



# Quality Account 2021-2022

## The Royal Orthopaedic Hospital

Author: Nicola Brockie, Acting Chief Nurse and Angharad  
MacGregor, Medical Directorate Manager

## Contents

1.0	Chief Executive Statement.....	4
1.1.	What is quality account?.....	6
1.2.	Who has been involved in producing the quality account?.....	6
2.0	About the Royal Orthopaedic Hospital (ROH) .....	7
2.1.	Trust values .....	7
2.2.	Equality and Diversity.....	11
2.3.	Quality Priorities for improvement 2021/2022 .....	11
2.3.1.	Performance on 2021/22 Quality Priorities and the Quality priorities for 2022/2023.....	12
2.4.	Quality Priorities for improvement 2022/2023 .....	17
2.4.1.	Quality Goals for 2022-2023 .....	17
3.0.	Statements of Assurance .....	20
3.1.	Priorities for improvement and statements of assurance .....	20
3.2.	Percentage of Income Generated by ROH Services .....	20
3.3.	Information on Participation in Clinical Audits and National Confidential Enquiries 20	
3.4.	National Confidential Enquiries .....	22
3.5.	Information on Participation in Clinical Research.....	22
3.6.	Information on the use of The Commissioning for Quality and Innovation (CQUIN) Payment Framework.....	23
3.7.	Information Relating to Registration with The Care Quality Commission (CQC) and Special Reviews/Investigations .....	24
3.8.	Care Quality Commission (CQC) Registration and Compliance .....	24
3.9.	Information on the Quality of Data.....	26
3.10.	Information Governance Assessment Report .....	27
3.11.	Payment by Results Clinical Coding Audit .....	27
3.12.	Improvements in Data Quality .....	27
3.13.	Rota Gaps.....	28
3.14.	Patient Safety Incidents.....	28
3.15.	Learning from Deaths .....	30
3.16.	Standardised Hospital Mortality Indices (SHMI) .....	30
3.17.	Readmission.....	31

3.16.	Response to personal needs.....	32
3.17.	Venous Thrombolism (VTE) .....	32
3.18.	Clostridium Difficile Infection (CDI) .....	33
4.0.	Compliance with National Targets and Regulatory Requirements .....	34
4.1.	Referral To Treatment (RTT) .....	34
4.2.	62 Day Cancer Treatment Targets.....	35
4.3.	Diagnostics within 6 weeks .....	36
5.0.	The ROH Internal Quality Measures .....	37
5.1.	Our Response to Covid-19.....	37
5.2.	Safe – Are we keeping our patients safe and protecting them from avoidable harm? 37	
5.2.1.	Incidents by Harm .....	38
5.2.2.	Serious Incidents .....	38
5.3.	Responsive – Are we meeting the needs of our patients? .....	38
5.3.1.	Patient Experience – Complaints and PALS .....	38
5.4.	Caring – Do our patients and their carers think we care? .....	40
5.4.1.	Friends And Family Test .....	40
5.4.2.	CQC Adult Inpatient Survey .....	41
5.5.	Effective – does the treatment we provide achieve good outcomes and promote a good quality of life?.....	42
5.5.1.	Patient Reported Outcome Measures (PROMS) .....	42
5.6.	Well-Led – Leadership. Management and Governance of the organisation.....	43
5.6.2.	National People Pulse survey.....	43
5.6.3.	NHS Staff Survey 2021 .....	43

## 1.0 Chief Executive Statement



The delivery of high-quality services, both in terms of clinical outcomes and patient experience, is the key priority for the Royal Orthopaedic Hospital (ROH) in delivering our vision to be the 'First Choice for Orthopaedic Care'. I am proud of the progress that the Trust has made in 2021/2022.

The Trust set out its quality priorities for 2021/2022, as described in the last year's Quality Accounts. Two were achieved fully, two were achieved partially and one was not achieved:

1. *Children's and Young Person priority – supporting the child or young person as patient, visitor, or member of local community. Partially achieved*
2. *Volunteer priority – support volunteers and managers to create new volunteer roles. Achieved*
3. *Data and Digital inclusion priority – ensuring that our data on ethnicity is collected in a timely fashion and that we do not leave any section of the community behind whilst moving to a more digitally connected patient pathways Not Achieved.*
4. *Surgical Site Infections priority – applying the 'One Together' UK pathway tool to support reduced risk of surgical site infections for ROH patients. Achieved*
5. *Patient wellbeing priority - Ensure that we care for the patients spiritual and pastoral needs whilst at the Royal Orthopaedic Hospital. To be continued 2022/23.*

Our 2022/2023 quality priorities and are described in more detail later in these Accounts:

1. *Embedding the Patient Safety Strategy across the Trust. With focus on Patient Safety Huddles, VTE and Safer Surgery Checklist.*
2. *Bereavement Services and Multi-faith Provision.*
3. *Learning Disability – implement the learning disability improvement standards for NHS Trusts.*
4. *Timely assessment and management of pain.*
5. *Implement shared decision making - achieve 65% in monitoring and publish patient information on 10 major pathways.*

The Trust places emphasis on the importance of every patient's experience. We continued to receive positive feedback from our patients through the Friends and Family test, with an average positive score of 98% this year across our in-patient and out-patient areas. This is an improvement of 5% compared to last year. Over the same time period, the Trust has seen a 18% reduction in formal complaints which is reflective of our commitment to respond in a timely manner to your concerns.

One important test of a hospital's commitment to patient care is whether staff would recommend the hospital if one of their friends or family required treatment. We were pleased to see that this measure was recorded as 89.6% in the 2021 national staff survey for the element where staff are asked to comment on whether they would recommend the standard of care provided by this organisation.

Listening to our patients, carers and families' voices is important to us. As we learn to 'live with covid' we have continued our Joint Care 'Coffee Catch Up' sessions and virtual contacts, while rolling this model out to our spinal patients. In addition, we also recommended that our Patient Experience & Engagement Group invited patient representatives to join us and share their thoughts and feeling about our services with us. The feedback from this group has been positive. Patients say they value this meeting and the opportunity to share and reflect with our teams.

The role of healthcare providers in delivering and developing high quality healthcare extends beyond the physical boundaries of the hospital and, as a specialist Orthopaedic provider, it is important that we provide leadership and drive the system-wide improvements in Orthopaedic and Musculoskeletal (MSK) health.

Over the last year, we have worked with our partners to create the Birmingham and Solihull Integrated Care System. The team here at ROH have demonstrated their ability to respond to the needs of our patients across the system such as setting up rehabilitation pathways. The coming year will see a greater focus on the partnership approach to patient care within the system and addressing the waiting list backlog together. We will continue to standardise our pathways, while ensuring excellent service provision across the region.

This is the third year of my tenure as Chair of the National Orthopaedic Alliance, a role which positions the ROH as lead player in the work to reduce variation in orthopaedic practice and set standards across the specialty.

The Trust has a number of different processes in place for the collection and interpretation of data; not all of these are subject to external audit and review. With this caveat, I confirm to the best of my knowledge that the information contained in this report is accurate.

**Jo Williams**

Chief Executive

The Royal Orthopaedic Hospital

## 1.1. What is quality account?

Patients want to know they are receiving the very best quality of care. Providers of National Health Service (NHS) healthcare are required to publish a quality account each year. These are required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended ('the Quality Accounts Regulations'). Information on quality accounts can be found on the NHS website (formerly 'NHS choices') at <http://www.nhs.uk/quality-accounts>.

NHS England and NHS Improvement also require all NHS Foundation Trusts to produce quality reports as part of their annual reports. Quality reports help Trusts to improve public accountability for the quality of care they provide.

A Quality Account is a report about the quality of services provided by an NHS provider. The report is an important way for providers to publish information on the quality of care it provides and to demonstrate improvements and developments in its services. The report enables local communities and stakeholders to review the progress that the Trust is making in delivering its Quality Priorities and to hold the provider to account.

The Trust is committed to continuously improving the services it provides to patients and their families. Within the Quality Account, we aim to make the following information available to stakeholders, patients, and the public:

- Our Quality Priorities for the year 2022/23.
- Our progress against delivery of the Quality Priorities we outlined in 2021/22.
- How we have performed against national quality indicators for patient safety, patient experience and clinical effectiveness.
- How we have performed against local quality measures as agreed with our commissioners.
- How we will ensure that The Royal Orthopaedic NHS Foundation Trust maintains continuous quality improvement.

## 1.2. Who has been involved in producing the quality account?

The Quality Account has been developed by The Royal Orthopaedic Hospital (ROH) with input and assistance from a range of stakeholders, including:

- The ROH Council of Governors.
- The ROH Quality and Safety Committee
- The ROH Clinical Quality Group.
- The ROH Patient Engagement and Experience Group.

## 2.0 About the Royal Orthopaedic Hospital (ROH)

The ROH is a single speciality Orthopaedic hospital offering elective and specialist services at a local and regional level. Our vision is 'to be the first choice for Orthopaedic care' and we are committed to delivering world leading outcomes and excellent patient experience in line with our values: ***respect, openness, compassion, excellence, pride, and innovation.***

Our patients benefit from a team of highly specialist clinicians, many of whom are nationally and internationally recognised for their expertise. Throughout 2021/22, the ROH has worked with partners across the region to respond to the Coronavirus pandemic that started in March 2020. We look to continue working with our local partners under the Birmingham and Solihull Integrated Care System to continue improving elective Orthopaedic services for patients across Birmingham and Solihull.

We are proud of the research and innovation led by teams at the ROH, including continuing to expand the number of Orthopaedic researchers we have across the ROH with continued investment in the research. This alongside strengthened academia and commercial partnerships to deliver major grant funded research programmes led by ROH investigators utilising our new Regenerative Medicine Research facility.

In June 2021 the pharmacy team moved into new premisses to accommodate a digital Omnicell Robotic Dispensing System (RDS Robot/Freddo). The robotic dispensing system allows Pharmacy to store 90% of stock and automates the storing, management and dispensing of medicines. The RDS has automated loading of medication packs via the fill-in-box and fill-in-door which allows staff members to focus on other tasks. Furthermore, we have a planned programme of integration of Omnicell cabinets into our wards, HDU and departments.

The ROH leads the Birmingham and Solihull ICS MSK Transformation Programme, which aims to standardise the design and delivery of MSK services for our population. The programme is underpinned by five workstreams focusing on: standardising procedure level pathways and clinical decision making; improving patient information and Advice and Guidance; developing digital solutions for self-management; enhancing public health promotion and prevention; and developing the MSK workforce for the future. This programme reports into the ICS Integrated Care Board and is closely aligned to the national Best MSK Health High Impact Strategy.

### 2.1. Trust values

The ROH values define what is important in the way we deliver our vision. Our key behaviours set out how we work, irrespective of the role we have in the Trust. These behaviours consistently carried out, will embed The ROH values in our everyday working lives, and support the delivery of our vision 'to be the first choice in Orthopaedic care'.



## Excellence



Work **TOGETHER** and deliver **EXCELLENCE**

Behaviours we are looking for	Behaviours we will not accept
<ul style="list-style-type: none"> <li>• Collaborates with colleagues, patients and other care providers to deliver high quality care for patients.</li> <li>• Accepts responsibility and critically reviews own performance; delivers improvement and fulfils promises made to others.</li> <li>• Values the contribution of all colleagues, irrespective of their role</li> <li>• Delivers consistently at or above required standards</li> </ul>	<ul style="list-style-type: none"> <li>• Works in isolation from colleagues/other teams</li> <li>• Places own or team priorities above those of the Trust</li> <li>• Does not share good practice or learn from others/other teams</li> <li>• Refuses to accept feedback from colleagues</li> <li>• Inconsistent delivery of care/achievement of objectives</li> </ul>

## Innovation



Learn, **INNOVATE** and improve to continually develop orthopaedic care

Behaviours we are looking for	Behaviours we will not accept
<ul style="list-style-type: none"> <li>• Embraces new ideas and challenges self and others to adopt new ways of working/alternative approaches.</li> <li>• Networks with others to keep updated; leads on developing best practice.</li> <li>• Seeks new and better ways of caring for patients for today and in the future</li> </ul>	<ul style="list-style-type: none"> <li>• Does not challenge self, nor change working or clinical practice</li> <li>• Does not network with others, fails to innovate/develop good practice</li> <li>• Prefers to maintain status quo and relies on existing skills and knowledge</li> <li>• Does not learn from experience or feedback, mistakes are repeated</li> </ul>



## Openness



Be **OPEN**, **HONEST** and **CHALLENGE** ourselves to deliver the best

Behaviours we are looking for	Behaviours we will not accept
<ul style="list-style-type: none"> <li>• Truthful and transparent with patients and colleagues when makes mistakes</li> <li>• Supports colleagues who make mistakes or behave inappropriately by giving balanced, honest feedback.</li> <li>• Communicates in a way that is clear, concise and honest.</li> <li>• Is courageous in challenging unsafe practice and inappropriate behaviour; raises concerns about things they don't believe to be right</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistent in messages to patients and colleagues, not forthcoming when mistakes have been made, fails to accept own responsibility</li> <li>• Feedback is either withheld or provided ineffectively/aggressively, rather than constructively</li> <li>• Does not communicate clearly, provides ambiguous responses</li> <li>• Does not challenge unsafe practice or inappropriate behaviour.</li> <li>• Raises concerns through inappropriate channels, or without respect for Trust process.'</li> </ul>

## Compassion



Have **COMPASSION** for all

Behaviours we are looking for	Behaviours we will not accept
<ul style="list-style-type: none"> <li>• Acts to support the health and well-being of own team.</li> <li>• Carries out genuine acts of kindness for others.</li> <li>• 'Reads' others and acts with empathy, especially with different personalities.</li> <li>• Helps colleagues make the connection between their feelings and values and the quality of the service they provide.</li> </ul>	<ul style="list-style-type: none"> <li>• Shows no understanding of others' perspective</li> <li>• Avoids responsibility for the well-being of colleagues.</li> <li>• Does not understand the impact of emotions and behaviour on colleagues</li> </ul>

## Pride



Have **PRIDE** in and contribute fully to patient care

Behaviours we are looking for	Behaviours we will not accept
<ul style="list-style-type: none"> <li>Shows pride in their work and strives to deliver the best within available resources</li> <li>Utilises all knowledge, skills and experience for the benefit of patients and the Trust</li> <li>Takes responsibility to overcome obstacles and adopts a 'can do' approach</li> </ul>	<ul style="list-style-type: none"> <li>Accepts and/or delivers work which is less than their best.</li> <li>Is unable to explain how their role helps the Trust to deliver excellent patient care</li> <li>Low resilience to disappointment, allows patient experience to suffer because of personal disappointments</li> </ul>

## Respect



**RESPECT** & listen to everyone

Behaviours we are looking for	Behaviours we will not accept
<ul style="list-style-type: none"> <li>Listens without interrupting, is sensitive to others and shows patience</li> <li>Acknowledges and empathises with others, irrespective of their needs, views and beliefs</li> <li>Is always polite, in person, by email or telephone</li> <li>Says 'hello my name is..' to every patient and where care is to be provided, explains this clearly in advance</li> </ul>	<ul style="list-style-type: none"> <li>Does not listen to others views, interrupts inappropriately</li> <li>Disregards the contribution that others can make</li> <li>Abrupt/discourteous in their communication (e.g. emails without salutation, unaware of their personal impact)</li> <li>Does not introduce self to patients/colleagues, does not explain care to be provided.</li> </ul>

## 2.2. Equality and Diversity

Equality is about creating a fairer society where everyone has the opportunity to fulfil their potential and live without health inequalities. We recognise the right of all our patients, visitors, and employees to be treated fairly and considerably irrespective of age, gender, marital status, religious belief, ethnic background, nationality, sexual orientation, disability, and social status.

## 2.3. Quality Priorities for improvement 2021/2022

The ROH also set its own quality priorities for 21/22, as described in last year's Quality Accounts. The teams have worked hard over the last year to achieve these priorities, with two being achieved and two partially achieved during the year. One becoming business as usual and to one continue into next year:

1. *Priority one: Children's and Young Person – supporting the child or young person as patient, visitor, or member of local community. Partially achieved.*
2. *Priority two: Volunteer– support volunteers and managers to create new volunteer roles. Achieved.*
3. *Priority three: Data and Digital inclusion – ensuring that our data on ethnicity is collected in a timely fashion and that we do not leave any section of the community behind whilst moving to a more digitally connected patient pathways. Not Achieved.*
4. *Priority four: Surgical Site Infections – applying the 'One Together' UK pathway tool to support reduced risk of surgical site infections for ROH patients. Achieved.*
5. *Priority five: Patient wellbeing - Ensure that we care for the patients spiritual and pastoral needs whilst at the Royal Orthopaedic Hospital. Partially achieved. To be continued 2022/23.*

The quality improvement priorities have been part of the Clinical Quality Group (CQG) work plan and have been individually scrutinised within the CQG chaired by the Chief Nurse and Clinical Governance. The CQG took the decision based on delivery and ongoing scrutiny within a governance forum within the Trust to close four of the five priorities. This decision was supported by the Trust's Quality and Safety Committee and further accepted by the Audit Committee.

### 2.3.1. Performance on 2021/22 Quality Priorities and the Quality priorities for 2022/2023

#### Priority 1: Recognising the importance of Children and Young People and their experience

##### The Improvement Priority

The ROH is keen to recognise the importance of children and young people and their experience within the ROH.

##### Performance – Partially Complete

A Youth worker job description has been written and banded and will be advertised following approval of the business case.

The Children and Young Person's Forum has been updated to incorporate the CQC's recommendations.

The Trust is exploring a partnership approach to recruitment of young people with the Prince's Trust and University Hospitals Birmingham and has already recruited young people from the 'I Can' BSol Campaign.

This priority has made some progress but there were some delays due to change of leadership part way through the year.

##### How progress was monitored, measured, and reported

Progress was reported into the Clinical Quality Group.

##### Initiatives to be carried out in 2022/23:

The first Children's and Young Person's Forum is organised for July 2022.

The Business case to appoint a youth worker is complete and being presented in the June Executive meeting.

The Youth Worker to be appointed.

#### Priority 2: Volunteers in ROH

Sponsored by our  
Council of Governors

##### The Improvement Priority

Volunteers make a considerable contribution to the ROH, giving their time, skills, and expertise freely each year to support the ROH.

The aim is to widen and diversify the range of roles available to volunteers at the ROH and provide education opportunities for volunteers, both to support them both in their current role and enrich their skills and subsequent personal opportunities.

##### Performance - Achieved

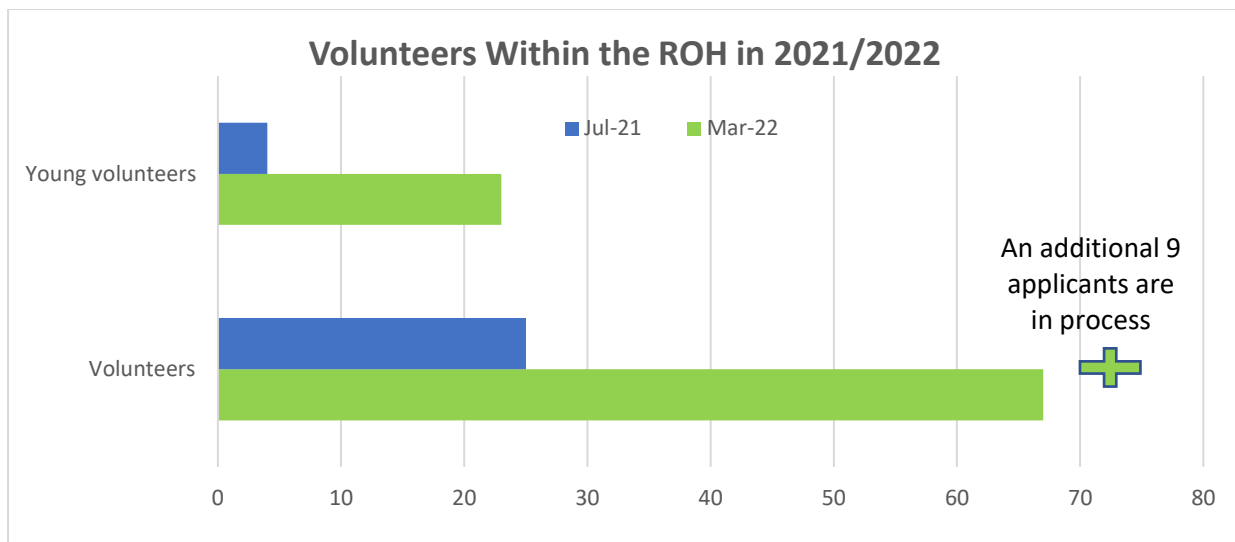


Figure 1, Number of Volunteers in the ROH

The Patient Experience team introduced a Volunteer Lead who has been instrumental in developing roles across the ROH, liaising with managers to understand demand and sharing information about scope. In addition, the Lead developed a job description and advert attracting potential volunteers and supporting the volunteers to embed in their role.

Engagement with 'Help Force' a volunteering support organisation, has supported young volunteers to join the volunteer ranks and improve educational opportunities, understanding and exposure to the NHS.

The above approach has increased connection with local communities, specifically sixth form colleges, encouraging young volunteers over the holiday period to undertake roles to support the ROH.

The team have, and continue to, work with managers to understand how the roles can be best embedded in the ROH workforce.

This approach has supported wider participation and diversity with increased connection to the local population and allowing volunteers to explore 'New to Care' pathways and apprenticeship opportunities.

The team has established a corporate identity supported by the volunteers; with the introduction of a volunteer's uniform, issuing ID badges and supporting them to access ROH mandatory training.

Plans are currently underway to join up with NHS Cadets – providing volunteer opportunities for 14–16-year-olds from various backgrounds with a view of providing employment within the NHS, this is in conjunction with the Duke of Edinburgh Award.

**How progress was monitored, measured, and reported** - Progress with initiatives has been reviewed at the Patient Engagement and Experience Group.

**Initiatives to be carried out in 2022/23** - This priority has exceeded expectations and is now exploring new avenues to broaden participation. Volunteering at the ROH is business as usual and no longer a quality initiative.

### Priority 3: Supporting the Birmingham and Solihull (BSol) Integrated Care System (ICS) Inequalities Work Programme

#### The Improvement Priority

Supporting the Birmingham and Solihull (BSol) Integrated Care System (ICS) Inequalities Work Programme aim of ensuring datasets are complete and timely. New digital pathways must not increase or reinforce health inequalities.

#### Performance - Not Achieved

As the NHS recovers from the pandemic a move to digital solutions through virtual clinics has been paramount. This priority will continue as business as usual under NHS digital guidance.

#### Initiatives carried out during 2021/22:

ROH has re-introduced self-check-in kiosks for outpatient appointments, which is helping us to collect ethnicity data and inform our decision-making process around service needs.

We have also upgraded the 'InTouch' system allowing patients to check in via a mobile app which asks them to update

their ethnicity data in line with the self-check-in terminal.

ROH has set up a Call Centre acting as one point of contact for patient and carers.

#### Initiatives to be carried out in 2022/23:

The outpatient service and Pre-operative Assessment Clinic both had large scale digital projects in the planning stage.

### Priority 4: Surgical Site Infections

#### The Improvement Priority

To reduce the potential risk of Surgical Site Infections within the ROH, utilise the 'One Together' UK pathway tool and review our pre surgical smoking cessation and nutritional advice.

#### Performance – Achieved (see data below)

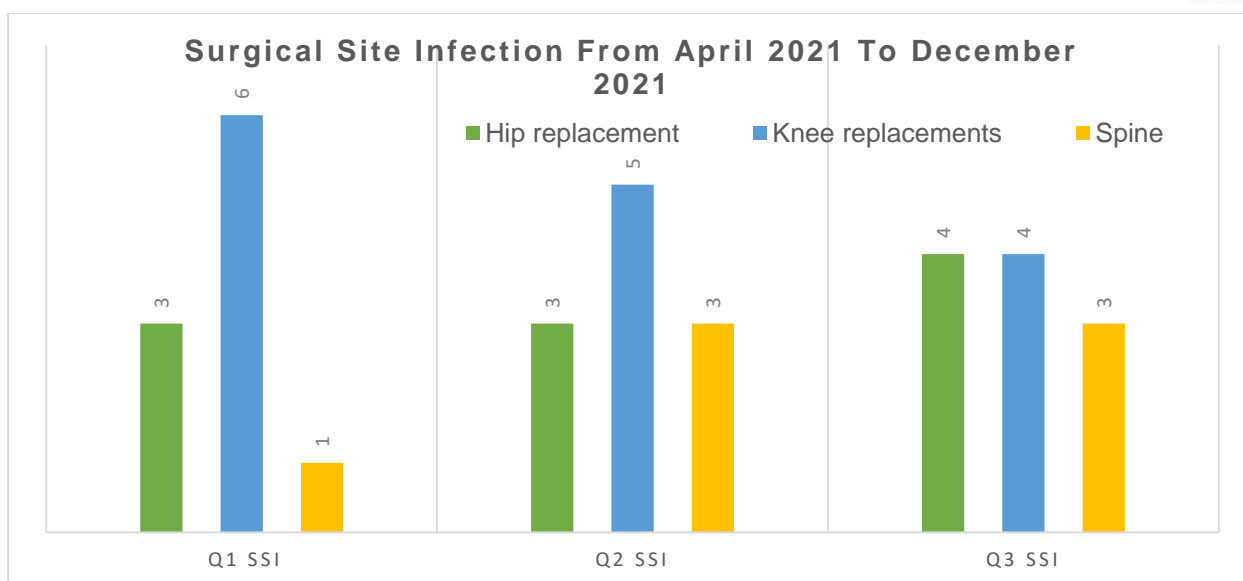


Figure 2, Count of Surgical Site Infections

	Q1	Q2	Q3
Hip replacement	0.90%	0.70%	0.90%
Knee replacements	2.30%	1.50%	1.10%
Spine	0.60%	1.60%	2.00%

100% of SSI that met the criteria had a Post Infection Review



Fig 3, Surgical Site Infections as a percentage of the operations undertaken

### Initiatives carried out during 2021/22:

The team have established and are utilising the 'One Together' tools to develop a rolling programme of audit, ensuring evidence-based guidance supports the surgical pathways. Auditing Hip, Knee and Spinal pathways, with three surgeons from each speciality supporting. The audit team observe five procedures from each speciality – following the patient's pathway from pre-admission to discharge.

The Surgical Site Infection team undertook a gap analysis against the NICE guidance: Surgical Site Infections: prevention and treatment NG125 baseline assessment tool. The analysis is being reviewed by key clinicians in readiness for sharing at the Surgical Site Surveillance Committee.

Both smoking and poor nutrition are linked to surgical site infections.

Smoking cessation promotion pre-surgery has been integrated into the Care Pathway, supported by Nicotine patches being made available. In addition, the upgrade of our electronic record will include a tobacco screening tool which will signpost patients to information and advice.

Nutrition health promotion has been integrated into the care pathway (pre-surgery assessments). Our electronic patient record contains a nutritional assessment tool which helps to identify any patient with poor nutrition. Poor nutrition will affect how well a wound heals.

The digital record supports a malnutrition screening tool for all patients and includes actions to be taken according to risk. The Trust has an SLA set up with a Dietitian from UHB, who provides support and advice.

**How progress was monitored, measured, and reported** - Reporting structure has been established through the Surgical Site Infection Committee, feeding into the Infection Prevention & Control Committee (IPCC).

**Initiatives to be carried out in 2022/23** - This work is now embedded into everyday care and no longer a quality goal. Monitoring will continue through the Surgical Site Infection Committee as part of a normal reporting structure. Surgical Site Infections will be included in section 3 of the quality account going forward

## Priority 5: Patient Wellbeing Including Spiritual Health

### The Improvement Priority

This priority was brought forward from 2019/2020. The 2019 CQC inspection outcome noted that we should provide Breaking Bad News training to more staff. This quality priority supports the ROH 'Five P's' Patient Strategy and can prioritise time and focus on developing a gap analysis against NHS Chaplaincy Guidelines.

### Performance – Partially Achieved.

All ROH staff can now access 'Breaking Bad News Training' as part of our available educational development package.

A Patient Admission Care Pack has been developed and standardised within the ROH, providing information about spiritual services for patients.

Nursing staff have accessed funds from across the ROH to attend 'Care of the

Dying Patient' educational modules in 2021 / 2022. This learning will then be shared with the wider team.

Charity funds have been allocated for 2022 / 2023 to ensure multi-faith provision, a working group will be set up with a representative from all faiths to explore how best to support improvement of the chapel and services.

**How progress was monitored, measured, and reported** - Progress was reported into the Clinical Quality Group.

### Initiatives to be carried out in 2022/23:

The volunteer services within the Patient Experience team are developing a volunteer in Chaplaincy job description with a view to attracting an individual from a multi-faith background to support our Chaplain.

The Deputy Chief Nurse has connected with the Faith Advocacy Group for BSOL and will be sharing ideas and learning to improve ROH provision.

The End-of-Life Care and Care of the Dying Patient policies will be reviewed to reflect planned change.

The bereavement element is now a standalone quality priority for 2022/2023.



## 2.4. Quality Priorities for improvement 2022/2023

### 2.4.1. Quality Goals for 2022-2023

<b>Safe</b>	Embedding the Patient Safety Strategy across the ROH. With focus on Patient Safety huddles, VTE, and Safer Surgery Checklists.
<b>Caring</b>	Bereavement Services and Multi-Faith Provision.
<b>Effectiveness</b>	Learning Disability – implement the learning disability improvement standards for the ROH.
<b>Responsive</b>	Timely assessment and management of pain.
<b>Well-led</b>	Implement shared decision making -achieve 65% in monitoring and publish 10 + Major pathways.

#### Priority 1 Patient Safety Strategy

Embedding the Patient Safety Strategy across the ROH. With focus on Patient Safety Huddles, VTE and Safer Surgery Checklists

#### Background

- The National Patient Safety Strategy sits alongside the NHS long term plan; the aim is to build a patient safety culture and a patient safety system. A key element is patient safety huddles; A safety huddle is a short multidisciplinary briefing, held at a predictable time and place, and focused on the patients most at risk. When effective, safety huddles provide the opportunity to reduce harm and celebrate success.

#### Initiatives for 2022/23:

- A standardised method of running and recording safety huddles will be developed and implemented across the ROH focusing on in-patient and theatre areas in the first year.
- A review of our current Safer Surgery training, recording, and monitoring processes will be carried out to ensure they are following the spirit of the WHO Safer Surgery Standards.

#### How progress will be monitored, measured, and reported

- We will audit the quality of huddles, ensuring adequate recording, attendance and record keeping. In addition, we will record which wards and teams have embedded this practice of daily patient safety huddles.
- Overall progress of the goal will be measured via the Clinical Quality Group

## Priority 2 Bereavement Services

Sponsored by our  
Council of Governors

### Background

- Establishing a Bereavement Service for the families of our patients. Building on work in 2020/2021 related to end-of-life care, specifically end-of-life education, working with UHB and participating in the Faith Advocacy Group with a view to expand multi-faith provision at ROH. We will seek to explore managing our Bereavement Services under the UHB team provision and update our End-of-Life Care Policy to reflect these changes.

### Initiatives for 2022/23:

- Establishment of an SLA and moving care under UHB provision.
- Expanding the multi-faith presentation through volunteers and the Faith Advocacy Group.
- Review service against Chaplaincy gap analysis.
- Use charitable funds to address faith in the organisation including a review of the Faith Room to ensure it is inviting to all faiths.
- Develop a Multi Faith education booklet to be shared with patients and staff.

### How progress will be monitored, measured, and reported:

The ROH will monitor our compliance against Chaplaincy guidance and review feedback mechanisms such as PALS, complaints, incidents, and compliments to assess patient satisfaction.

This will be reported through the Patient Experience and Engagement Group and our Multi Ethnicity Group.

## Priority 3 Learning Disabilities

Implement the learning disability improvement standards for NHS Trusts into practice.

### Background

- Ensure that children, young people, and adults with learning disabilities can access our services and explore opportunities at the ROH.

### Initiatives for 2022/23:

- To establish a learning disabilities forum in 2022/23.
- To conduct a baseline assessment of our performance against national standards, agree and action plan to lead improvements.
- To develop a Learning Disabilities Strategy for the ROH.

### How progress will be monitored, measured, and reported:

- Compliance will be monitored against the national learning disability standards starting with a baseline at the beginning of the year and ensuring that we are improving our compliance throughout the year.
- This will be reported into the safeguarding Committee and the Clinical Quality Group.

## Priority 4 Timely Assessment and Management of Pain

### Background

- There is evidence that our performance regarding pain management requires improvement, this is from a range of sources including complaints and the CQC annual inpatient survey.

### Initiative for 2022/23:

- To conduct a gap analysis of the provision of pain management within ROH against national standards.
- Develop a business case to grow the team to support the needs of the patients.

### How progress will be monitored, measured, and reported:

- The progress will be monitored via the Clinical Quality Group.

## Priority 5 Implement Shared Decision Making

### Background

- In June 2021 NICE published a guideline on Shared Decision Making. The guidance makes recommendations that 'shared decisions', "Should be embedded in healthcare". It includes recommendations on training, communicating risks, benefits, and consequences, using decision aids, and how to embed shared decision making in organisational culture and practices.

### Initiatives for 2022/23:

- Construct a Patient Information Framework to update all patient information.
- Review, design and implement training options and in-house training provision for 'Shared Decision Making'.
- Evaluate current performance and progress by incorporating a three-item evidence-based satisfaction measure into the monthly ROH patient survey in outpatient clinics. Using the first month's results as a baseline, to build on improvement.

### How progress will be monitored, measured, and reported:

- A 'Shared Decision-Making' steering group which has been established reports into both the Clinical Quality Group and the Quality and Safety Committee. This priority will be measured via baseline data and reported through this route.

## 2.5. Statements of Assurance

### 2.5.1. Priorities for improvement and statements of assurance

During 2021/22, The ROH have provided 14 relevant health services. The ROH has reviewed all the data available to them on the quality of care in 14 of these relevant health services.

The 14 services provided by the Trust are:

- Anaesthesia
- Bone Infection Service
- Functional Restoration
- Imaging
- Large Joints
- Small Joints
- Spinal Surgery
- Paediatric Orthopaedic
- Pain Management
- Orthopaedic Oncology
- Orthotics
- Podiatry
- Royal Orthopaedic Community Scheme
- Therapy Services

### 2.5.2. Percentage of Income Generated by ROH Services

During 2021/22 ROH provided and or subcontracted £109,533,000 of relevant health services.

The income generated by the relevant health services reviewed in 21/22 represents 94.9% of the total income generated from the provision of relevant health services by The ROH during the year. The funding allocations for 21/22 have been primarily block contract arrangements with commissioners supplemented by additional funding support for the response to the Covid-19 pandemic.

### 2.5.3. Information on Participation in Clinical Audits and National Confidential Enquiries

In 2021/22, Five national clinical audits covered relevant health services that The ROH provides. During that period, The ROH participated in all national clinical audits that it was eligible to participate in.

The national clinical audits that The ROH was eligible to participate in during 21/22 are as follows:

NATIONAL CLINICAL AUDIT	% Or number of CASES SUBMITTED
National PROMS Programme – Elective Surgery	95.1%
National Comparative Audit of Blood Transfusion Programme	Data collection was suspended nationally for this audit

National Joint Registry (NJR)	91% (performance is calculated in calendar years (Jan 21-Dec 21))
Case Mix Programme (ICNARC)	100%
NCEPOD transition from children to adult services	Data submission still ongoing

Figure 4, National Clinical Audit

The reports of three National Clinical Audits were reviewed by the ROH in 2021/22, following actions were agreed to improve the quality of healthcare offered by the ROH as a result of this:

- The level of compliance with NJR and PROMS continues to attain high levels throughout the year. The ROH has been awarded the NJR Data Quality Award for the 20/21 period.
- NJR data is being reported monthly to the Trust's Audit Quality Improvement Learning and Analysis Group.
- PROMS data is reviewed at both the Audit Quality Improvement Learning and Analysis Group and Quality and Safety Committee and has provided assurances regarding the quality of outcomes in both hip and knee replacement surgery.
- ICNARC – A quarterly report is received by the clinical lead for HDU, and this is reported into AQILA

The reports of Eleven completed local clinical audits were reviewed by the provider in 2021/22 and The ROH intends to take the following actions to improve the quality of healthcare provided as detailed in table below:

Title	Recommendations
<b>ADCU Discharge Letter PICS Audit (Presented at Clinical Audit &amp; Governance Meeting 29<sup>th</sup> April 2021)</b>	A review required to assess who is best placed to create the patient discharges to avoid mistakes and harm to the patient. Fewer data entry points for simple day-case discharges.
<b>Adequacy of Post-Operative Radiograph Following Total Hip Replacement Surgery according to the GIRFT recommendation. (Presented at Clinical Audit &amp; Governance Meeting 26<sup>th</sup> May 2021)</b>	Proposal of lateral view X-ray as a standard following total hip /replacement surgery Emphasising the importance of requesting lateral view in addition to AP view to comply with the GIRFT guidelines.
<b>An Audit of The Management of Surgical Drains in The Hospital. (Presented at Clinical Audit &amp; Governance Meeting 28<sup>th</sup> July 2021)</b>	Operation notes should be structured with a section clearly outlining the site and number of drains, the target output for removal of drains and any special considerations. The drain output should be part of the post-operative review of patients during the daily ward rounds. An ongoing 3-6 monthly audit of drain management to improve clinical management and ensure improvements.

<b>Adherence to the standards of care for investigation and management of cauda equine syndrome: A clinical audit. (Presented at Clinical Audit &amp; Governance Meeting 28<sup>th</sup> July 2021)</b>	Incorporating the BASS standards onto the refer-a-patient platform may improve the quality of referrals, and may save time when referring a patient with an impression of CES If there is confirmed CES, then a telephone call to the referring centre along with the refer-a-patient referral should be made to save time and to initiate the transfer process to the local spinal unit Discuss with refer-a-patient platform
<b>Audit of the AKIs Outcomes and Care Processes (Presented at Clinical Audit &amp; Governance Meeting 26<sup>th</sup> January 2022)</b>	Review the length pre-operative NBM periods for all elective patients and ensure this is kept to a shorter time as possible to maintain pre-operative hydration. Discussion with pre-operative assessment clinic regarding a system to highlight patients deemed high risk of AKI when reviewed by anaesthetic team/ medical consultant. E.g., in the form of a sticker for the notes. Anaesthetist overseeing operative case to discuss the risks Vs. benefits of early catheterisation with patients who are deemed high risk of AKI and undergoing spinal anaesthetic. Anaesthetists to discuss the risk Vs. benefit process with patients when spinal diamorphine is being considered.

*Figure 5, Actions to Improve the Quality of Healthcare Provided*

#### **2.5.4. National Confidential Enquiries**

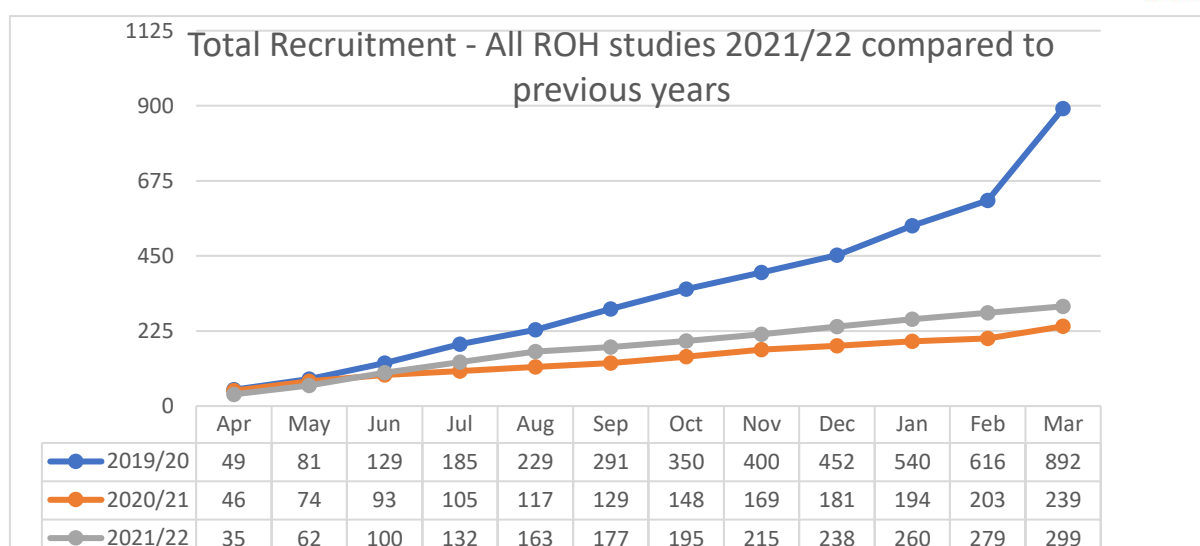
Transition from child to adult health services – the ROH is currently taking part in this Confidential Enquiry. We have completed the organisational questionnaire and uploaded the data requested. The final part is submission of Five case reviews of patients chosen by the National Confidential Enquiry. This is due to be completed in June 2022.

#### **2.5.5. Information on Participation in Clinical Research**

The ROH continues to be an active participant in all forms of Musculoskeletal (MSK) research, from basic science through to clinical studies, demonstrating fully our “bench to bedside” philosophy.

Recruitment to research has been a priority, looking to re-establish our successes of the pre-COVID era. As with the rest of the West Midlands research infrastructure, there is a dual strategy of COVID studies (mostly conducted in Primary Care), along with regaining our non-COVID work. This continues as a work in progress as seen by the increased recruitment rate of 21-22 when compared to 20-21 in Graph 1.

The Research and Development Department work closely with the regional and national research networks, contributing to the overall health of our recovering research position and are leading in all Musculoskeletal aspects of that.



*Fig 6, Recruitment of participants to ROH studies*

The number of patients receiving NHS services provided or sub-contracted by the ROH in 2021/22 that were recruited to participate in research approved by a research ethics committee was 299 into 27 studies. Of these, 258 were recruited into National Institute for Health Research (NIHR) portfolio studies whilst 41 were recruited into non-NIHR portfolio studies including 15 recruits to non-portfolio commercially sponsored studies. This information includes recruitment figures up to end March 2022. Of these studies 13 are interventional and 2 studies are commercially sponsored (both of which are within the NIHR portfolio). In addition, there are a further five studies from the research tissue bank.

It is important to recruit to studies, while ensuring good strategy housekeeping by closing finished studies in a responsible manner. Prior to opening new studies, both as a site for outside institutions and more importantly, as studies 'home grown' from the Trust. When studies cease recruitment, there is an ongoing requirement to continue with studies, collecting data during the follow-up periods of the recruited participants. During 21-22, a further 16 new studies were opened for recruitment. Of these, 6 were sponsored by the ROH.

In addition to the 27 recruiting studies, there were an additional 38 studies closed to recruitment but continuing to provide care to/collect data from patients, meaning that the total number of active studies is 65. Of the 38 studies in follow up, 15 are within the NIHR portfolio and 5 of the 38 are commercially sponsored, with 17 of 38 being interventional studies.

#### **2.5.6. Information on the use of The Commissioning for Quality and Innovation (CQUIN) Payment Framework**

The CQUIN framework was suspended from April 2020 to March 2022 as a result of the pandemic. No CQUIN schemes were agreed, and no data submitted, nor payment received.

#### **2.5.7. Information Relating to Registration with The Care Quality Commission (CQC) and Special Reviews/Investigations**

- The ROH is required to register with the Care Quality Commission and its current registration status is 'without conditions'.
- The Care Quality Commission has not taken enforcement action against The ROH during 2021/22.
- The ROH has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.
- The ROH has not received a formal CQC assessment against the CQC assessment framework since October / November 2019. The report from this visit was published in December 2019 and saw the ROH retain an overall rating of 'Good'

#### **2.5.8. Care Quality Commission (CQC) Registration and Compliance**

The CQC reported noted the following improvements that should be considered:

- The ROH should consider the way in which challenge is documented within minutes to be reflective of the discussions taken place.
- The ROH should consider a review of the corporate risk register to include date of entry to the register, frequency of update and a review of the control measures in place.
- The ROH should review the systems in place to manage staff anxieties regarding the future of the trust and potentially losing its identity as an orthopaedic specialist trust.
- The ROH should ensure all staff complete their safeguarding training. (Regulation 12.2 (c), Safe care and treatment).
- The ROH should ensure that staff understand its policies on locking medical records and resuscitation trolleys. (Regulation 17.2 (d) Good governance).
- The ROH should ensure staff complete patient records fully including fluid charts and malnutrition universal screening tools. (Regulation 17.2 (d) Good governance).
- The ROH should ensure staff respond to patient call bells promptly. (Regulation 10.2 (b) Dignity and respect).
- The ROH should ensure wards are adapted to the needs of patients living with dementia. (Regulation 9.1 (a) (b) (c) 3 (b) Person-centred care).
- The ROH should ensure patients are not moved at night. (Regulation 10.2. (a) Dignity and respect)
- The ROH should remind staff to record cleaning jobs done and action taken on fridge temperature variation.
- The ROH should share its surgery safety thermometer performance with patients and visitors.
- The ROH should provide formal training on breaking bad news.



- The ROH should minimise in-clinic wait time for day surgery patients.
- The ROH should continue to develop solutions to overcome its fragmented information systems.
- The ROH should maintain the pace of its engagement work and develop an approach to consulting spinal patients.
- The ROH should continue to develop its management information to monitor pre-assessment recalls, surgical site infections for spinal or other complex surgery.
- The service should ensure staff are up to date with all mandatory and safeguarding training. (Regulation 12.2 (c) Safe care and treatment).
- The service should ensure consultant reviews are appropriately recorded to show they have been conducted within 12 hours of patient admission. (Regulation 12. 2 (a) (b) Safe care and treatment).
- The service should ensure they implement local Safety Standards for Invasive Procedures (LocSSIPs) and assess the need for these against all invasive procedures carried out. (Regulation 12. 2 (a) (b) Safe care and treatment).
- The service should ensure they conduct regular simulation and emergency drills for the unit to be able to assess what went well and where improvements were needed. (Regulation 17. 2 (a) (b) Good Governance).

The service should ensure all policies and procedures are up to date to accurately reflect the types of patients admitted to the unit. (Regulation 17 (1) Good Governance).

- The service should ensure the design of the unit meets the needs of patients living with dementia. (Regulation 9.1 (a) (b) (c) 3 (b) Person-centred care).
- The service should ensure all current risks for the service are recorded on the local risk register. (Regulation 17.2 (b) Good Governance).
- The service should consider displaying the results of the safety thermometer, so they are visible to patients and visitors.
- The service should consider providing access to a speech and language therapist during weekends.
- The service should consider clearly displaying in the unit that information and leaflets are available in other languages.

Since the inspection the ROH has developed an action plan and the following improvements have been made:

- The ROH has strengthened the way in which challenge is documented within minutes at the Trust Board.
- The ROH has reviewed the corporate risk register to include date of entry to the register, frequency of update and a review of the control measures that are in place.
- The ROH has reviewed the systems in place to manage staff anxieties regarding the future of the trust and potentially losing its identity as an orthopaedic specialist trust.

- The ROH has focussed on ensuring all staff complete their safeguarding training. Although the pandemic has had an impact on this, the ROH remains compliant with the CCG key performance indicators.
- Staff have been reminded of the ROH policies on locking medical records and the resuscitation trolleys.
- The ROH now has formal training on breaking bad news.
- The ROH has implemented several workstreams to minimise in-clinic wait time for day surgery patients.
- The ROH has continued to develop its IT solutions to overcome its fragmented information systems.
- The ROH has improved its engagement work with patients and introduced coffee catch ups with the spinal patients.

The ROH is continually monitoring the responses to these recommendations via a CQC Action Plan through the Quality Governance Framework to ensure they remain embedded within the ROH.

Figure 7 sets out the rating by each domain and area with note as to when last assessed by the CQC.

**Ratings for The Royal Orthopaedic Hospital**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Surgery	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019
Critical care	Good ↑↑ Dec 2019	Good ↑ Dec 2019	Good ↔ Dec 2019	Good ↑ Dec 2019	Good ↑ Dec 2019	Good ↑ Dec 2019
Services for children and young people	Good Oct 2014	Outstanding Oct 2014	Good Oct 2014	Good Oct 2014	Good Oct 2014	Good Oct 2014
Outpatients	Good May 2018	Not rated	Good May 2018	Good May 2018	Requires improvement May 2018	Good May 2018
Overall*	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019	Good ↔ Dec 2019

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Figure 7, CQC rating for the Royal Orthopaedic NHS Foundation Trust

## 2.5.9. Information on the Quality of Data

The ROH submitted records during 2021/22 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

- 99.8% for admitted patient care.
- 99.9% for outpatient care.

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

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

### **2.5.10. Information Governance Assessment Report**

Information Governance (IG) is the way in which an organisation protects and processes the information it holds, uses, and shares. It covers both personal (e.g. patient records) and corporate (e.g. staff personal records, financial records) information. The organisation is assessed using the Data Security and Protection (DSP) toolkit which has 10 data security standards with 110 mandatory requirements prescribed by the National Data Guardian. As at the baseline assessment in February 2022 the ROH could evidence 97 requirements and is working towards full compliance by June 2022 with a robust action plan in place to address the gaps. This does not impact on the ROH ability to protect, use and share information safely and there are dedicated IT security resources and software in place to monitor and manage potential cyber-attacks. There has also been an investment in user awareness and training.

### **2.5.11. Payment by Results Clinical Coding Audit**

The ROH was not subject to the payment by results clinical coding audit during 21/22

### **2.5.12. Improvements in Data Quality**

The ROH has a number of operational and clinical systems that collect and store data about patients. This data is critical to the running of the ROH to ensure effective and timely care to patients and enables the ROH to plan and make future business decisions. High quality data is essential to aid business intelligence reporting and ensure operational efficiency. The ROH has the following actions in place to ensure data quality:

Ways in which the ROH ensures good data quality include:

- There is a Data Quality Group chaired by the Executive Chief Operating Officer and includes key stakeholder members from the business intelligence, operations, education, and training teams. This group monitors data quality KPIs, audits and addresses any risks and issues as they arise.
- The Business Intelligence team carries out over 75 automated data quality checks on ROH data, creating reports which highlight data quality issues. These are shared on the Health Informatics dashboard accessible by operational staff to action and resolve.
- The ROH has a Data Validation team focusing on waiting list management which identifies and resolves errors caused by data quality.
- The ROH has a Systems Training Advisor whose role is to support staff carrying out system training on key patient systems with an emphasis on accurate and timely record keeping.
- Clinical coders regularly advise consultants to ensure accuracy and depth of coding

### 2.5.13. Medical Rota Gaps

Following the past year, with the unprecedented effect that COVID-19 has had on our workforce it is more important now more than ever that we are able to support our post graduate doctor workforce.

We have an appointed Guardian of Safe Working (GSW) in post, to ensure that our doctors have the support they require to raise issues relating to safe working. This is supported electronically by our Exception Reporting Process; Allocate. Exception Reporting is managed by our Guardian and supported by the Medical Workforce Department.

The Guardian also completes a quarterly Guardian of Safe Working Report, including data of our Exception Reports and Mitigating Actions. A final extended Annual Report is presented at the end of each academic year to the ROH Board of Directors.

Information is provided to postgraduate doctors on induction and guidance is available to all staff via the hospital internet pages. A comprehensive junior doctor's handbook (soon to be renamed) is provided and regularly updated.

There are monthly Postgraduate Doctor's Forum meetings to listen to and improve our doctor's experience of working at the ROH. Senior management support ensures minimal rota gaps and regular review of processes to maintain safe working practices. Doctors have access to a new mess area/business lounge and steps have been taken to appoint a postgraduate doctors wellbeing champion. A postgraduate doctors' newsletter is being developed.

### 2.5.14. Patient Safety Incidents

The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

	Number of Patient safety Incidents reported*	Number of patient Safety Incidents with Severe harm/ death*	% of patient safety incidences that resulted in severe harm/ death	The rate of patient safety Incident per 1000 bed days	National Rate (Best)	National Rate (Worse)
2021/2022	2857	1	0%	Data not available	Data not available	Data not available
2020/2021	2874	0	0%	61.0	31	118
2019/20	2953	4	0.14%	49.24	18.7	107.0
2018/19	2202	1	0.20%	75.9	26.3	184
2017/18	1530	7	0.5%	45.38	19.1	142.0

Figure 8, Patient safety incidents, \*Source – Ulysses Incident System, \*\*Source – NRLS

The ROH considers that this data is as described for the following reasons:

- The ROH submits patient safety incidents to the NRLS which enables benchmarking against other similar organisation in respect of numbers and types of patient safety incidents.
- The ROH categorises incidence from no harm to severe harm and uses the definitions provided by the National Reporting and Learning System (NRLS) and the Duty of Candour Regulation 20 to categorise the level of harm.
- All reported incidents are subject to review by a member of the governance team at the ROH who will seek clarity on the level of harm at the weekly Divisional Governance meetings from clinical staff where necessary and amend the initial categorisation if required.
- The ROH actively promotes a culture of incident reporting so that issues can be identified, actions initiated, and lessons learned.
- The ROH had saw an increase in death related incident. This was due to the Covid 19 pandemic and the change in cohort of patients typically seen at the ROH. This is not included in this data as all deaths were deemed as unavoidable and expected. This is also because the ROH incident report all deaths as part of the learning from deaths process. No deaths reported had lapses in care. Please see learning from deaths section

Due to the Covid 19 pandemic and the reduced activity in the Trust. The ROH has had a reduction in the total number of incidents reported. The following actions have been maintained to ensure maintain and improve the number of incidents reported and so the quality of its services by ensuring learning from incidences is shared and embedded across the ROH:

- The ROH wide information relating to patient safety and patient experience activity is contained within the ROH Quality Report that is presented monthly at the Clinical Quality Group and Quality and Safety Committee.
- The ROH bi-weekly Divisional Governance meetings that include any incidents that are graded by the reporter as moderate harm or above, any complaints and local and divisional risks.
- A review of the way actions from incidents are tracked and shared across the ROH, including the development of action trackers that are used to monitor progress and provide oversight at Divisional Governance meetings.
- Actively encourage the reporting of incidents by reviewing our feedback mechanism through our incident reporting system, Ulysses.
- Final Root Cause Analysis reports are anonymised and sent to all clinicians, these are discussed at local level and at Trust wide forums.
- Continue to deliver Root Cause Analysis Training to members of staff who undertake investigations.
- A gap analysis is underway to review the new patient safety response framework due in 2022. In order to prioritise the work for the year to meet the framework.

### 2.5.15. Learning from Deaths

In the ROH, all deaths within 30 days of surgery are included in the Learning from Deaths process, regardless of whether the death is in hospital or outside the hospital. This is due to low number of inpatient deaths and therefore the additional cases add value.

Following the completion of an initial screening tool the Associate Medical Director examines the written record breaking an analysis down by phases of care, taking into account the External Medical Reviewer assessment. In this Structured Judgement Review, each phase of care is examined, and judgement statements generated about any notable features of care, both good and bad. The assessor reaches a verdict about the quality of care for each phase and the care overall. They identify whether there was any aspect of avoidability, in the death. If there was an aspect of avoidability, then a Root Cause Analysis (RCA) is commissioned.

1. During 2021/22 five ROH patients died. This comprised the following number of deaths which occurred each quarter of that reporting period:
  - 1 in the first quarter
  - 1 in the second quarter
  - 2 in the third quarter
  - 1 in the fourth quarter
2. By the 31<sup>st</sup> March 2022, 14 case record reviews (5 inpatients death and 9 patients who died within 30 days of discharge) and 5 investigations have been carried out in relation to the deaths included in item 1.
3. 0 deaths representing 0% of 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.

### 2.5.16. Standardised Hospital Mortality Indices (SHMI)

The **SHMI** is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. SHMI is not applicable to the ROH as it is only applicable to acute Trusts. All deaths that occur at ROH are reviewed in line with the National Quality Board Guidance. Our crude in hospital mortality is very low, with one exception during the first Covid-19 wave.

In Hospital Mortality Summary

Month of Month Year	In Hospital ..	Total Discharges	Crude Mortality P..
January 2020	1	1,254	0.08
February 2020	Null	1,347	0
March 2020	Null	960	0
April 2020	8	336	2.38
May 2020	11	401	2.74
June 2020	3	329	0.91
July 2020	Null	691	0
August 2020	Null	764	0
September 2020	1	893	0.11
October 2020	Null	932	0
November 2020	Null	780	0
December 2020	Null	739	0
January 2021	1	497	0.2
February 2021	Null	494	0
March 2021	1	784	0.13
April 2021	1	874	0.11
May 2021	1	1,141	0.09
June 2021	Null	1,245	0
July 2021	Null	1,110	0
August 2021	1	964	0.1
September 2021	Null	1,164	0
October 2021	1	1,200	0.08
November 2021	1	1,289	0.08
December 2021	Null	1,047	0
January 2022	Null	335	0

Crude In Hospital Mortality Per Centage

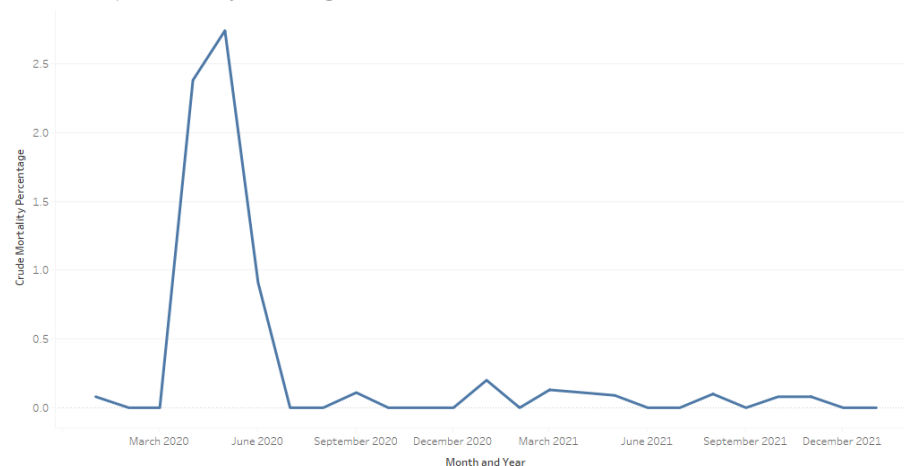


Figure 9, Crude Mortality in the ROH

## 2.5.17. Readmission

Readmissions to hospital usually represent a significant complication of treatment or the concern of a significant problem after treatment such that a patient is brought back into hospital for investigation or treatment.

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
<b>Readmission Rate</b>	<b>1.8 %</b>	<b>1.0 %</b>	<b>1.1 %</b>	<b>1.1 %</b>	<b>1.5 %</b>	<b>1.7 %</b>	<b>1.4 %</b>	<b>1.3 %</b>	<b>1.0 %</b>	<b>1.4 %</b>	<b>1.4 %</b>	<b>1.3 %</b>	<b>0.8 %</b>

Figure 10, Readmission rate for the ROH

Readmission rates for ROH have remained constant in the last few years with an average rate of 1.25%. The exception to this was during the first COVID peak in 2020 as can be seen in the SPC chart below.

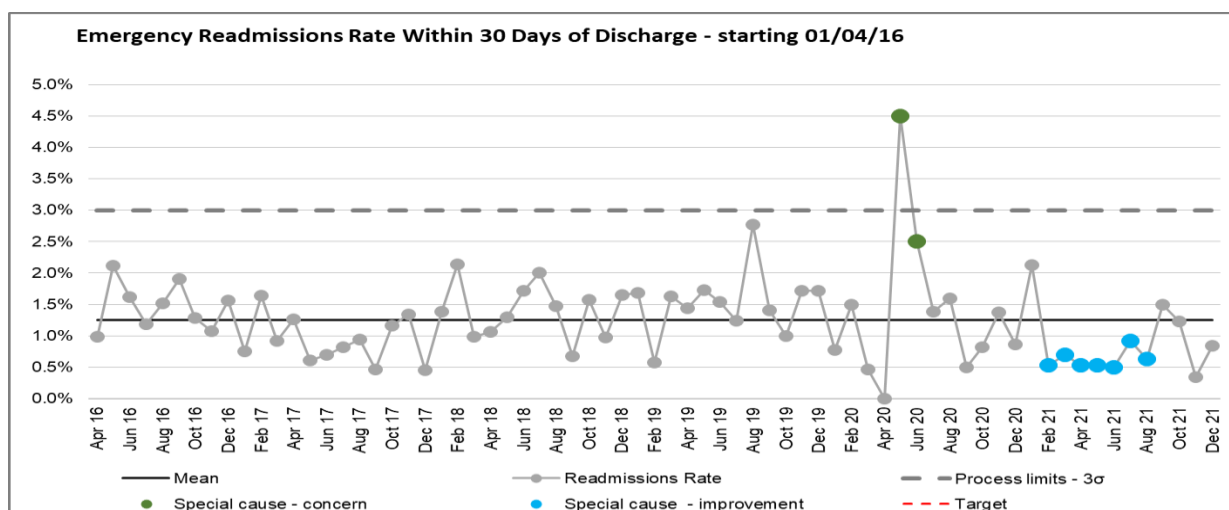


Figure 11, Emergency readmission rate in ROH



## 2.5.18. Response to personal needs

The responsiveness to personal needs information is from five questions contained within the National Inpatient Survey. These questions are:

- Were you as involved as much as you wanted to be in decisions about your care and treatment?
- Did you find someone on the hospital staff to talk about your worries and fears?
- Were you given enough privacy when discussing your condition or treatment?
- Did a member of staff tell you about the medication side effects to watch for when you went home?
- Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the hospital?

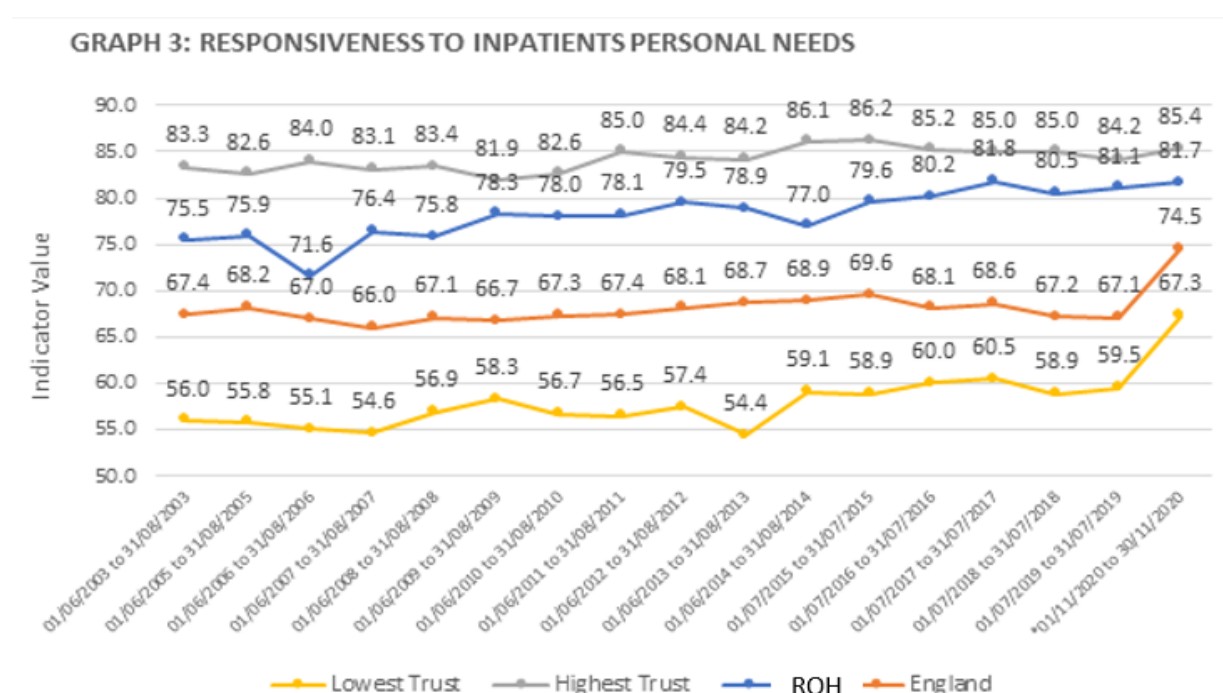


Fig 12, National Inpatient Survey Results for the ROH/Informatics

The ROH performs above national average for the set of questions concerned with responsiveness to personal needs. The national average is 74.5% and the ROH achieved 81.4%.

Please note that the data in this report is from 2020 as the data for 2021 will be published in November 2022. To stay as impartial as possible The ROH have a contract with Patient Perspective which collects data for the Trust. Following collection of the data, Patient Perspective send data to the CQC to formulate reports and scoring.

## 2.5.19. Venous Thrombolism (VTE)

National collection and reporting of VTE rates were suspended by the NHS in order to release capacity in providers and commissioners to manage the COVID-19 pandemic. However, the Trust monitors compliance as depicted in Figure 11. and remains above 98%.



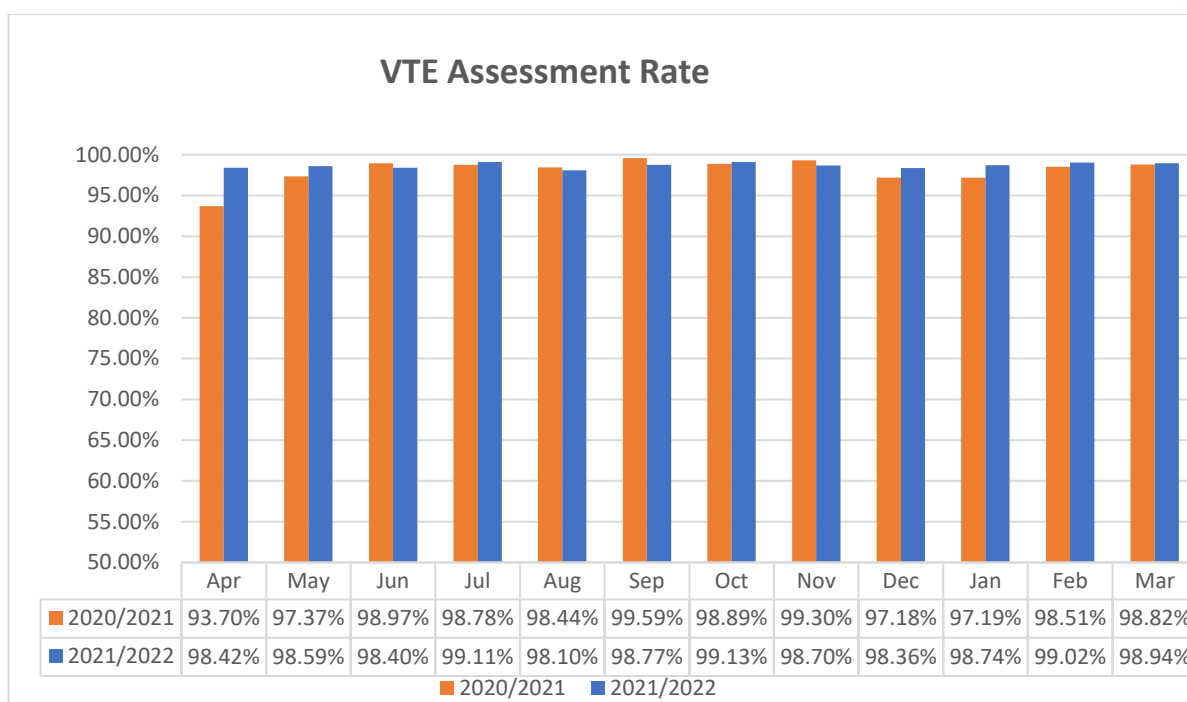


Figure 13, Assessment rate for VTE at the ROH

## 2.5.20. Clostridium Difficile Infection (CDI)

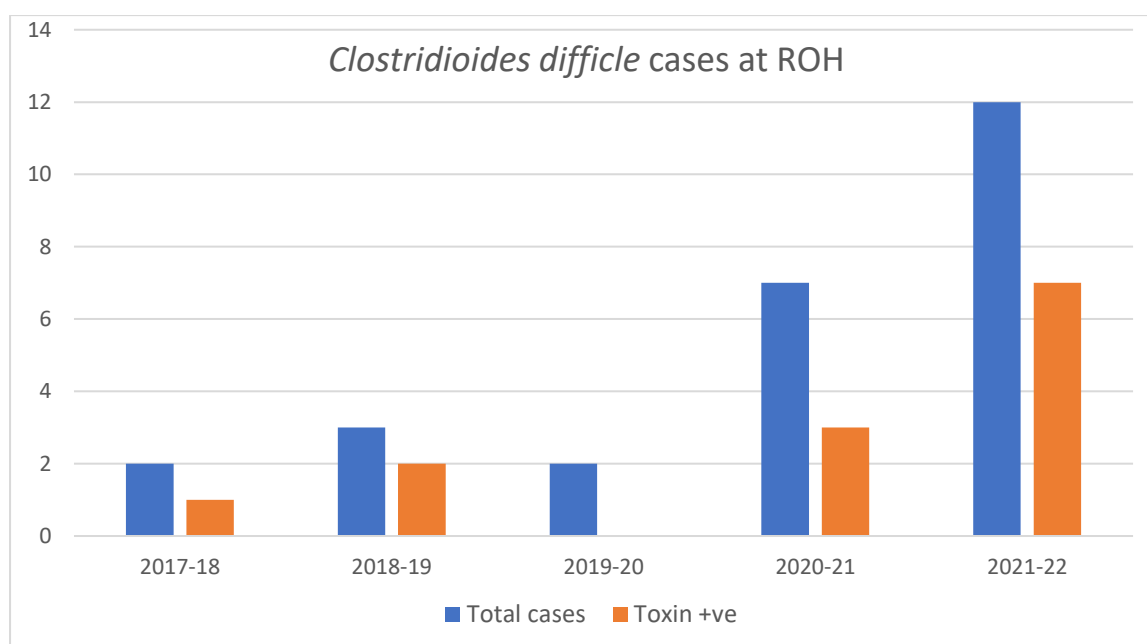


Figure 14, CDI cases at ROH

Please note - Toxin positive cases are reportable and count towards annual threshold set by NHSEI.

The ROH considers that this data is as described for the following reasons:

- Clostridium difficile infections are monitored and reported on a monthly basis, with Root Cause Analysis (RCA) conducted on every toxin-positive case.
- The control of infection is of paramount importance for our patients; during 21/22, there have been seven cases of reportable CDI.

- The ROH is compliant with Department of Health Guidance against which CDI is reported and is subject to the external scrutiny of its data for audit purposes.

The ROH intends to take the following actions to maintain this indicator, and so improve the quality of its services:

- Maintain our focus on the application and implementation of infection prevention and control principles to ensure that they are embedded in daily practice.
- Staff training and awareness in understanding the WHO 5 Moments hand hygiene principles will continue, and we will ensure application of the principles of bare below the elbow.
- Continue with bespoke Ward and Department level training.
- We will continue to maximise the effectiveness of ward rounds and ensure that best practice is upheld in respect of the antimicrobial strategy.
- Support environmental cleaning processes to minimise the risk of potential cross contamination.
- Continue to carry out enhanced cleaning with Chlorine solution throughout Wards and Departments in autumn and winter.
- We will continue to monitor appropriate isolation room utilisation in order to maintain

## **2.6. Compliance with National Targets and Regulatory Requirements**

### **2.6.1. Referral To Treatment (RTT)**

The Trust like many other NHS providers have seen Constitutional Targets such as RTT profoundly affected due to the impact of Covid-19. Operational Performance metrics are presented and discussed at the Trusts Finance and Performance Meeting and Trust Quality and Safety Committee on a monthly and within the Divisional structure. Operational performance metrics are monitored at PTL Meetings, Theatre Planning and Theatre Lookback Meetings and Divisional Management Board in order to provide full assurance that all admitted and non-admitted waiting lists are being actively managed, to reduce the number of patients waiting over 18 and 52 weeks.

As demonstrated by the graphs below performance against the 18 week referral to Treatment standard and the number of patients waiting over 52 weeks have shown significant improvement during 2021/22.

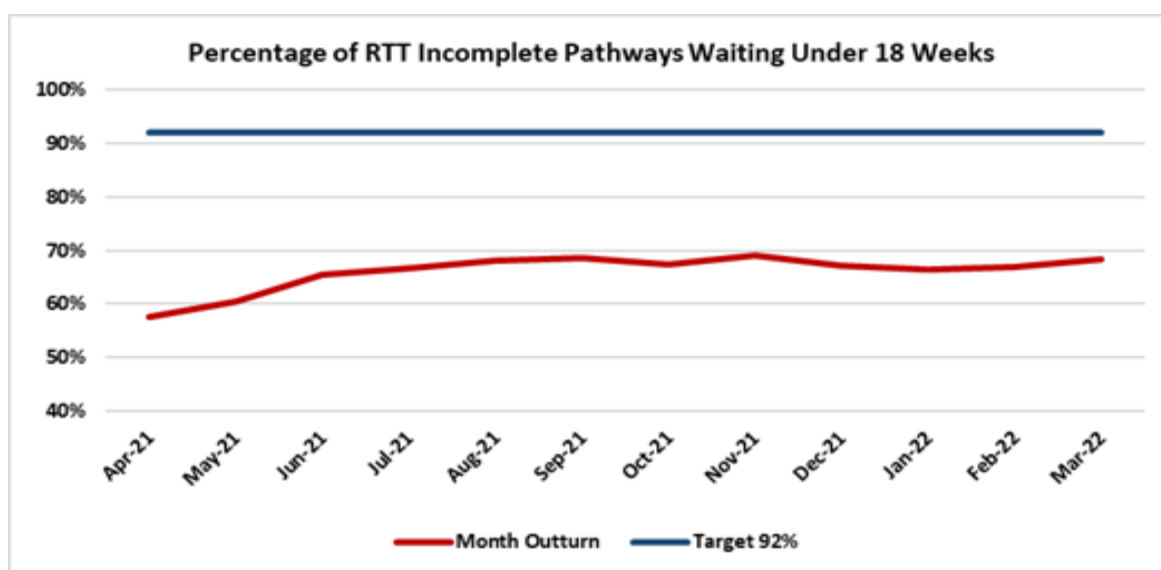


Figure 15, incomplete RTT pathways at ROH

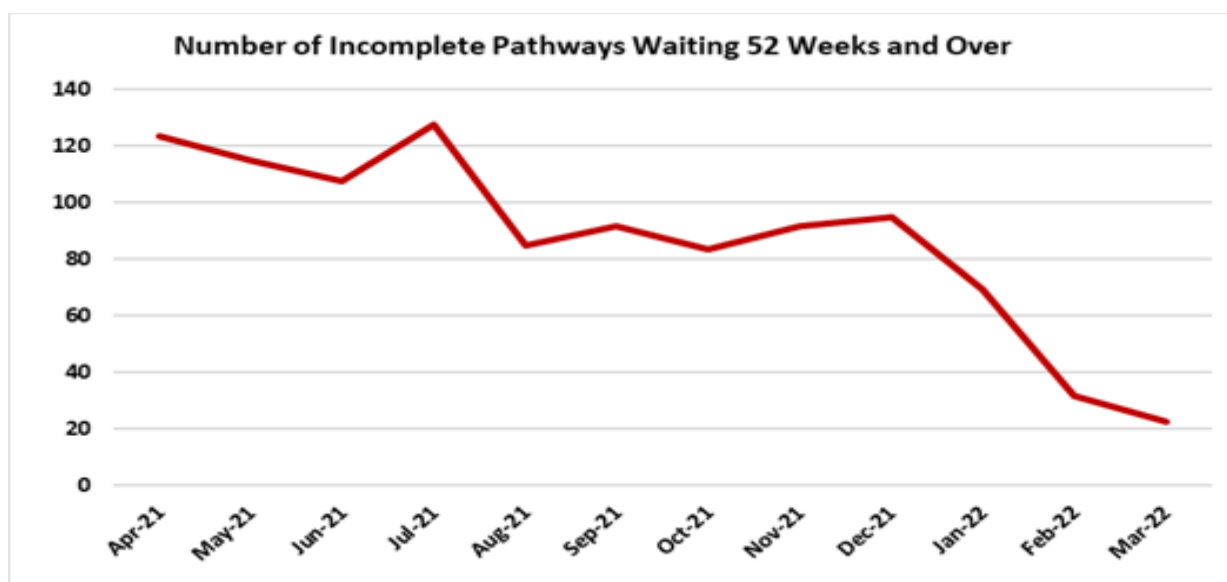


Fig 16, Figures for the Referral to Treatment rates in ROH

## 2.6.2. Cancer Treatment Targets

Overall performance against the Cancer Standards has been maintained, however the 62 day (traditional target) remains challenging due to the small number of patients being treated each month (an average of four per month). The Trust is one of only five specialist bone sarcoma centres in the United Kingdom and receives referrals from a wide geographical spread. Some of the patients have been referred to the Trust after a prolonged pathway and are of high complexity which makes treatment within 62 days challenging to achieve. Individual root cause analysis with detailed timelines are completed for all patients who breach the 62-day standard and discussed and monitored at the Cancer Board and as part of the trust harm review process, to capture any lessons learned and changes in process adopted. Improvements are continually being made to optimise these patient pathways.

Key Performance Indicators Cancer Services 2021/22	Target	Q1	Q2	Q3	Q4
% Urgent cancer referrals seen within 2 weeks wait	93%	99.30%	96.30%	97.40%	97.40%
% Patients treated within 31 days of decision to treat	96%	96.70%	96.60%	96.90%	86.80%
% Patients receiving subsequent treatment within 31 days (surgery)	94%	100.00%	100%	94.70%	87.50%
% Cancer patients treated within 62 days of urgent GP referral	85%	77.80%	44.44%	83.80%	85.70%
Faster Diagnostic standard	75%	80.40%	87.30%	80.20%	82.90%

Figure 17, performance against the 62 day standard

### 2.6.3. Diagnostics within 6 weeks

The national 6-week standard for diagnostics is 99%. This diagnostic target was not achieved at the end of Quarter 4 (achieved 96%) due to the impact of the pandemic on the delivery of routine diagnostic services, specifically MRI but also due to increased demand as elective services recovered through 2021/22. A recovery plan has been put in place with additional capacity to support full recovery of the diagnostic target which is on target to be delivered at 99% by the end of May 2022. The graph below demonstrates the diagnostic performance over the last 12 months.

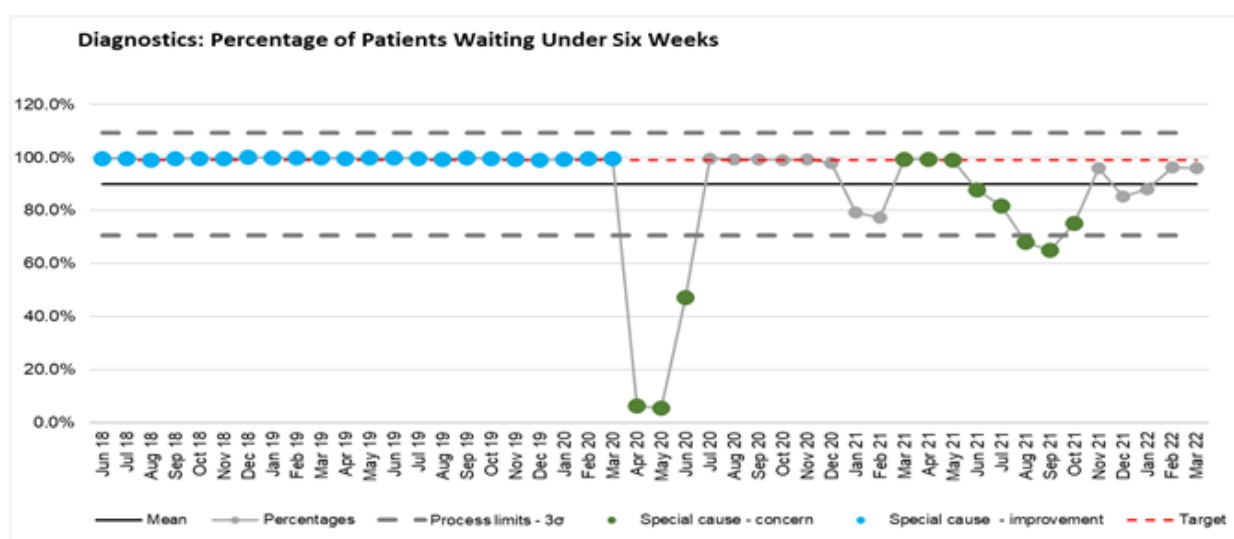


Fig 18, Diagnostic Figures for the Referral to Treatment rates in ROH

### 3.0 The ROH Internal Quality Measures

The ROH monitors a variety of information and feedback to assess the service it provides for patient safety, clinical effectiveness, and patient experience.

The ROH has 3 main meetings that oversee quality:

- **The Clinical Quality Group**  
Chaired by the Deputy Chief Nurse. This committee is responsible for safety and risk.
- **AQILA**  
Chaired by the Medical Director. This committee is responsible for overseeing clinical effectiveness.
- **Patient Engagement and Experience Group**  
Chaired by the Deputy Chief Nurse. This group is responsible for patient experience, patients are also members of this group.

#### 3.1. Our Response to Covid-19

The ROH has worked hard over last year, to support the Birmingham and Solihull (BSOL) system response to the Covid pandemic and keep our patients safe responding to system need whilst maintaining and restoring core emergency and elective services. This has included standing up an Orthopaedic rehabilitation pathway for patients directly from the University Hospital Birmingham and later supporting during the recent surge with an ambulatory pathway. ROH has continue to support the system by working to reduce the waiting list backlog for patient waiting over 52 weeks.

#### 3.2. Safe – Are we keeping our patients safe and protecting them from avoidable harm?

The NHS monitors the number of incidents and the harm those incidents caused. We can then focus in on areas of concern and ensure we learn from them.

### 3.2.1. Incidents by Harm

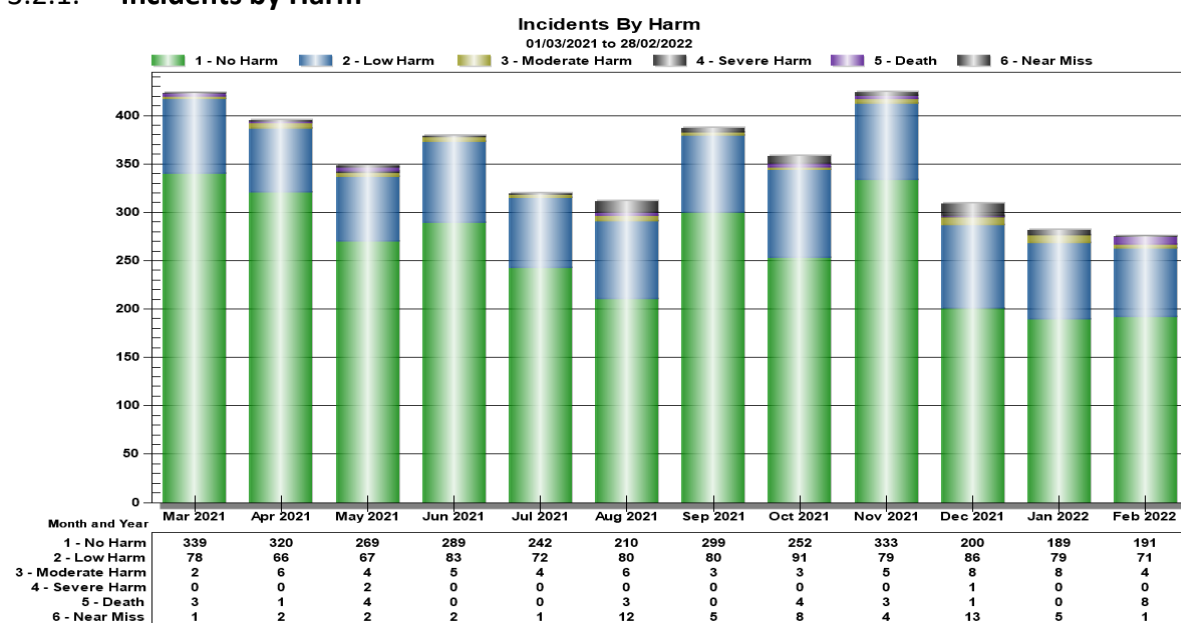


Fig 19, Incidents by Harm in the last 12 months at the ROH

### 3.2.2. Serious Incidents

The occurrence of a serious incident demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage.

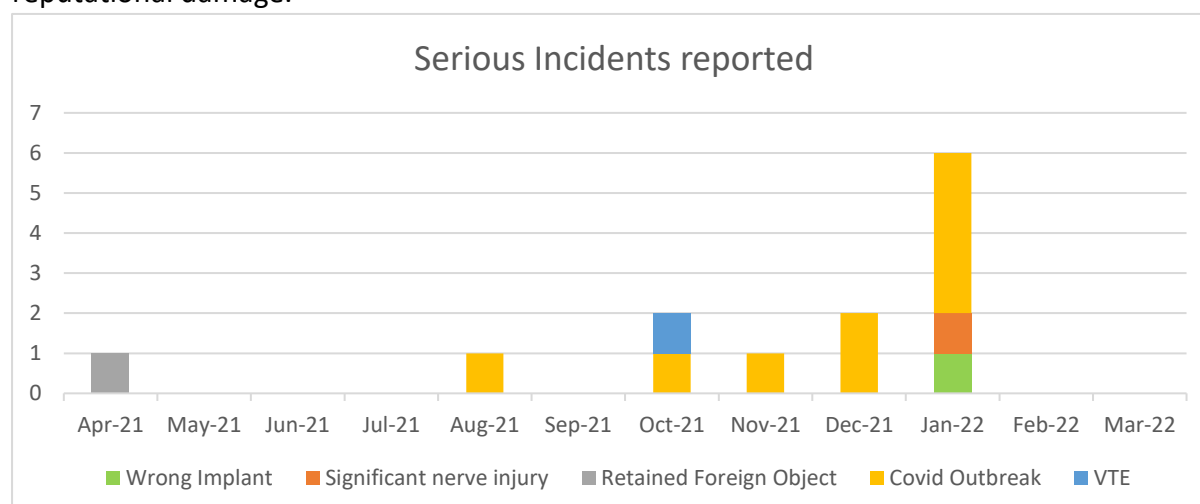


Fig 20, Serious Incidents, in the last 12 months at the ROH

## 3.3. Responsive – Are we meeting the needs of our patients?

### 3.3.1. Patient Experience – Complaints and PALS

During 21/22 the Trust has received 47 formal complaints and 617 PALS contacts. This is a 18% decrease in the formal complaints and 9.9% decrease in the PALS contacts compared with 20/21. This The Trust has continued to strive to improve the service offered to patients to resolve their concerns at the most appropriate level. This ensures that we continue to

adhere to all the recommendations of the Clywd/Hart Review (2013) and Francis (2013) report.

The Complaints Department continues to manage incoming complaints in a pro-active manner. Time scales for investigations vary depending on the complexity of the complaint. We continue to aim for resolution in 25 working days and local resolution meetings are increasingly being used to facilitate improved communication and successful resolution for complainants. The Trust follows the PHSO Principles of Remedy when responding to formal complaints:

Annual Complaints and Patient Experience 2021/22 Report will outline PALS, Complaints and Patient Experience in more depth. The report will be published on [www.roh.nhs.uk/pals](http://www.roh.nhs.uk/pals)

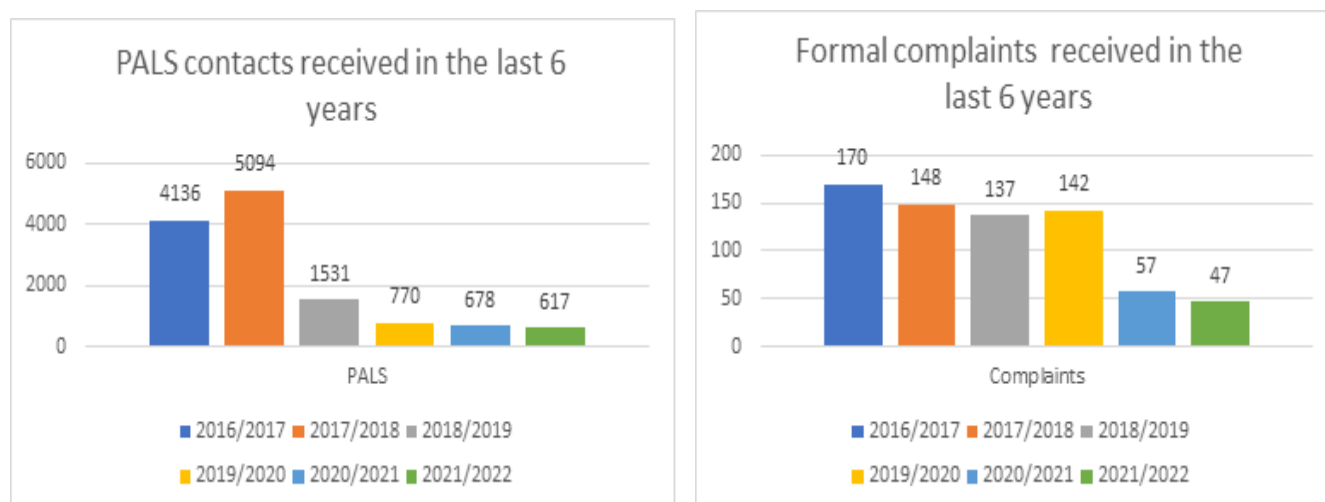


Figure 21, Number of Complaints and PALS Contacts from 2016/2017 to 2021/2022

\*Data source: Patient Experience Department/ Ulysses system

Top three categories for Complaints through 21/22 were:

- Clinical Query; including clinical treatment and complication following surgery.
- Discharge; including post discharge care, discharge in general and discharge arrangements.
- Values and Behaviors; including attitude of nursing, medical and admin staff.

76 actions have been identified as specific to a complaint, an individual action plan is created, which is monitored through the Divisional Governance structure. All complainants are offered the opportunity to provide feedback on the outcome of the process.

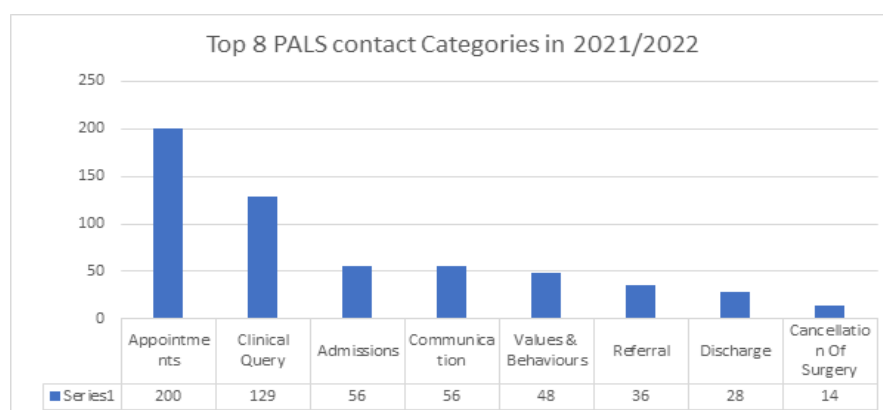


Figure 22, PALS Concerns by Trend 2021/2022, Data source: Complaints Department/Ulysses

The PALS department has continued to deliver a responsive PALS service through 21/22, with a focus on providing support where concerns are identified. Contacts are made through a range of sources including face to face, telephone, and email. Contacts through PALS are not necessarily a concern or problem but can be an enquiry. Each contact is assessed individually, and proactive measures are taken to assist as efficiently and effectively as possible. Any trends identified are also compared to other sources of patient data and discussed at Divisional Governance meetings, Divisional Management board for each division and wider forums where appropriate.

The top 3 categories for PALS contacts are Appointment Queries, Clinical Queries and Admissions.

### 3.4. Caring – Do our patients and their carers think we care?

#### 3.4.1. Friends And Family Test

The Friends and Family Test (FFT) is the mandated patient tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The Friends and Family question is a single question with a choice of answers used across the NHS to establish whether patients and service users are happy with the standard of care that they receive.

Patients who indicate that they have had very good or good experience within service that they have used are considered to have provided positive feedback. Similarly, patients who indicate that they have had very bad or bad experience within service that they have used are considered to have provided negative feedback. Any neither likely nor unlikely or don't know feedback is considered neutral.

In 21/22, we have terminated contract with an external provider called 'I Want Great Care' to support our delivery of the Friends and Family test. The ROH has received just over 10,200 individual pieces of feedback from the Friends and Family Test in 21/22, across all areas and departments. Data was collected internally; all feedback is read on receipt by the Patient Experience Team and action is taken immediately where necessary. Compliments, concerns, and feedback from these are now recorded and shared with individuals and teams on weekly basis. Average positive score for inpatient and outpatient areas was on average



98% this year which is 5% better than last year (93%). This means that 99% of our patients have had a very good experience.

### 3.4.2. CQC Adult Inpatient Survey

In November 2021 the ROH received our results from the national inpatient survey. A total of 1250 patients were invited to participate and 842 responded (68%).

What went well:

- We treat our patients with kindness, respect, and compassion.
- We provide our patients several different methods /opportunities to share feedback with us (Including in different methods/ approaches and languages).
- We provide our patients with good written information at discharge and ensure they can contact us if they have concerns.
- We provide good medication information.

Even better if:

- We need to improve our pre-admission information and communication.
- We need to ensure our patients feel we have enough nurses on duty and they can get help when they need it.
- We need to ensure our patients have access to information regarding health or social care provision.
- We need to ensure our communication is consistent and that we have all the correct information before we share with patients.

## Best and worst performance relative to the trust average

These five questions are calculated by comparing your trust's results to the trust average.

- **Top five scores:** These are the five results for your trust that are highest compared with the trust average. If none of the results for your trust are above the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's best performance may be worse than the trust average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the trust average. If none of the results for your trust are below the trust average, then the results that are closest to the trust average have been chosen, meaning a trust's worst performance may be better than the trust average.

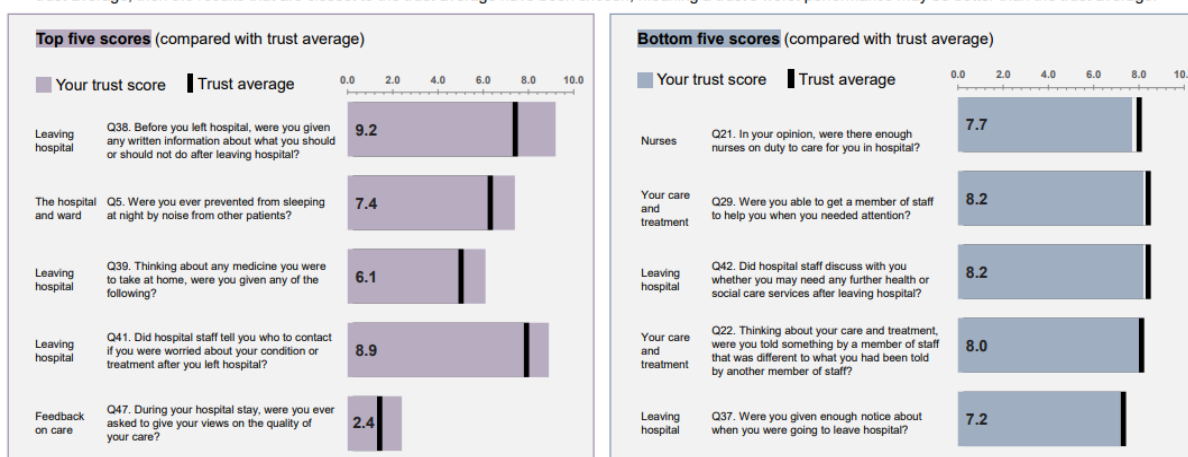


Fig 23, Best and Worst performances/ The ROH CQC Adult National Inpatient Survey 2020

### 3.5. Effective – does the treatment we provide achieve good outcomes and promote a good quality of life?

#### 3.5.1. Patient Reported Outcome Measures (PROMS)

The National PROMS programme evaluates surgical outcomes for patients. It is based on two questionnaires that are completed by patients before surgery and then 6 months afterwards. Broadly speaking the questionnaires measure pain, function (ability to carry out activities of daily living), mental wellbeing/impact and quality of life. PROMS are mandated across all providers of NHS-funded care. The scores are adjusted using statistical models to account for the fact that provider organisations deal with patients with different case-mixes. This therefore supports benchmark comparison across all providers in England for the procedures covered.

Procedure Type	Measure	England Average	England Highest	England Lowest	ROH	Position	No of Records
Hip Replacement Primary	EQ-5D Index	0.472	0.574	0.393	0.491	Above National Average ↑	351
Hip Replacement Primary	Oxford Hip Score	22.981	25.702	17.335	23.444	Above National Average ↑	367
Hip Replacement Revision	EQ-5D Index	0.336	0.413	0.253	0.413	Above National Average ↑	44
Hip Replacement Revision	Oxford Hip Score	15.445	17.328	13.338	17.328	Above National Average ↑	46
Knee Replacement Primary	EQ-5D Index	0.315	0.403	0.181	0.319	Above National Average ↑	262
Knee Replacement Primary	Oxford Knee Score	16.886	20.250	11.916	16.841	Maintained	269

Fig 24, PROMS results for ROH compared to National

The measures included are:

- **EQ-5D™ Index** collates responses given in 5 areas (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression) and combines them into a single value.
- **Oxford Hip Score / Oxford Knee Score** combine 12 questions (each with 5 response options) covering pain and function into a single score (reported on a scale of 0-48 with 48 representing full joint health)

### 3.6. Well-Led – Leadership. Management and Governance of the organisation

#### 3.6.1. Engagement and learning from serious incidents

The Governance structure and processes have been strongly embedded within the ROH around serious incidents and complaints, with evidence of learning from incidents within the investigation reports. In the latest CQC inspection the CQC commented that the ROH had made improvements in the learning from incidents; The CQC found that the ROH managed safety incidents well and learned lessons from them. The CQC also described how:

- Staff recognised and reported incidents and near misses.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Managers ensured that actions from patient safety alerts were implemented and monitored.
- Patients and their families were included in the process. The ROH in 20/21 has had a reduction in serious incidents and has met most of the Clinical Commissioning Group key performance indicators.
- The ROH most recent staff survey results relating to 'Safety Culture' has seen a positive increase (statistically significant) in all patient safety metrics. These metrics have increased in the previous three years.

#### 3.6.2. National People Pulse survey

The Staff FFT survey was put on hold in March 2020 due to the pandemic. This has now been restarted as the NHS People Pulse. The People Pulse will run three times a year in addition to the National Staff survey. This is administered for the ROH by Quality Health.

	Results from Q4 21/22
Completion rate	19%
Motivation	7.9
Involvement	6.76
Advocacy	6.56
Overall Engagement score	7.51

*Figure 25, National people pulse survey in ROH*

#### 3.6.3. NHS Staff Survey 2021

Each year, the ROH participates in the annual NHS Staff Survey. Staff who are employed by, or under contract to the ROH, are asked to complete the survey. The findings are shared with staff members through communication channels, at directorate level, focus groups, team meetings, as well as the range of management meetings, including Executive Directors, Trust Board, and other committees. Managers are given departmental

information (where numbers of responses allow) and this detail is used in ongoing Staff Performance Development reviews (PDRs), Team development and to support the Business Planning process.

In 2021, 1044 staff were asked to take part in the National Staff Survey with 57% (n=684) of staff responded using a mix mode of online and paper copy completions. The National response rate is 48%. The ROH is in the benchmarking group with 13 other Specialist Acute Trusts.

	National Average	2021	2020	2019	2018
<i>Staff engagement score</i>	6.8	7.3	7.3	7.5	7.4
Question 21d 'If a friend or family needed treatment, I would be happy with the standard of care provided by this organisation'	67.87%	89.6%	90.1%	92.4%	90.8%
Question 21c 'I would recommend my organisation as a place to work'	59.4%	73.5%	73.9%	77.2%	72.9%

Figure 26, National Staff Survey Results in ROH

### Achievements in the year

- The ROH has increased its focus on supporting diverse staff groups across the Trust through support sessions and access to resources.
- The ROH has seen the introduction of three new staff network groups - Multi Minority Ethnic Group (MMEG), LGBTQ+ BeMyself and Menopause Awareness Group.
- The ROH has increased the number of categories and nominations for the Staff Awards ceremony in recognition of staff commitment and excellence.
- The Health and Wellbeing approach continues to be well embedded in the Trust and responded well during the pandemic with additional dedicated resource since November 2020.
- A Wellbeing Guardian was appointed in 2021 who is a Trust Board member
- The ROH has further developed a network for Mental Health First Aiders to support both patients and staff members.
- The ROH runs regular Inclusion and Wellbeing events to support staff members, patients, and visitors. These include Wellbeing week, listening sessions, Manager Wellbeing briefings and Schwartz Rounds.
- The ROH has continued to run Staff Walkabout to allow Non-Executive Directors to meet teams across the Trust.
- The ROH has been awarded the Thrive at Work accreditation at Bronze Level by West Midlands Combined Authority (WMCA).

- The ROH has been ranked at 15 in the Top 50 UK Employers in the UK 2021, a 19-place increase from 34.
- Over 500 nominations were submitted for The ROH 2021 Blue Heart Staff Awards.
- The ROH was awarded Level 3 Disability Confident Employer - Leader accreditation.
- Wellbeing programme.
- There is a refresh Led Inclusion Strategy that includes an Inclusion Action Plan supported by staff networks.
- The ROH is working on a Research project in collaboration with Canterbury Christ Church University to look at the impact of the Workforce Disability Equality Standard (WDES).
- Ranked in top ten best performing Trusts by WRES Indicator 5.

The ROH intends to take the following actions to improve the response to the annual NHS Staff Survey indicator, and so the quality of its services

- Work closely with managerial and union representatives to ensure support is in place for staff to give feedback on the staff survey results.
- Continue to ensure facilities are of a high standard for staff and patients
- Continue to embed a culture of continuous improvement through Quality Service Improvement Redesign (QSIR) training.
- Continue to embed an inclusive culture.
- Continue to embed a coaching style of leadership and management supported by programmes such as the accredited Management Skills programme (MSP).
- Further improve staff communication with improvements to all staff briefings providing greater opportunity for staff feedback, enhancing the perceived value of the staff voice.
- Incorporate staff survey information into all areas of business planning, team building and communication.
- Continue to implement the staff wellbeing approach with key actions to support staff and patients post Covid-19.
- Inclusion Group to develop and lead on Trust Agenda for greater inclusion.

## Annex 1 Statement from the local Healthwatch



### Statement from Healthwatch Birmingham on The Royal Orthopaedic Hospital NHS Foundation Trust Quality Account 2021/22

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for The Royal Orthopaedic Hospital NHS Foundation Trust 2021/22. We are pleased to see that there is an open evaluation of the Trusts performance between 2021 and 2022. There is a clear identification of areas where the Trust has done well and areas where further improvements are needed. We acknowledge that Covid-19 continues to have a significant impact on the Trusts activities. In particular, we note the challenges the Trust is experiencing in meeting the 18 week and 52 week waiting times for referral to treatment. We agree that addressing these backlogs should be a priority as delayed care has an impact on patients' wellbeing and outcomes. Indeed, the experiences we have heard from the Trusts patients point to long waiting times:

*The caller has been waiting 34 weeks for his hospital appointment.*

*Waited 12 months for this appointment when I walked in to see Dr he apologised straight away he had no information on me so was there 5 minutes non the wiser was sent for another MRI that was 4 months ago and still no results.*

*I filled in a referral form from the GP and posted it months ago. Never had a reply.*

We agree that resolving waiting lists will take time and note the actions the Trust is taking to resolve this. We, however, seek more clarity on the actions the Trust will be taking to ensure that there is support for people as they wait. How is the Trust making sure that people have the right information as they wait or are signposted to other organisations?

However, we also note the excellent work the Trust has conducted during this period and the positive impact on patients. The work the Trust has been doing to ensure that there are varied ways people can share their experiences of care (e.g., JointCare coffee catch up sessions, smiley faces, surveys); the development of a youth forum, learning disability and autism forum; improvements to bereavement support and provision of spiritual services for patients; and supporting the ICS to ensure that new digital pathways do not increase or reinforce health inequalities. We know these are long term activities and look forward to reading in the 2022/23 Quality Account the impact these have had on patient experience and how they have informed Trusts activities.

Healthwatch Birmingham agree with the priority goals for the Trust for 2022/23. We recognise many of the issues from our own engagement with the public. In particular

accessing healthcare services has been particularly challenging for people with a learning disability including those with autism, and that some demographic characteristics have served as a barrier to access and led to poor outcomes. We therefore welcome plans to implement the learning disability improvement standards at the Trust and to conduct a baseline assessment of Trust performance against national standards. We would like to read in the 2022/23 Quality Account how the Trust has involved patients with a learning disability, their carers/families in the assessment and in determining the actions being taken before incorporating these into the Trusts LD strategy.

We also welcome the Trusts planned review of outpatient DNA rates and inpatient waits. We are pleased that this review will ensure that demographic characteristics including measures of deprivation are included. Success in this area will also depend on how well this type of data is collected across the Trust. We also note plans to implement shared decision making – develop 10+ major pathways shared decision-making group and construct patient information package. We look forward to reading in the 2022-2023 Quality Accounts how various actions taken by the Trust have been informed by findings from reviews (that take account of demographics/deprivation measures) or through shared decision making. In particular, we would like to read in the 2022/23 Quality Account how the content of the patient information package has been development and what role patient and public involvement has played.

In our responses to previous Quality Accounts, we have always highlighted the importance of ensuring that patient feedback and experience is embedded in the various activities of the Trust. We have in the past asked the Trust to demonstrate the following:

- how feedback, insight and experiences have informed changes within the Trust.
- how the Trust shares good practice from positive feedback and the impact of this on services and practice.
- how the Trust communicates with patients about how you are using their feedback to make changes.

Over the past year, the Trust has co-opted Healthwatch Birmingham into its structures and we have been a part of the Patient Experience Group which has enabled us to feed into the engagement activities of the Trust. Through this we have been able to see the many actions the Trust has taken to ensure that there are varied ways of listening to your service users and members of the public. We look forward to contributing to the Trusts PPI activities through the patient participation group, the youth forum and the learning disability forum. It is crucial however, for the Trust to ensure that participation in the Trusts engagement activities is equitable and representative of the Trusts patients, service users and carers. We would like to read in the 2022/23 Quality Account some examples of this work and how its informing practice across the Trust.

It is positive to see that feedback through the Friends and Family Test is positive across both inpatient and outpatient areas (98%). Also, that there has been an 18%



reduction in formal complaints and that 89.6% of the Trusts staff would recommend the hospital to friends and family. We are pleased to see good practice in the handling of complaints, and PALS contact. We note that there is a clear response time standard in place and that complainants are given an opportunity to provide feedback on the outcome of the complaints process. We would like to read in the 2022/23 Quality Account some examples of how these have been used to improve the complaints process and PALS contact.

Concerning the CQC adult inpatient survey, we note the areas where patients have indicated the Trust can make improvements. We look forward to reading in the 2022/23 Quality Account the improvements made, in particular, to pre-admission information and communication, and information regarding health and social care provision. Poor information from the Trust to patient has been an area on which we have received feedback about.

In conclusion, we would like to again commend the trust for prioritising patient experience and engagement, and understanding health inequalities in the provision of its services. As we indicated in our previous Quality Accounts Statement, we ask the Trust to continue to ensure that:

- The key objective of engagement is ‘to use patient and public insight, experience, and involvement to identify, understand and address the potential consequences of service improvement, design and development on health inequalities and barriers to improvements in health outcomes (including increasing independence and preventing worsening ill-health).’
- Public health data (including other sources of data) inform engagement plans to ensure that the trust is hearing from all sections of the community particularly those impacted negatively by changes or improvements to services. Also use this to understand wider impact on health inequalities that have an impact on how the trust delivers its services.
- The Trust is using varied ways of engaging with services users and members of the public that go beyond the use of online methods to ensure that the communication needs of diverse groups are met.

Andy Cave

CEO

Healthwatch Birmingham

## **Annex 2 Statement from the CCG**

Thank you for sharing the annual quality report, this has been shared with colleagues within the CCG and we've not received any comments for forwarding.

I want to thank the trust for continuing to work closely with the CCG in area of quality improvement and assurance, especially during the pandemic. i look forward to continuing to build relationships throughout 2022/23.

If you require anything else please contact me,

Kind regards

Esther



**Esther Whitten**

**Clinical Quality Assurance Manager**



**NHS Birmingham and Solihull Clinical Commissioning Group**

First Floor | The Wesleyan Building | Birmingham | B4 6AR

Email: [estherwhitten@nhs.net](mailto:estherwhitten@nhs.net)

Contact: 07385468433

Website: [www.birminghamandsolihullccg.nhs.uk](http://www.birminghamandsolihullccg.nhs.uk)

## Annex 3 Statements of directors' responsibilities for the quality report

### STATEMENT OF DIRECTORS RESPONSIBILITY IN RESPECT OF THE QUALITY REPORT.

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

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 *Quality accounts requirements 2021/22* and supporting guidance *NHS foundation trust annual reporting manual 2021/22*. 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 2021 to March 2022.
- Papers relating to quality reported to the board over the period April 2021 to March 2022.
- Feedback from governors dated June 2022
- The 2021 national patient survey.
- The 2021 national staff survey.
- CQC inspection report dated November 2019.

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.

The quality report has been prepared in accordance with NHS Improvement'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

