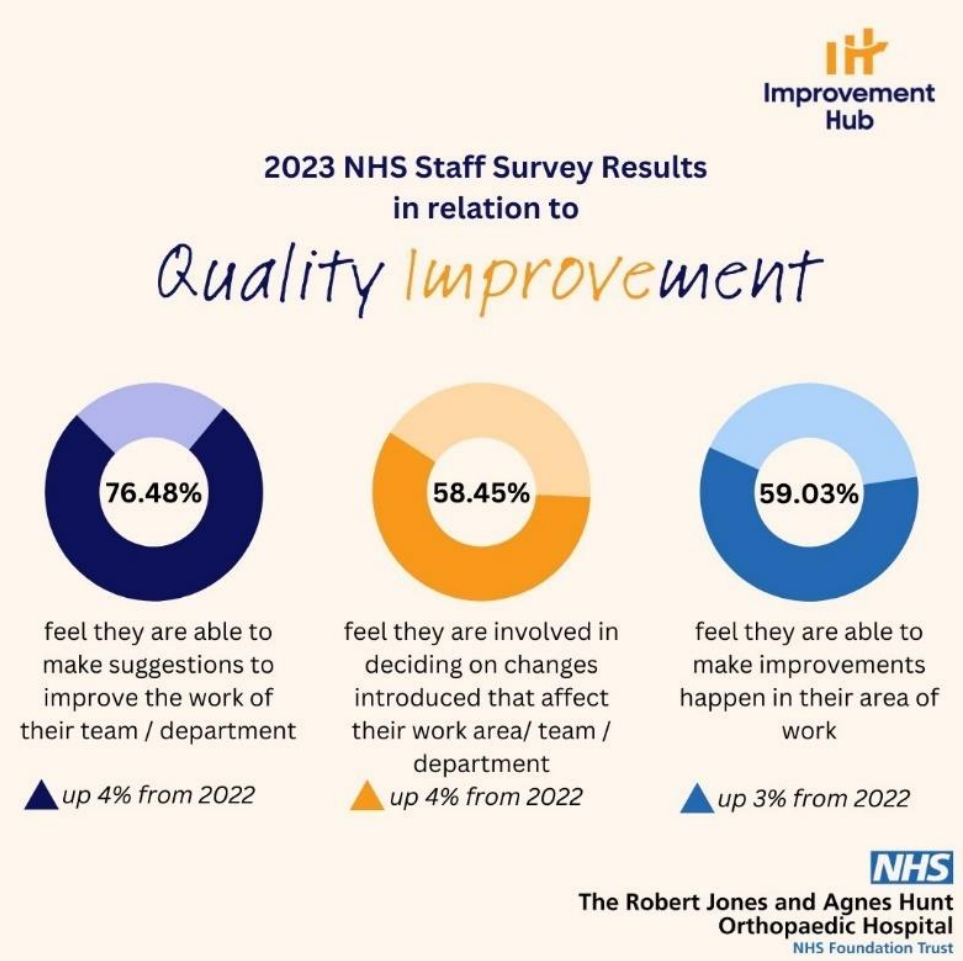
The Trust has further assessed its progress against the NHS England's NHS IMPACT (Improving Patient Care Together) domains released during 2023/24 (NHS England » NHS IMPACT). NHS IMPACT's five components form the 'DNA' of all evidence-based improvement methods, these principles underpin a systematic approach to continuous improvement:

1) Building a shared purpose and vision
2) Investing in people and culture
3) Developing leadership behaviours
4) Building improvement capability and capacity
5) Embedding improvement into management systems and processes

As part of this assessment and during March 2024 the Trust launched its #ImproveTheNextJourney programme of work.

#ImproveTheNextJourney is a platform for patients, carers, or people with lived experiences, to get involved and help support the work of the Trust, by having a voice whilst bringing knowledge, skills and experience as we evaluate, develop and deliver our services.

The 2023 Staff Survey results further positively demonstrate the progress the Trust is making on its improvement journey to date; with improvements seen when compared with its 2022 results.



Patient Safety Visits

The programme provides an opportunity for members of the Trust Board to engage with patients, relatives, and staff through regular visits to clinical areas. The purpose of the visits is to provide visible leadership by the Board on quality and safety and to talk to patients, families, and staff about their experience of care in the Trust.

Leadership walk rounds are recognised nationally as a critical leadership intervention, as described by the Institute of Health Improvements (IHI). Regular walk rounds are a sign of the Trust's safety culture and approach to improving quality in the organisation. This has provided members of the Board with the opportunity to talk to staff specifically about quality, safety, and improvement programmes and to get feedback to help achieve these improvements across the organisation. The programme provides the Non-Executive Directors, Executive Directors and Governors the opportunity to engage with patients, relatives, and staff and to discuss standards relating to quality and safety with clinicians and managers during the visits.

The purpose is:

- Demonstrate commitment to safety.
- Fuel culture for change pertaining to patient safety.
- Provide opportunities for senior executives to learn about patient safety.
- Identify opportunities for improving safety.
- Establish lines of communication about patient safety among employees, executives, managers, and employees
- Establish a plan for the rapid testing of safety-based improvements.

There are five key lines of enquiry the walkabout investigates which mirror Care Quality Commission (CQC) questions; safe, effective, caring, responsive, well led. Staff from across the organisation are asked what is going well in their opinion and areas which require a more sustained focus of improvement. Any actions following the visits are brought to the attention of the relevant Executive Director to liaise with their team. A quarterly presentation to shared with the Quality and Safety Committee and Council of Governors, highlighting positive feedback and areas of improvements.

Effectiveness

The National Institute for Health & Clinical Excellence (NICE) guidance

All published NICE Guidance was reviewed monthly by Clinical Audit Quality Lead and the Consultant Lead for NICE Guidance. A total of 209 guidelines were reviewed, to which 193 were deemed not applicable to the services provided to RJAH. 15 of the guidelines were deemed applicable, of which 5 required audit activity to assess compliance.

Clinical Audits that have been completed in 2023/2024 in relation to NICE Guidance include:

- 2324_022 - Compliance with NG 199: Clostridioides difficile infection: antimicrobial prescribing – NG199

- 2223_047 Effectiveness of Extra Corporeal Shockwave Therapy on Achilles Tendinopathy NICE IPG 571– IPG571
- 2324_001 Temperature Monitoring of Patients in Baschurch– CG65
- 2324_010 Audit of Cartiva implantation for 1st Metatarsophalangeal joint arthritis– IPG727
- 2223_056 Re Audit of Acute Kidney Injury (AKI) among In-patients CG169 (1920_005)– CG169
- 2223_026 Re Audit of Pneumonia In Adults NICE CG 191– CG191
- 2324_012 The Rheumatology Advice Line– QS33

List of NICE Guidance received and considered applicable to RJAH (15);

Date Issued	Guidance Ref	Title	Outcome
05/04/2023	IPG758	Radiofrequency ablation for palliation of painful spinal metastases	Awaiting confirmation of compliance
05/04/2023	IPG759	Radiofrequency ablation as an adjunct to balloon kyphoplasty or percutaneous vertebroplasty for palliation of painful spinal metastases	Awaiting confirmation of compliance
19/04/2023	HST15	Onasemnogene abeparvovec for treating spinal muscular atrophy	Compliant
19/04/2023	HST24	Onasemnogene abeparvovec for treating presymptomatic spinal muscular atrophy	Compliant
26/04/2023	CG104	Metastatic malignant disease of unknown primary origin in adults: Diagnosis and Management	Policy requires review in line with guidance
04/05/2023	HTE7	Point-of-care tests for urinary tract infections to improve antimicrobial prescribing: early value assessment	Policy requires review in line with guidance
02/08/2023	NG158	Venous thromboembolic diseases: diagnosis, management and thrombophilia testing	Audit required to assure compliance
06/09/2023	NG234	Spinal metastases and metastatic spinal cord compression	Policy requires review in line with guidance
28/09/2023	NG148	Acute kidney injury: prevention, detection and management	Compliant

02/10/2023	CG148	Urinary incontinence in neurological disease: assessment and management	Audit required to assure compliance
18/10/2023	TA920	Tofacitinib for treating active ankylosing spondylitis	Audit highlighted partial compliance with guidance
31/10/2023	CG191	Pneumonia in adults: diagnosis and management	Compliant
15/11/2023	IPG775	Biodegradable subacromial spacer insertion for rotator cuff tears	Compliant
14/12/2023	QS140	Transition from children's to adults' services	Audit required to assure compliance
19/03/2024	NG51	Suspected sepsis: recognition, diagnosis and early management	Audit required to assure compliance

List of NICE Guidance received in 2023/2024 with an audit planned (5);

Date Issued	Guidance Ref	Title	Outcome
02/08/2023	NG158	Venous thromboembolic diseases: diagnosis, management and thrombophilia testing	Clinical Audit planned for 2024/25
02/10/2023	CG148	Urinary incontinence in neurological disease: assessment and management	Clinical Audit planned for 2024/25
18/10/2023	TA920	Tofacitinib for treating active ankylosing spondylitis	2324_025 Audit complete and action plan identified areas for improvement
14/12/2023	QS140	Transition from children's to adults' services	Clinical Audit planned for 2024/25
31/01/2024	NG51	Suspected sepsis: recognition, diagnosis and early management	Areas of partial compliance identified

Health and Safety

The Chief Finance and Planning Officer retained Board-level responsibility for health and safety. The Trust employ a health and safety team comprising of a manager and an advisor to comply with the requirement to appoint a competent person under section 7(1) of the Management of Health and Safety Regulations 1999.

The Trust's health and safety performance was reported to, and monitored by, the Health and Safety Meeting which escalated any issues of concern to the Quality and Safety Committee via a Chair report. The Health and Safety Meeting met bi-monthly, chaired by the Director of Estates and Facilities, and included health and safety representatives from staff side unions in compliance with the Safety Representatives and Safety Committees Regulations, 1977.

Incidents involving specified injuries, occupational disease, or resulting in a member of staff taking more than seven days off work as a result of a work-related accident, were also reported to the Health and Safety Executive (HSE) under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). During 2023/24 there were seven incidents reported to the HSE under the requirements of the RIDDOR regulations. No regulatory action or sanction was received in respect of the reported incidents.

RIDDOR Description	2023/24	2022/23
Occupational Disease	4	0
Slips, Trips and Falls	2	2
Lifting and handling injuries	1	5

Experience

Listening to Patients and Carers

Collecting patient experience data is an important part of monitoring the quality of care provided at the RJAH and helps promote an open learning culture by identifying and sharing examples of good complaints practice and learning that was identified through patient feedback.

The table below shows overall patient feedback in 2023/24 compared to 2022/23

Feedback	2022/ 2023	2023/ 2024	Diff from 2022/23 to 2023/24	% Change
Complaints	113	98	-15	-13.3%
Local resolution	29	44	15	51.7
PALS concerns	303	424	121	39.9
PALSenquiries	4006	4483	477	11.9
Compliments	10684	13189	2505	23.4%
FFT	98%	98%	-	-

Learning from Patient Feedback

In 2021/2022, the Patient Experience and Engagement Strategy was refreshed and outlines the Trust's commitments to provide patients, carers, their relatives with world class care.

We know that a positive experience during a care episode promotes a positive clinical outcome. If a patient feels listened to and involved in their care they will respond better to medical, nursing and therapy interventions and be better able to manage their own journey of care.

During 2023/24 the Trust has been working towards achievement of the commitments to provide the best experience of care at each phase of the patient pathways and interaction with our staff to put patient experience at the heart of everything we do.

Our commitments are:

1. We will work in partnership with our patients and actively involve them in decisions about their care.
2. 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.
3. We will involve our patients and services users and the public generally in decisions regarding the way we deliver services and any future developments.
4. We will engage with our patients to facilitate patients to manage their own health conditions and get the best out of their wellbeing.
5. We will further develop the role of volunteers to ensure we maximise their input to enhance patient experience.

The Trust uses Patient feedback as a key measure of monitoring the quality of care, this an important "health check" for the services we provide as well as promoting a strong culture of listening to patients to help improve services.

The Trust offers many opportunities for patients and carers to give their feedback including Trust email, Twitter and Facebook, local and national patient feedback surveys, Friends and Family Test (FFT) survey, patient stories, patient forums, Trust Governor forums and comments received direct. All feedback is shared with the clinical areas and is responded to by the Communications Team or the Patient Advice and Liaison Service (PALS) Team.

In addition, the Trust has robust processes in place which enables patients to raise their concerns formally via the Complaints process and informally via the Patient Advice and Liaison Service (PALS). These concerns are investigated in with the Trust's complaints policy and action plans are put in place (where applicable), to ensure learning and improvement.

Patient Friends and Family Test

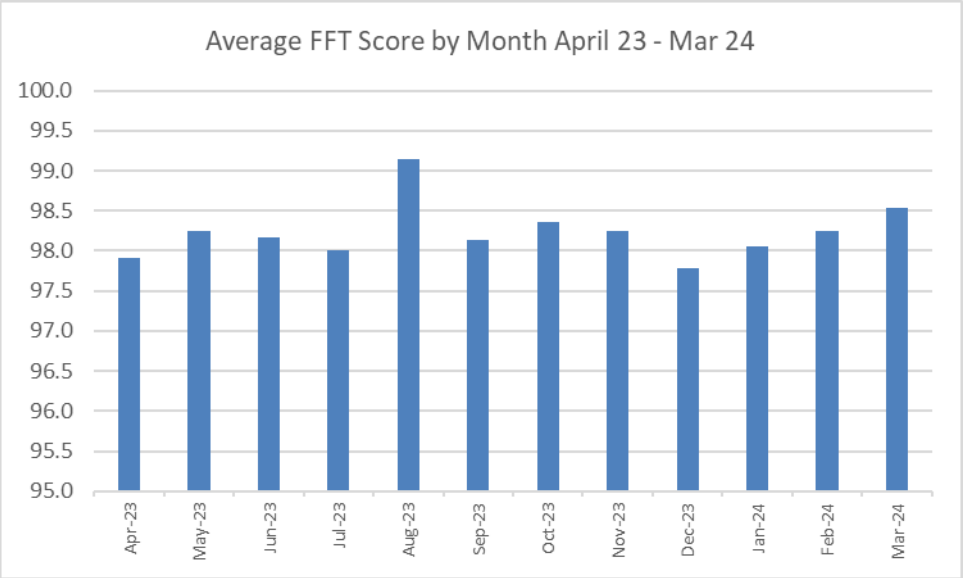
The NHS Friends and Family Test (FFT) "Overall, how was your experience of our service" was created to help Trusts understand whether patients are happy with the service provided, or to provide suggestions on any improvements needed. It's a quick and simple way for patients to give their views after receiving NHS care or treatment.

The results from FFT provides insights into how we can improve or celebrate the positive patient feedback received with the staff delivering the services.

FFT data is collected in real time using the IQVIA patient feedback system and patients are sent a text to invite them to complete a FFT survey electronically (after discharge or clinic appointment).

For 2023/24, 24,081 patients completed a FFT survey and 98.24% of patients (inpatients and outpatients) said they would rate their experience as good or very good.

The chart below shows the average FTT score per month:



The Trust is committed to improving the percentage of patients who would rate their experience as good or very good.

Staff are sent an email alert in real time as soon as a low FFT score is received, and comments are immediately uploaded into IQVIA for staff to respond to within department. The FFT results are shared in Unit, department and Speciality level Governance Quality reports with trends of low scores monitored on a monthly basis.

The results for the Trust over the last five years are as follows based on the average percentage of FFT score (inpatients and outpatients).

	2019/20	2020/21	2021/22	2022/23	2023/24
National Average	96%	94%	94%	94%*	94%*
Highest Score	100%	100%	100%	100%*	100%*
Lowest Score	73%	65%	64%	73%*	75%*
The Robert Jones and Agnes Hunt	99%	98%	98%	98%	98%

*for 2023/23 and 2023/24 national data includes up to January

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

- The Trust has a robust patient experience programme in place, that facilitates learning and implementing changes based on patient experience

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust has taken the following actions to improve this percentage:

- Following the pause of Patient Panel during the COVID-19 pandemic, in 2023/24 the Trust restarted this meeting, which is now known as the Patient Engagement Group, a forum in which all elements of Trust business can be shared with patient representatives
- Renewal of its Patient Experience Strategy

Health Inequalities

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. RJAH reports Health Inequalities updates through its Quality and Safety committee. The Trust has been observing data through different lens in widening understanding of health inequalities.

In March 2021, NHS England set out five national priorities for tackling health inequalities.

- Priority 1: Restoring NHS services inclusively.
- Priority 2. Mitigating against digital exclusion.
- Priority 3. Ensuring datasets are complete and timely.
- Priority 4. Accelerating preventative programmes.
- Priority 5. Strengthening leadership and accountability.

The powers of NHS Foundation trusts to enable and inform collection, analysis and publication of equalities information in summary are:

1. Duties to provide goods and services as part of the health service.
2. Powers to do anything which appears to it to be necessary or expedient for the purposes of or in connection with its functions.
3. Duty to have regard to likely wider impacts of decisions, including on wellbeing.
4. Public involvement duties.
5. General duties under the public sector equality duty in section 149 of the Equality Act 2010, and the specific duties to create and report equalities information further to the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.

The Trust implemented and has had in place a Health Inequalities and Population Health working group. This group has scoped opportunities alongside available intelligence. February 2024 saw a refresh of the current working group to define actions and next steps. The areas of focus following this refresh are inclusive of but not limited to; evolving reporting; restoring inclusively; addressing inequalities at attendance; Children and Young People (Was Not Brought); patient feedback; partnership working; and anchor institutions.

As health inequalities are driven by a variety of factors, to serve communities well, relevant NHS bodies and partner organisations should work together to understand the collective health and care needs of local people and populations, as well as healthcare access, experience and outcomes. The Health Inequalities and Population Health internal working group is multi-disciplinary and has recently expanded to invite Local Authority colleagues. The Trust is equally working with wider system partners to further evolve the system Health Inequalities agenda.

The Trust has also developed business cases and continues to progress these that directly or indirectly support with addressing health inequalities. For example, the Trust submission and approval of the ‘Theatre and Elective Beds Scheme’ through NHS England’s Targeted Investment Fund (TIF). The Scheme indirectly supports the PLUS 5 strategy, in particular severe mental illness,

by improving access to surgery which will significantly improve patients' quality of life. In addition, the Scheme is addressing the needs of children and young people waiting for paediatric spinal surgery, by the increase in consultant capacity and by enabling succession planning for the workforce for the provision of complex paediatric and adult spinal surgery for our population.

To further support continued improvements in outcomes for our patients the Trust continues to evolve its digital app (MyRecovery) for patients. The app is a suite of tools designed to support, empower, and inform a patient through their treatment. The aim is that the better informed and engaged patients they are less anxious, have a better experience and ultimately have improved outcomes.

Freedom to Speak Up Guardians

In 2023/2024 The FTSU Portfolio has moved from Clinical Governance to Corporate, with the Chief Nurse and Patient Safety Officer as the Executive Lead for FTSU. The role of the FTSU ensures effective triangulation of patient safety, worker safety and cultural concerns.

The Trust currently has nine FTSU Champions across the organisation and will be recruiting additional Champions from the staff networks.

The 2023 Staff survey demonstrated that there has been an improvement in the national average and RJAH, for three out of the four Freedom to Speak Up questions. Questions 20a, 20b, 25e and 25f are specific questions around raising concerns.

Q20a

I would feel secure raising concerns about unsafe clinical practice - slight deterioration by -0.6 % nationally and RJAH has declined by -0.76%

Q20b

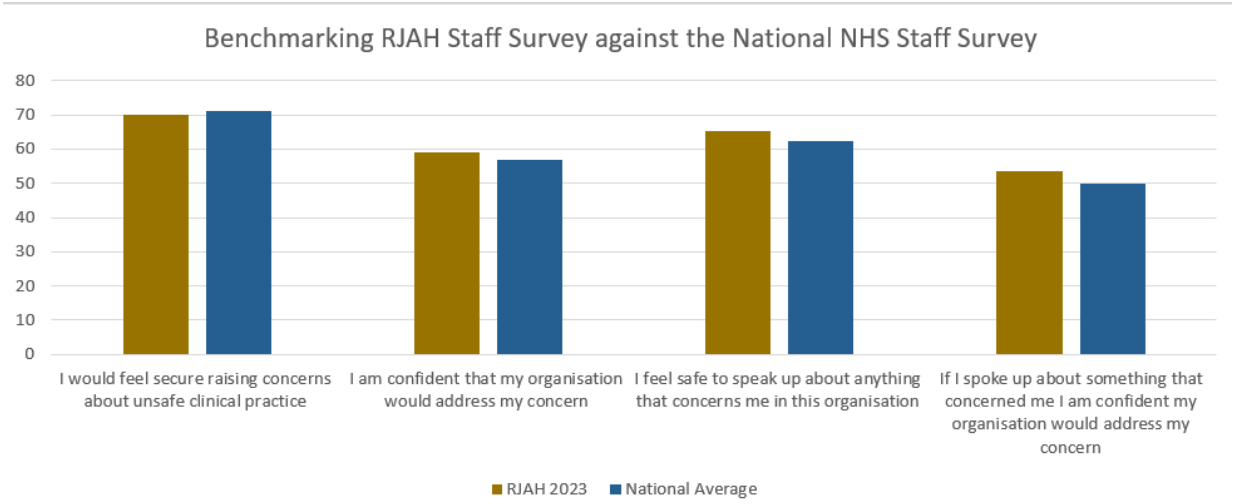
I am confident that my organisation would address my concern - stable, has increased by 0.1 % nationally and RJAH has increased by 1.7%

Q25e

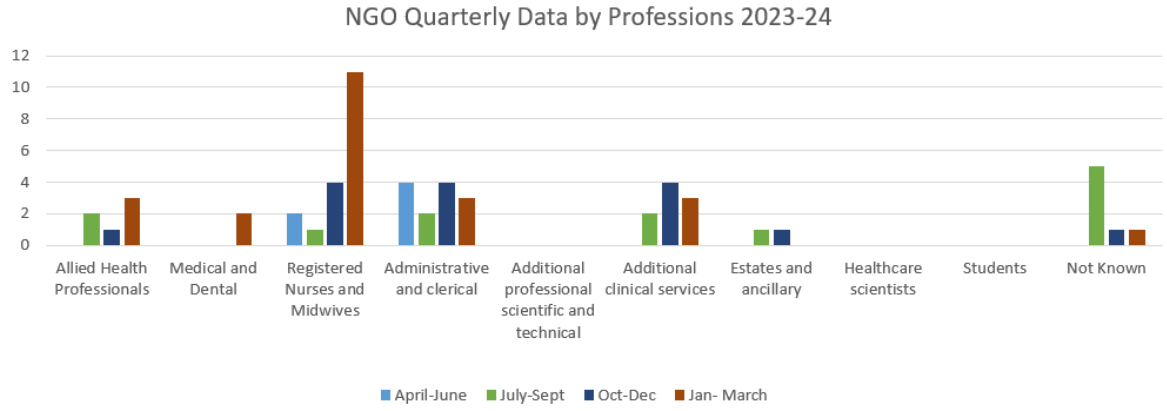
I feel safe to speak up about anything that concerns me in this organisation - slight improvement of 0.8 % nationally and RJAH has increased by 2.05%

Q25f

If I spoke up about something that concerned me, I am confident my organisation would address my concern - biggest improvement for this question on the national average is 1.4 % and RJAH has increased by 0.7%



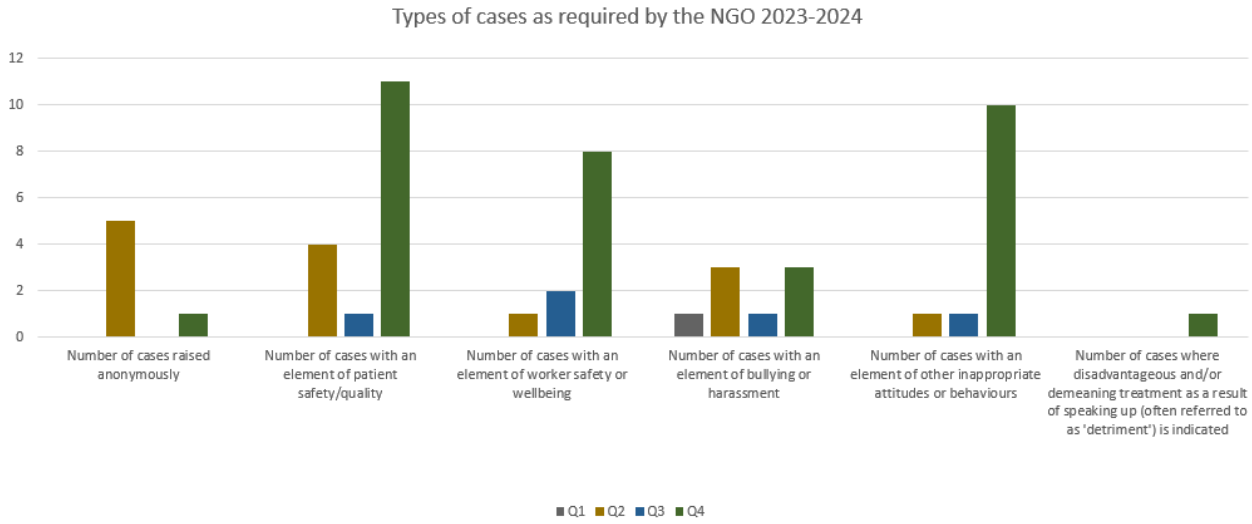
The FTSU team have received concerns from a broad range of professional groups across the Trust. Admin and clerical, Nursing and Clinical Support, accounted for the largest portion of speaking up cases raised during 2023/24.



The total number of cases raised in 2023/24 was 46 cases, compared with 19 cases in 2022/23. This is 142% increase on last year.

Below is the data required by the National Guardian office nationally. When staff raise a concern, it can have more than one element to the concern and therefore would be enter into several categories.

In 2023/24 the RJAH made a commitment to invest and promote in raising the profile of FTSU across the Trust. This has included:



- Completion of the National Guardian Office Reflection and planning tool.
- The additional appointment of two FTSU champions, bringing the total of champions up to nine. The Champions role is to raise the profile of FTSU in their department and sign post staff to an appropriate person for advise or escalation.
- Ensuring face to face presentations on FTSU at Trust induction and development days, and Preceptorship programme.
- The implementation of the Disadvantageous and Demeaning as a result of Speaking UP, process.
- An additional online form, with QR code, to enable staff to speak up anonymously and a dedicated green post box for FTSU concerns.
- Health Education FTSU training modules implemented as mandatory training for all staff.
- A dedicated FTSU Office to facilitate confidential discussions with staff when they raise a concerns

National Quality Indictors

Staff Survey Results

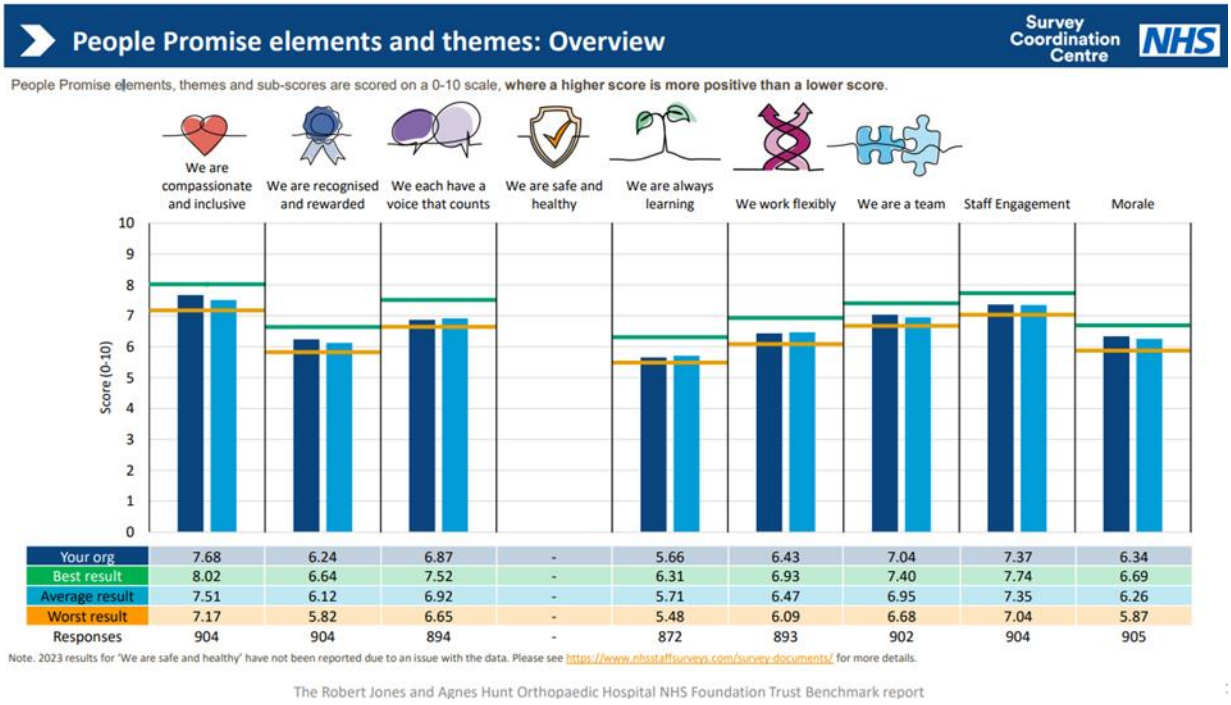
In the 2023 NHS Staff Survey, 94.02% of respondents said they would be happy with the standard of care provided if a friend or relative needed treatment and 80.4% of responses and an improved score of 82.874% of responses agreed the care of patients/service users was the organisation's top priority.

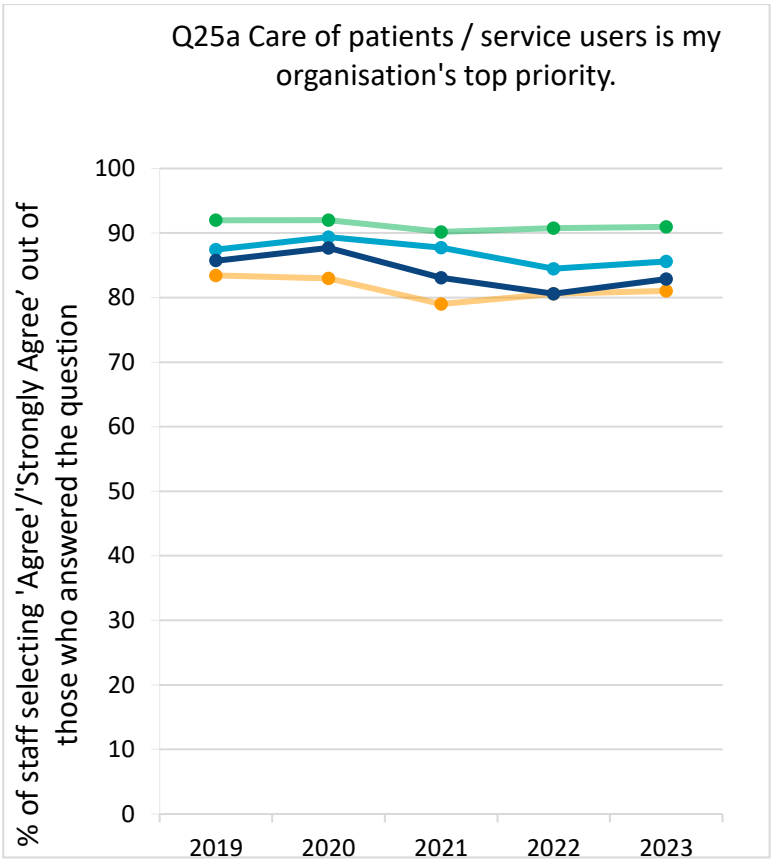
Key headlines:

- Recommended treatment to a friend or relative = 94.02% (2022 data = 91.18% increase of 2.84%)

The response rate, and themed results are detailed below:

Response Rate	2018	2019	2020	2021	2022	2023
	44.9%	62%	57%	52%	52%	52%





	2019	2020	2021	2022	2023
Your org	85.72%	87.70%	83.09%	80.60%	82.87%
Best result	91.97%	91.97%	90.18%	90.74%	90.94%
Average result	87.41%	89.37%	87.71%	84.48%	85.61%
Worst result	83.44%	82.95%	79.00%	80.60%	81.03%
Responses	931	893	840	834	902

Our overall staff engagement score was comparable with other acute specialist trusts.

Single Oversight Framework

The following section outlines the Trust's performance against the relevant indicators and performance thresholds set out in the NHS Improvement Single Oversight Framework where this data does not appear elsewhere in the report.

	Info taken from the published annual accounts						
Indicator for Disclosure	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate	89.49%	90.26%	88.85%	54.41%	55.96%	53.45%	49.06%
All cancers: 62day wait for first treatment from: * Urgent GP referral for suspected cancer * NHS Cancer Screening Service referral	75.76%	73.91%	86.84%	75.00%	65.63%	80.85%	
62 Day General Standard							75.44%
Maximum 6 week wait for diagnostic procedures	99.57%	98.97%	97.94%	59.00%	77.45%	64.68%	81.88%
Venous thromboembolism (VTE) risk assessment	99.90%	99.88%	99.89%	99.74%	99.77%	99.80%	99.78%

NHSE issued updated Cancer Waits Guidance in 2023/24 and now reporting is against the 62 Day General Standard, as presented in the table above.

APPENDICES

Statement of Directors' responsibility in respect of the Quality Account

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.

NHS Improvement 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 NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

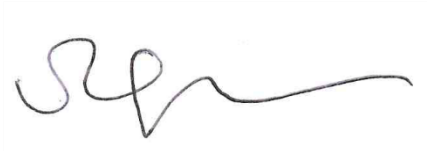
In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust annual reporting manual 2023/24 and supporting guidance.
- 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 2023 to March 2024
  - Papers relating to quality reported to the board over the period April 2023 to March 2024
  - Feedback from Shropshire Telford and Wrekin ICS dated 13 May 2024
  - Feedback from the Trust's Lead Governor dated 03 May 2024
  - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
  - The latest national patient survey 2022 and national staff survey 2023
  - CQC inspection report dated February 2019
  - CQC pilot medicines optimisation report dated September 2022
- 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 NHS England's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

Harry Turner, Chairman



Stacey Keegan, Chief Executive Officer

RJAH Quality Account Statement from Shropshire Telford and Wrekin ICB 2023/24

Our Ref: VW

Re: Quality Account 1 April 2023 - 31 March 2024

NHS Shropshire Telford and Wrekin Integrated Care Board (the ICB) are pleased to have had the opportunity to review the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) Quality Account for 2023/24.

It is the ICBs view that the account accurately reflects the achievements made by RJAH in 2023/24 and the priority areas identified to the best of our knowledge. RJAH has collaborated with partners in the integrated care system (ICS) as we continue to develop our ICS to address the needs of the population and improve the quality of healthcare services within it.

The ICB is fully sighted on the challenges of continuing to reduce waiting times in Outpatients, Radiology and Surgical and the progress the trust has made in relation to Infection Prevention and Control. A significant patient safety initiative during the year at the trust has been the introduction of the Patient Safety and Incident Response Framework (PSIRF). The Trust formally adopted PSIRF in October 2023 transitioning away from the Serious Incident Framework. The key aims of PSIRF will provide a considered and proportionate response to patient safety incidents with compassionate engagement and involvement of those affected by these incidents and we look forward to seeing the outputs in terms of safety and organisational culture.

The ICB would like to acknowledge the work undertaken in 23/24 resulting in the Trust being successfully accredited as an elective surgical hub delivering high standards in clinical and operational practice. The Trust has been accredited both for its adult and paediatric services and is one of the very first organisations in the country to get the kitemark for paediatrics. The scheme, run by NHS England's Getting It Right First Time (GIRFT) programme in collaboration with the Royal College of Surgeons of England, assesses hubs against a framework of standards to help hubs deliver faster access to some of the most common surgical procedures such as cataract surgeries and hip replacements. It also seeks to assure patients about the high standards of clinical care.

The Quality Account also acknowledges the National Audit Programme undertaken in 2023/24 and the participation in clinical research which is very positive.

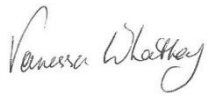
It is pleasing to see the response from staff in the National NHS Staff survey with the trust achieving the highest score in the country and the ICB would like to acknowledge this achievement.

Patient experience was commended in September 2023 that saw the publication of the Care Quality Commission Adult Inpatient Survey 2022. The Trust demonstrated excellent feedback from their patients with overall patient experience rated as the best in the country. The same survey also saw the food prepared and served at RJAH rated as the best in the country for the 17th time in 18 years, as well as the wards highlighted as the cleanest in the country for the second year running.

The ICB acknowledges the quality priorities for 2024/25 for the Trust and will continue to work within the integrated care system adopting a systems-based approach to learning responses which will provide more insight into the systems and processes that can be improved.

In conclusion, the ICB views the 2023/4 Quality Account as an accurate picture of the challenges the Trust faces and evidence of improvements in key quality and safety measures. The ICB recognises the Trust's commitment to working as a partner in the system to ensure the ongoing delivery of safe, high-quality services for the population of Shropshire Telford and Wrekin.

Yours sincerely,



Vanessa Whatley
Interim Chief Nursing Officer, NHS STW
13 May 2024

Lead Governor's Submission on the Quality Account Report for 2023/24 of the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

The Quality Account Report 2023/24 demonstrates the continued significant achievements the Trust has made over the last year in despite of the challenges faced. This is particularly evident through the Inpatient Survey Results there is continued evidence of the Trust's work to strive for improvement.

The Governors involvement within the hospital has increased since the previous challenges relating to Covid-19 and have enjoyed partaking in patient safety visits, attending committees meeting and holding governors' surgery. Within 2023/24, the Governors have been more involved in events, patient safety and patient experience initiatives and they welcome these opportunities to provide input on behalf of their members. In addition, seeing how the services run and hearing directly from patients about their experiences provides assurance to the Council of Governors that the patient needs are consistently being met.

It is reassuring that the hospital continues to be a place staff would recommend to their friends and family as a place of treatment and further as a place to work. This really is testimony to the quality of the care that the Trust continues to provide.

On behalf of the Council of Governors, I would like to congratulate the Trust on its quality performance for 2023/24.

Victoria Sugden, Lead Governor
03 May 2024

Acronyms

ACL	Anterior Cruciate Ligament
ASIA	American spinal injury association
BBE	Bare below the elbow
BMI	Body Mass Index
BOFAS	British Orthopaedic Foot & Ankle Society
BSCOS	British Society for Children's Orthopaedic Surgery
BSR	British Spinal Registry
CAP	Community required Pneumonia
CD	Controlled Drug
CDI	Clostridioides Difficile Infections
CEO	Chief Executive Officer
CLD	Criteria Led Discharge
CMC	Carpometacarpal
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CSP	Chartered Society of Physiotherapist
CURB-65	Severity Score for Pneumonia
DIPC	Director of Infection Prevention and Control
DMARDS	Disease-modifying anti-rheumatic drugs
DMD	Duchenne Muscular Dystrophy
DSPT	Data Security and Protection Toolkit
DVT	Deep vein thrombosis
EDD	Estimated Date of Discharge
EPR	Electronic Patient Record
EQ5D	Equality Health Index Score
FFFAP	Falls, Fragility Fracture Audit Programme
FFT	Family and Friends Test
FTSU	Freedom to Speak Up
GIRFT	Getting It Right First Time
HCAI	Healthcare Acquired Infection
HCPC	Health and Care Professionals Council
HDU	High Dependency Unit
HSE	Health and Safety Executive
HSIC	Health and Social Care Information Centre
HSMR	Hospital Standardised Mortality Ratio
ICB	Integrated Care Board
ICS	Integrated Care System
IG	Information Governance
IHI	Institute of Health Improvement
IHOT	Intensive Health Outreach Teams
IM	Intramuscular
IPC	Infection Prevention and Control
IPR	Integrated Performance Report
IQVIA	Patient Experience monitoring system
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
ISNCSCI	International Standards for Neurological Classification of Spinal Cord Injury

KLOEs	Key Line of Enquiry's
KPI	Key Performance Indicator
LD	Learning Disabilities
LOS	Length of Stay
MADE	Multi Agency Discharge Event
MAHR	Non-Arthroplasty Hip Registry
MDT	Multidisciplinary Team
MPFT	Midland Partnership Foundation Trust
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MSCI	Midlands Spinal Cord Injury
NDFA	National Diabetes Foot Audit
NEIAA	National Early Inflammatory Arthritis Audit
NHS	National Health Service
NHSE	National Health Service England
NICE	National Institute for Health and Care Excellence
NIHR	National Institute of Health Research
NJR	National Joint Register
NMR	Non-medical Referrer
OHS	Oxford Hip Score
OKS	Oxford Knee Score
OT	Occupational Therapist
PALS	Patient Advice and Liaison Service
PE	pulmonary embolism
PEoLC	Palliative and End of Life Care
PLACE	Patient Led Assessment of the Care Environment
PQIP	Peri-operative Quality Improvement Programme
PR	Peri Rectum Examination
PROMs	Patient Reported Outcomes Measures
PSAG	Patient Status at a glance
PSI	Patient Safety Incident
PSIRF	Patient Safety Incident Response Framework
PSIRP	Patient Safety Incident Response Plan
QI	Quality Improvement
RCA	Route Cause Analysis
RCOT	Royal College of Occupational Therapists
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
RJAH	Robert Jones and Agnus Hunt
RSH	Royal Shrewsbury Hospital
RTT	Referral to Treatment Time
SCI	Spinal cord injury
SCIM	Spinal cord independence measure
SEIPS	System Engineering Imitative for Patient Safety
SHMI	Summary Hospital-level Mortality Indicator
SHOT	Serious hazards of transfusion
SI	Serious Incident
SIF	Serious Incident Framework

SIRO	Senior Information Risk Owner
SOF	Single Oversight Framework
SOOS	Shropshire Orthopaedic Outreach Service
SSCP	Shropshire Safeguarding Community Partnership
SSI	Surgical Site Infections
SWAN	Signs Words Actions Needs
TER	Total Elbow Replacement
THR	Total Hip Replacement
TIF	Targeted Investment Fund
TKR	Total Knee Replacement
TQ Pressure	Tourniquet Pressure
TSR	Total Shoulder Replacement
VTE	Venous Thromboembolism
WTE	Whole Time Equivalent