NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

Quality Account 2022/2023

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Executive Sponsor: Jo Williams, Chief Executive Officer

Foreword from Chief Executive Officer

It is with great pleasure and pride that I present to you the Quality Account for the Royal Orthopaedic Hospital, focusing on the remarkable quality improvements achieved throughout the year 2022/2023. This report is a testament to the unwavering dedication and commitment of our entire team to provide exceptional care and continuously raise the bar for quality standards.

Over the past year, the Royal Orthopaedic Hospital has been at the forefront of delivering exemplary orthopaedic services, embracing innovation, and embracing a patient-centred approach. Our organization has been shaped by a shared vision: to redefine the possibilities in orthopaedic care and enhance the lives of our patients. Through collaboration, perseverance, and an unyielding commitment to excellence, we have made significant strides in our quality improvement journey.

One of the highlights of the past year has been the implementation of our comprehensive quality improvement framework. This framework has served as a roadmap for excellence, guiding our efforts to enhance patient safety, clinical effectiveness, patient experience, and staff well-being. Through rigorous data analysis, clinical audits, and feedback from patients and staff, we have identified areas for improvement and implemented targeted interventions to drive positive change.

I am particularly pleased to share the progress we have made in reducing wait times for orthopaedic procedures. Recognizing the impact of long waiting lists on our patients' well-being, we have implemented innovative strategies to optimize scheduling, streamline processes, and enhance efficiency. As a result, we have witnessed a significant reduction in waiting times, allowing our patients to receive timely and much-needed care.

Furthermore, our commitment to patient safety remains unwavering. We have continued to invest in robust safety protocols, training programs, and technologies to mitigate risks and ensure the highest standards of care. Our comprehensive infection prevention and control measures have been instrumental in maintaining a safe environment for both patients and staff, particularly during the challenges posed by the global pandemic.

Our transparency and open dialogue with regulatory bodies, including the Care Quality Commission (CQC), are of utmost importance to us. While the CQC did not conduct a full inspection this year, we have established a strong relationship with their new relationship team. This ongoing collaboration ensures that we maintain the highest standards of quality and safety throughout our organization.

I would like to express my deepest gratitude to our dedicated staff, who consistently go above and beyond to deliver exceptional care. It is their commitment, expertise, and unwavering passion that drive our continuous improvement and enable us to provide the highest quality of care to our patients.

As we reflect on the achievements of the past year, we also acknowledge that our work is never done. We remain steadfast in our pursuit of excellence, and we are excited about the opportunities and challenges that lie ahead. Together, we will continue to push boundaries, innovate, and deliver outstanding quality care to transform the lives of those we serve.

With warm regards,

JWilliams

Jo Williams, Chief Executive Officer

Contents

1.0. What is the 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 the Health and Social Care Act 2012 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 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 2023/24.
- Our progress against delivery of the Quality Priorities we outlined in 2022/23.
- 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.

1.1. 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.

1.2. Our Hospital - 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 'Less pain, more independence, life-changing 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. We work with our local partners in the Birmingham and Solihull (BSOL) Integrated Care System (ICS) 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 Regenerative Medicine Research facility.

The ROH leads the Birmingham and Solihull ICS Musculoskeletal (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.

1.3. Equality and Diversity

Equality is about creating a fairer society where everyone can 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.

2.0. Our Quality Priorities for 2022 / 23

During 2022/23 we continued to focus on quality improvement. We have developed the capability of our staff within the organisation through Quality Service Improvement and Redesign (QSIR) training, enabling them to improve the quality of care they offer. We have continued to foster the links between hospitals in BSOL and other organisations to work together to improve the quality of care to patients across the community.

Last year we identified five priority areas for improvement, achievement against each of these priorities is set out below:

Safe	**Embedding the Patient Safety Strategy across the ROH**
Caring	**Bereavement Services and Multi-Faith Provision**
Effectiveness	**Learning Disability – implement the learning disability improvement standards for the ROH.**
Responsive	**Timely assessment and management of pain.**
Well-led	**Implement shared decision making -achieve 65% in monitoring and publish 10 + Major pathways.**

Table 1. Quality Priorities 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.

2.1. Performance on 2022/23 Quality Priorities

Priority 1: Embedding the Patient Safety Strategy across the ROH

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.

Performance:

Complete

How was progress monitored?

Progress was reported into the Clinical Quality Group monthly and Quality & Safety Committee quarterly.

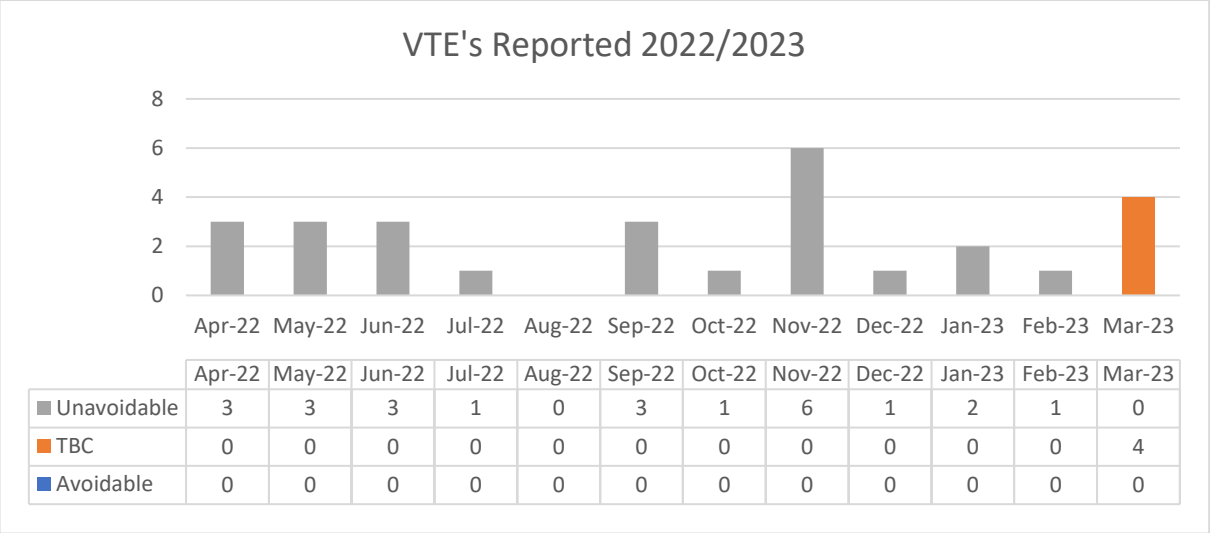
Initiatives to be carried out in 2022/23:

- Continue to monitor and maintain good risk assessment compliance for Venous Thrombolism (VTE) and maintain our exemplar site standard.
- A review of our current Safer Surgery training, recording, and monitoring processes has been carried out to ensure they are following the spirit of the WHO Safer Surgery Standards.
- As part of our safety culture work a yearlong Human Factors training programme has been implemented and is being delivered. This will continue into 2023/24 and continue to be built on as part of the Patient Safety Incident Response Framework implementation.
- A standardised method of running and recording safety huddles has been developed and is being implemented across the ROH, focusing on in-patients and theatre areas in the first year and will be monitored and built on in 2023/24.

How was success measured in 2022/23?

- VTE thematic review completed. No themes identified. Compliance dropped for a short period over the year due to a change in coding, but this was addressed quickly and did not affect patient safety. The Trust has submitted an application to maintain '*Exemplary Site*' status. Figure x. Shows the overall performance reported VTE against avoidable v's unavoidable.

VTE reported over the year:



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Unavoidable	3	3	3	1	0	3	1	6	1	2	1	0
TBC	0	0	0	0	0	0	0	0	0	0	0	4
Avoidable	0	0	0	0	0	0	0	0	0	0	0	0

Figure 1: VTE Reported 2022/2023

WHO Surgical Safety Checklist:

- Visual WHO check list compliance has improved over the year and is consistently >99%. Work continues within Theatre led by the Matron to ensure learning from excellence, lessons learned, and compliance remains high.

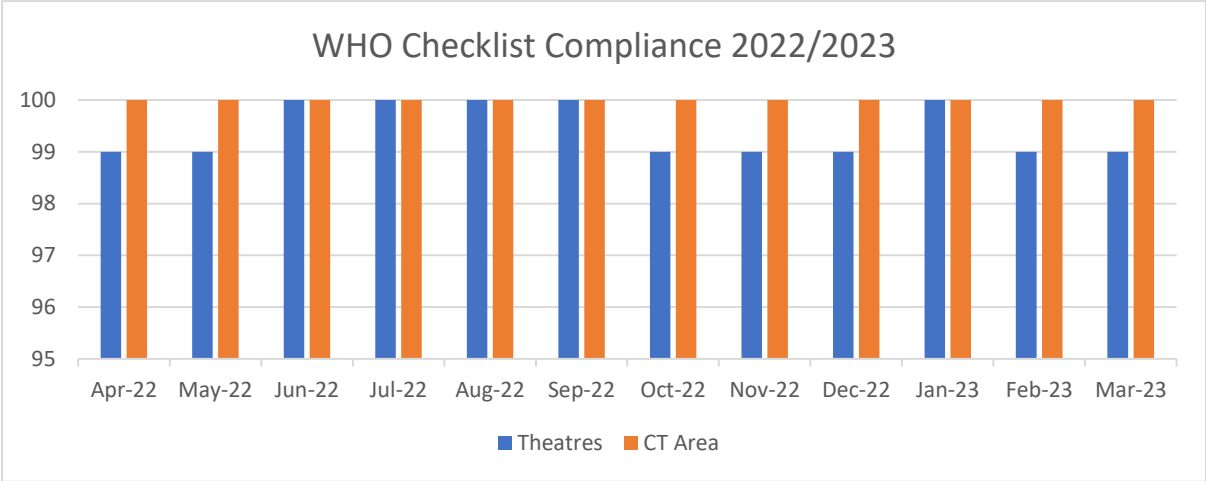


Figure 2: WHO Checklist Compliance 2022/2023

Safety Culture:

Human Factors training has been launched and rolled out under the Patient safety strategy. Impact will be monitored using key metrics: near misses, incident reporting and staff survey data. This work will continue. However, the QP has been achieved.

Safety Huddles:

- Theatre and OPD successful embedded the practice. The wards will audit effectiveness and continue to make improvements throughout 2023/24 using a QSIR methodology.

- Huddles continue to be monitored and established across the Trust therefore, they will roll into next year as part of the Patient Safety priority.

Initiative carried for to 2023/24

We recognise the importance of the Patient Safety Strategy and as the ROH is working towards the implementation of the Patient Safety Incident Response Framework, we will roll this priority forward.

Priority 2: Bereavement Services and Multi-Faith Provision

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.

Performance:

Partially Achieved

How was progress monitored?

Progress was reported into the Clinical Quality Group monthly and Quality & Safety Committee quarterly.

Initiatives carried out in 2022/23:

- Deceased patient pathway has been mapped out in readiness for the change; however, this remains on hold due to changes with our preferred partner. Work will continue in early 2023/24 to implement and establish a change in the provision.
- Expanding the multi-faith presentation through volunteers and the Faith Advocacy Group at the ROH.
- 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 was success measured in 2022/23?

- The Trust has been actively recruiting to Chaplaincy volunteer with limited success.
- The Multi-Faith religious booklet has been developed and is being launched in World religion month.
- Multifaith room working group – meeting held. Chaired by the Head of Patient Experience January 2023. Good attendance with excellent multi-faith representation. Agreement gained to access Multi-Faith charity funds to refresh the room; work being planned.
- The communication team have been focusing on, acknowledging and celebrating the multi-faith holiday.

- Multi-faith and the faith room are to be advertised on the Patient Information System. Increase access for patients and staff as per the Chaplaincy guidance recommendation.

Priority 3: Learning Disability – implement the learning disability improvement standards for the ROH.

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

Performance:

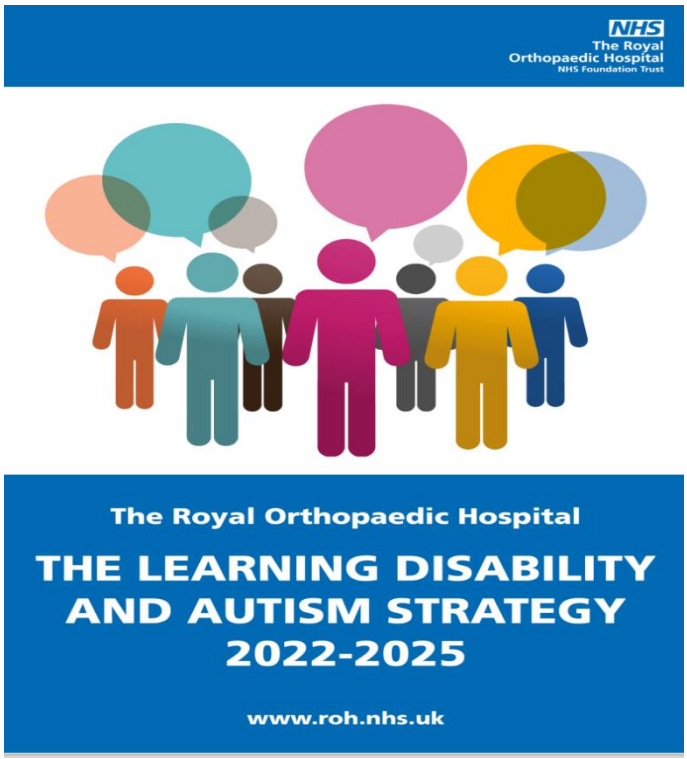
Partially Achieved

How was progress monitored?

Progress was reported into the Clinical Quality Group monthly and Quality & Safety Committee quarterly.

Initiatives carried out in 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.
- Develop and launch a Learning Disabilities and Autism Strategy.



How was success measured in 2022/23?

- The strategy was launched in late 2022.
- Benchmarking data entry completed.
- Develop and launch a Learning Disabilities and Autism Strategy.

Initiatives to carry forward in 2023/24:

- Learning Disability Forum will be created.

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

Performance:

Achieved

How was progress monitored?

Progress was reported into the Clinical Quality Group monthly and Quality & Safety Committee quarterly.

Initiatives carried out in 2022/23:

- A gap analysis against the Core Standards for Pain Management Services (Faculty of Pain Medicine) was carried and highlighted the need for the Trust to have a dedicated Acute Pain Practitioner.
- Review of the Rapid Response Teams skills gaps around pain and develop a plan.
- Review pain management, accessing the PICS and reviewing opiate use in the trust.
- Pharmacy reviewed our opiate use and explored alternative approaches.

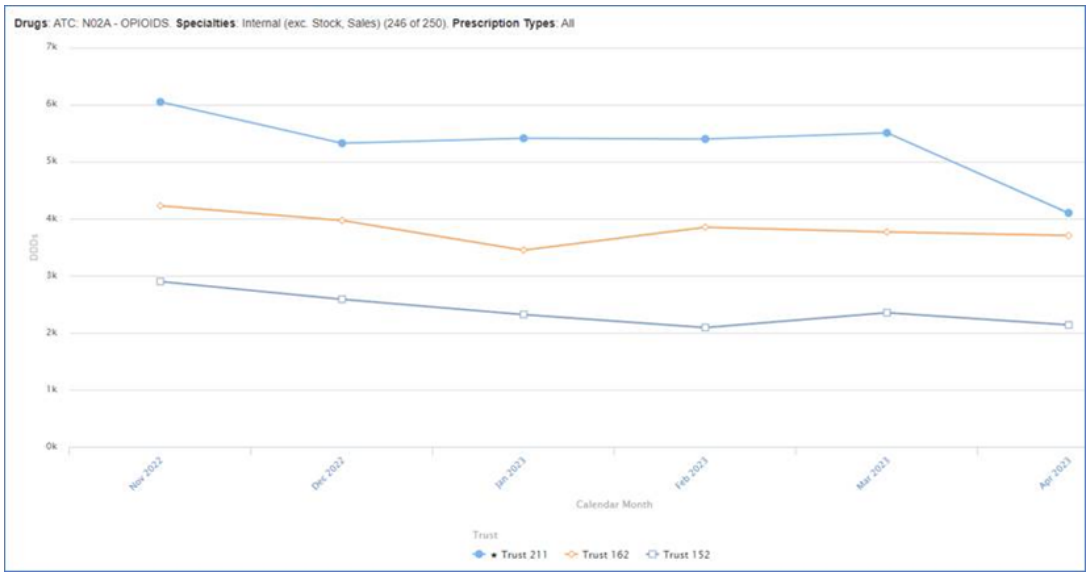
How was success measured in 2022/23?

- It was identified that the Rapid Response Team has no clinical expertise within the team as part of the gap analysis. As a result of this finding, recruitment is underway to recruit a part-time acute pain nurse to support the pain rounds and provide advice and guidance.
- Opiate use in the Trust has been reviewed by the pharmacy team and changes to prescribed pain relief have been introduced in-line with the national plan to reduce opioid use.

As a result of benchmarking ROH Oral Morphine usage in 2022, a decision was made by pharmacy and medical leads to switch from oral solution to oral tablets on discharge. This would enable a smaller quantity to be dispensed at discharge compared to a whole 100mls bottle, thus reducing the overall opioid prescribing burden. This has led to a significant reduction in the use of morphine as demonstrated in the graph below. ROH is now in line with other Specialist orthopaedic organisations. There is ongoing work around identifying further strategies to reduce opioids in line with the national MEDSIP program which is incorporated into the national patient safety strategy.

Overall Opioid use has also declined in April 2023 at ROH.

Usage of Opioids in 2022/2023



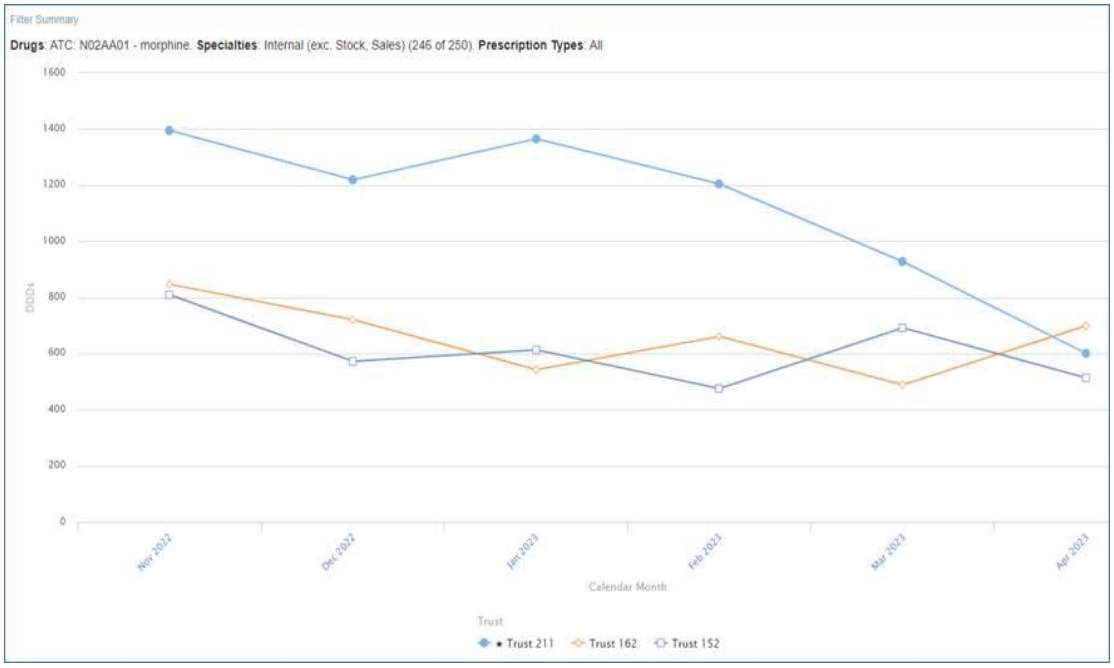
Trust 211- Royal Orthopaedic

Trust 152- Robert Jones and Agnes

Trust 162- Royal national orthopaedic hospital

2022/2023

Comparison of Morphine use in 2022/2023



Trust 211- Royal Orthopaedic

Trust 152- Robert Jones and Agnes

Trust 162- Royal national orthopaedic hospital

Figure 4: Overall usage of Morphine

Priority 5: Implement shared decision making - achieve 65% in monitoring

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, consequences, using decision aids, and how to embed shared decision making in organisational culture and practices.

Performance:

Achieved

How was progress monitored: Progress was reported into the Clinical Quality Group monthly and Quality & Safety Committee quarterly.

Initiatives carried out in 2022/23:

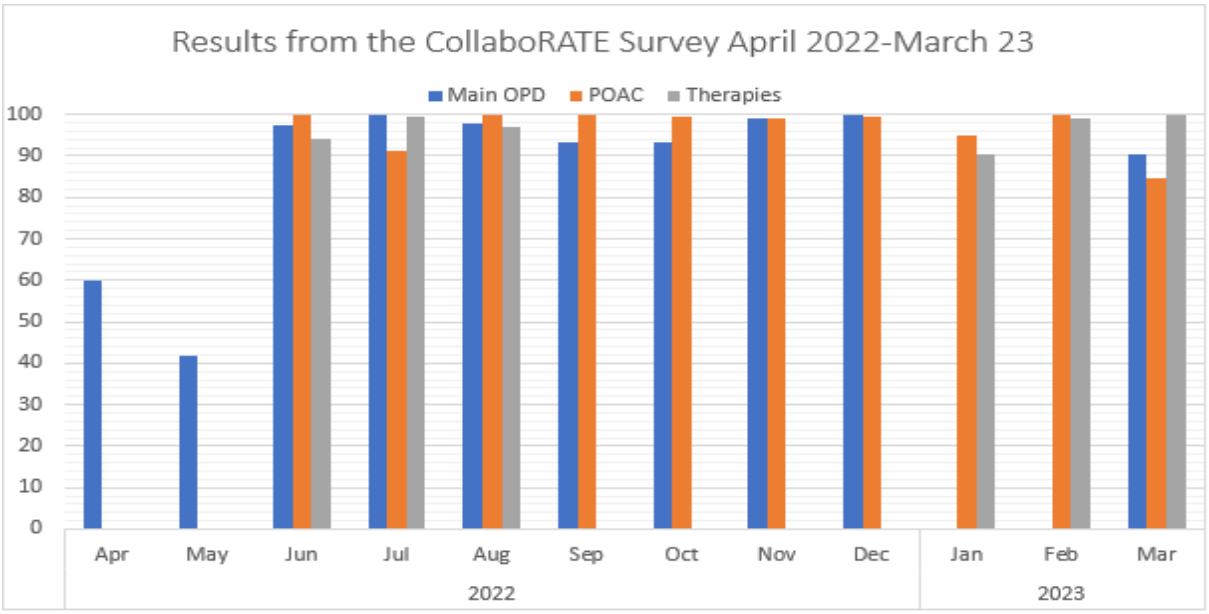


Figure 5: Results from the CollaboRATE Survey 2022/2023

- Embedding the CollaboRATE survey into the outpatient questionnaire. The April and May results were collected whilst the survey was in implementation and there was initially confusion regarding the Likert 1-5 scale about if 1 was positive or 5. The wording was strengthened for the June data collection.
- Identifies and trained 2 members of staff to work with the ICS to learn how to deliver the Shared Decision-Making Training within ROH. These Senior Physiotherapy trainers attended the training and have been included into the Shared Decision-Making Steering Group.

How was success measured in 2022/23?

- The ROH has achieved the first milestone of the CQUIN, implementing a methodology to capture the patient perspective on SDM, then collecting data for quarter 2. Due to our positive results the target was increased to maintain 75% or above in quarter 4.
- Funding secured to create a 90 second patient informational video to explain the Shared decision-making concept.
- Trust web pages redesigned, and the patient information section has been strengthened and streamlined. Patient information is quicker to access and presented in a uniform layout.

3.0. Our Quality Priorities for 2023/24

The Trust values the views of our key stakeholders and as in previous years has sought their involvement and feedback to ensure our plans accurately reflect the needs of our patients and the communities we serve. We have done this by consulting with staff, key stakeholders, patients, and members of the pubic using various methods including complaints, PALS and NHS CQC In-patient feedback. The consultation process took place during April and May 2023. Five specific areas to focus our attention in 2023/24 were identified.

Five specific areas to focus attention on in 2023/24 have been identified.

Safe	Continue to embed a Safety Culture through the implementation of the Patient Safety Incident Response Framework (PSIRF) in the Trust. While continuing to embed safety initiative into the Trust.
Caring	Improve the quality of communication to our patients.
Effectiveness	Improve awareness of good 'Antimicrobial Stewardship'.
Responsive	Optimisation of patient's health prior to surgery.
Well-led	Ensuring clinical knowledge gaps are identified and addressed to ensure our workforce are culturally responsive to the needs of the people we serve using a continuous improvement methodology.

Table 2: Quality Priorities for 2023/24

How will progress be monitored:

Performance will be monitored and tracked monthly at the Clinical Quality Group, allow early escalation of complications or failure to deliver against action plan.

Quarterly reports will then be presented to Quality & Safety Committee for oversight and assurance via the Chief Nurse report. The quarterly report will be presented to Trust Board for assurance and scrutiny. Twice yearly updates will be provided to the Council of Governors for assurance against their sponsored priority.

Priority 1: Continue to embed a Safety Culture through the implementation of the Patient Safety Incident Response Framework in the Trust. While continuing to embed safety initiative as part of last year priorities.

Executive lead: Chief Nurse / Director of Governance

Why we chose this Quality Priority:

Patient safety is everyone's business and as the Trust works with system partners to implement the new framework, we will continue to ensure that the foundation work already embedded is built on over the coming year.

What actions will be taken?

- Undertake PSIRF reviews and disseminate learning from the system implementation group.
- Improvement practice standardised and embedded in alignment with PSIRF.
- Sharing of learning through a framework of engagement and continuous improvement.
- Continue to develop a safety culture through engagement and continued roll out of Human Factors training.

How will we evaluate success?

- Implementation of PSIRF.
- Launch of a 2-year patient safety plan.
- Introduction of Patient Safety Partners.
- Monitor the impact on Human Factors training, via our staff survey results, near missed incident reporting and incident report. Complaints and patient feedback form engagement sessions.
- Feedback from staff and Patients as Partners on our Safety and Quality walkabouts.
- Improved awareness of themes and triangulation of data.
- Analysis of protected characteristics of people who use our services.

Priority 2: Improve the quality of communication to our patients.

Executive lead: Chief Operating Officer / Chief Nurse

Why we chose this Quality Priority:

Medical and healthcare information can be complex, if people don't get clear and understandable information, they may make decisions that aren't right for them or not be able to access services at all.

Our Patient Advice & Liaison (PALS) contacts data highlighted that in 2022/23 two of our main themes for patients to contact us was related to 'Appointment' and Communication' issues.

Healthwatch UK reports that since the start of the Covid 19 pandemic there has been a national increase in people contacting them due to not being able to obtain information in a way that meets their needs.

What actions will be taken?

- Review all current patient information against the Good Communication with Patient: Core principle (2021). (Included leaflets, letters, and all communications).
- Review the Trust current interpretation / translation service against accessible information standards.
- Review complaints and cancellation on the day related to communication and translation services, to identify themes and trends that can be improved.

How will we evaluate success?

- Decrease in complaints related to patient communication by 10% over the year.
- Reduction in cancelation on the day related to translation services by 5%.
- Reduction on PALS contacts related to communication issues by 10%.

Priority 3: Improve awareness of good 'Antimicrobial Stewardship'.

Executive lead: Chief Nurse / Medical Director

Why we chose this Quality Priority:

NICE recommendations: Antimicrobial resistance (AMR) in the loss of antimicrobial effectiveness and although it evolves naturally this process is accelerated by the incorrect use of antimicrobials, such as prolonged use. Direct consequences of infection with resistant microorganisms can be severe and affect all areas of health, including increased illness and hospital stays, increased costs, mortality, and reduced protection for patients undergoing operations or procedures.

What actions will be taken?

- Snapshot audit to be undertaken by junior medical staff using 'Start smart then focus toolkit'. Establishing a baseline.
- The trust will be taking part in the SAPPHIRE which is a research trial designed to explore: *Safe Antimicrobial ProPhylaxis for surgery study.* However, the finding of this may not be available in the year, however the trust will support.
- Deliver consultant education at clinical audit by Consultant Microbiologist.
- Develop bite size (for safety huddles) education tools for nursing/ODP's teams.
- Create a webpage on the Trust internet focused on raising awareness for patients around AMS supported with leaflets.

How will we evaluate success?

- Increase use of the 'AWARE' category of antibiotics to above 50% of total antimicrobial use (Excluding Bone Infection patients).
- Antibiotic awareness will be increased thought the Trust.
- Antibiotic use decrease.

Governors sponsorship

Priority 4: Optimisation of patient's health prior to surgery

Executive lead: Chief Nurse / Chief Operating Officer

Why we chose this Quality Priority:
To reduce health inequalities amongst the community we serve. In a post pandemic world, cancellations on the day of surgery linked to potential gaps in pre optimisation of patients preoperatively is on the rise. Patients who are not fully ready for treatment are at a greater risk of significant complications after surgery, which can result in extended hospital admissions, leading to longer term health issues and reduced mortality.

What actions will we take?

- Develop a 'five steps approach' to keeping well prior to surgery and share education at pre-Operative assessment.
    - Look after your mental health
    - Keep moving
    - Manage you weight
    - Eat well
    - Take your medication
- Build on the 72 hours pre-surgery checks, by developing digital solution to identify potential risk to surgery (such as skin tear detection).

How will we evaluate success?

- Development of a health inequities plan (Strategy).
- Improved patient outcomes though education (Weight loss, stop smoking etc.).
- Reduction of patient cancellations on the day of surgery.
- Reduction in delayed discharges.

Priority 5: Ensuring clinical knowledge gaps are identified and addressed to ensure our workforce are culturally responsive to the needs of the people we serve using a continuous improvement methodology.

Executive lead: Chief Nurse

Why we chose this Quality Priority:
To reduce health inequalities amongst the community we serve. To ensure safety of all patients we serve, whilst recognising differing needs due to ethnicity. We must have the ability to recognise risk factors amongst specific groups and be able to take actions to improve their healthcare outcomes.

What actions will we take?

- Using Quality Improvement (QI) methodology identity gaps in knowledge among the clinical staff and develop 'fast tutorials' that can be used to educate staff when at risk patients are admitted.
- Recruit and embed a Quality Improvement Nurse within the nursing structure.
- Introduce 'shared governance' empowering the teams to identify and continue improving initiatives and identify gaps in knowledge.

How will we evaluate success?

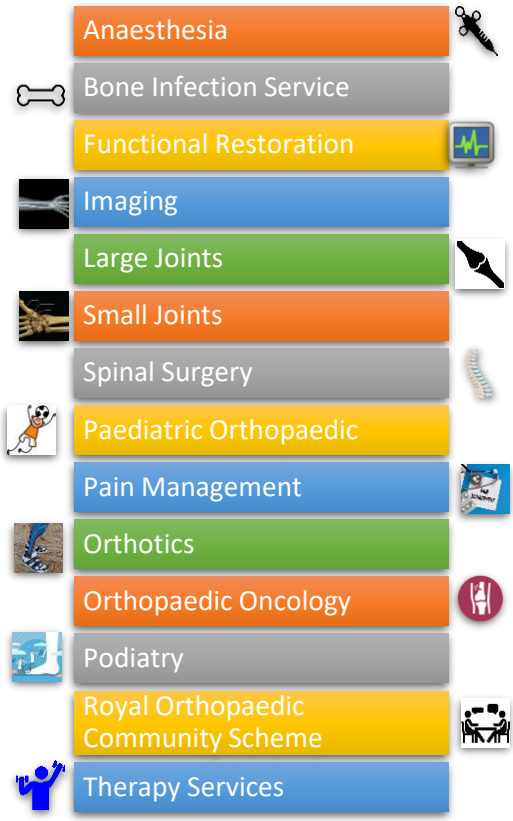
- Deliver a two-year health inequalities plan in line with the Trust strategy.
- Successful recruit a Quality Improvement nurse.
- Start to embed Shared governance and be setting up nursing council locally to identify gaps.

4.0. Statements of Assurance

4.1. Priorities for improvement and statements of assurance

During 2022/23, The ROH have provided 14 relevant health services. The ROH has reviewed all the data available to them on the quality of care in these health services.

The 14 services provided by the Trust are:



4.2. Percentage of Income Generated by ROH Services

During 2022/23 ROH provided and or subcontracted £121,830,757 of relevant health services.

The income generated by these health services reviewed in 22/23 represents 95.5% of the total income generated from the provision of health services by The ROH during the year. The majority of patient related income received for 22/23 has been primarily block contract arrangements with commissioners supplemented by additional funding support for elective recovery.

4.3. Participation in national clinical and local clinical audits.

During 2022/23, the Royal Orthopaedic Hospital participated in 7 national clinical audits that covered health services that the Trust provides. This was 100 percent of the national audits the trust was eligible to participate in.

The national clinical audits that data collection was completed during 2022-23 are listed below.

4.3.1. National Audits

Project Title	Submitting Data	Latest Report
Elective Surgery: National PROM'S Programme	YES	97% Compliance
National Joint Registry (NRJ)	YES	96% 20-21 97% 22-23
BOOM - British Orthopaedic Oncology Management Audit	YES	Awaiting national report
Venous thromboembolism in Foot and Ankle surgery.	YES	Compliant
The PFF Study: A National retrospective review of femoral periprosthetic fracture management. Is there variation in practice?	YES	Awaiting national report to be published
RADICAL: Robotic Assisted Data Evaluation Collaborative on Alignment	Data entry not yet opened	Not launched yet
NAP 7 - Perioperative Cardiac Arrest	YES	Awaiting latest report

Table 3: National Audits

4.3.2. National Audits Cont…

Speciality	Brief description of audit/Improvements
Arthroplasty PROMS	Latest report published 12 August 2021 • 97.3% of hip replacements reported improvements, from Oxford Hip score. • 94.5% knee replacements reported improvements in health from Oxford Hip score. • 65.1% of Hip participation rate Post Operative questionnaire • 65.4% of Knee participation rate Post operative questionnaire Following on from the publication it was identified that more engagement with patients was required to improve the participation rate following Hip and knee procedures. Telephonists now collect data by contacting the patient and completing the questionnaire with them. **Current participation rate at ROH.** • 85% participation rate - 1247 Primary Hip procedures and 91 revisions have been completed 22-23 • 85% participation rate – 1039 knee procedures and 83 revisions have been completed 22-23 • PROMS data us reviewed at both AQULA and Quality and Safety Committee.
National Joint Registry (NJR)	All primary and revised arthroplasty is registered on the NJR system. In 2020-21 the audit compliance was 96% and 2022-23 97%. The national compliance target was 95%. Therefore, we exceeded the national target in both preceding years. The trust is currently looking at the revisions and identifying areas for improvement.
BOOM - British Orthopaedic Oncology Management Audit	The Birmingham Orthopaedic and the British oncology society have developed a national audit to assess the management of patients with metastatic bone disease against the BOOS guidelines. We have not yet received the report following data submission. This is due April 2023.

Venous thromboembolism in Foot and Ankle surgery	The audit aimed to capture thromboembolism data on foot and ankle patients. We were unable to measure all areas of the audit because we are an elective trust. The data showed that the areas that we were able to complete we were 97% compliant, and no further actions were required.
The PFF Study: A National retrospective review of femoral periprosthetic fracture management. Is there variation in practice?	The audit is to look at standardisation of management of periprosthetic fractures across the region. To report the mode of fixation for each fracture subtype. We have submitted data to Redcap and await the final report.
NAP 7 Perioperative cardiac arrest	The Royal College of Anaesthetics will examine perioperative cardiac. We cannot look at recommendations for NAP 6 because this was Perioperative anaphylaxis. Report for NAP7 to be published April 2023

Table 4: National Audits

4.4. Local Audits

Project Title	Speciality	Lead	Background/Conclusions
Osseo-integrated implants for lower limb amputees service evaluation	Oncology	Mr Parry/Alicia Stanton	The aim of the audit was to trial a patient pathway between ROH, QEH and MOD to support ex-military amputees to have an intensive recovery and rehabilitation programme. The metrics that were looked at were length of stay, postoperative complications, re-admission rates, sf36 (an outcome measurement instrument), EQ5d (a quality-of-life measurement tool), 6-meter walk test, QTFA (Questionnaire for persons with a transfemoral amputation) and Timed up and go (A mobility assessment tool). The results of the new pathway proved successful – the actions that were completed following this study were increased therapy involvement, an upgrade of physiotherapy equipment, and established links with appropriate offsite rehabilitation facility for private pathway sustainability. Training for new theatre kit Was also rolled out. A re-audit was not required, and the pathway is now embedded with positive feedback from Queen Elizabeth Hospital clinical team, visiting consultants and the trust have had multiple requests for the procedure to be carried out using the new protocol on private patients both nationally and internationally.
VTE assessment and prophylaxis according to the Trust guidelines in Spinal Patients	Spinal	Mr Prasad/ Mr Hassan	The aim of this audit was to see the compliance of the VTE risk assessment and prophylaxis according to the trust guidelines in spinal patients that have had surgery at been ROH and admitted to the ward. From the criteria 100% of patients had a VTE assessment at admission prior to surgery. However, post op VTE was <30%, Enoxaparin prescription from post op day 2 were <66% of the required patients and <30% had a VTE reassessment done when the VTE status changed. The audit identified this as a risk, as this could lead to VTE complications. Recommendations were made for PICS to make changes to the current operating system. However, due to the long-time scales it was agreed that the trust needed temporary measures in place to eliminate the risk.

			The following actions were implemented - pharmacy were advised to check that the VTE was completed when enoxaparin was prescribed and a teaching session for consultants where the SHOs and SpR teams agreed that the VTE will now be included on the ward handover sheets.
Shared Decision Making	Trust	Mr Revell/Angharad Macgregor	Shared decision making is the collaborative process that ensures a person is fully involved and informed about any decisions about their care. The 3 CollaboRATE questions were included in the outpatient questionnaire. The Questionnaire is co-ordinated by the ROH patient experience team and supported by our ROH volunteers which, commenced in April 2022. In April to September 2022 there were 270 questionnaires completed across the Outpatient department, the Children and Young Persons Department, and Physiotherapy Department. Out of those 259 patients answered the Collaborate Questions The results from Q1 and Q2 showed that all areas achieved consistently positive scoring and met the national targets. To ensure that this practice is maintained a shared decision group is reviewing the training provision for clinicians at ROH. This training will be delivered ingroups of 20 initially targeting all professionals who gain written consent from patients. Posters are also being disseminated, showing key information to target both staff and empower our patients to ask questions.

Table 5: Local Audits

4.5. Audit Overview

Work has been completed to streamline and ratify the open audits that were registered within the organisation. All audits that were no longer relevant or being actively managed were removed. This provides clarity on the work that is on going and will enable the Trust to accurately report on active audits. The audits that have been cleansed are referred to as “Abandoned”.

Division 1		Division 2	
Completed	17	Completed	13
Abandoned	33	Abandoned	26
Requires Re-audit	5	Requires Re-audit	3

Summary	
Completed	30
Abandoned	64
Re-audit	8
Completed Within Time Frame	Extended
36%	64%

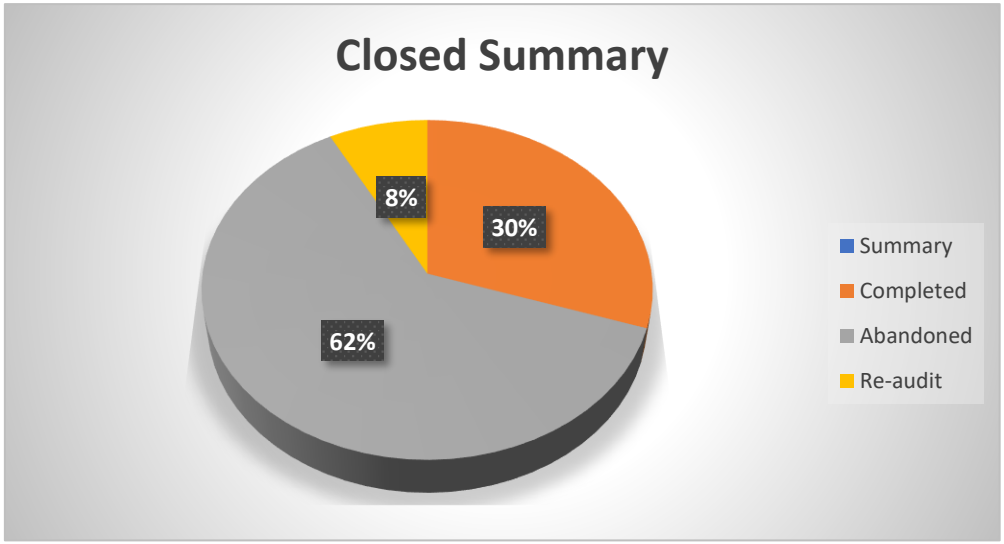


Figure 6: Closed summary of Closed Audits 2022/2023

4.6. Priorities for the Audits in 2022-23

The primary focus within the clinical effectiveness team is to embed a clinical audit platform across the Trust. This will enable departments to share best practice, to measure and monitor improvements between departments in order to improve care. We hope to increase the clinical audits registered within the teams and be able to give assurance against standards to all NICE guidance. In areas that are not compliant the appropriate action plans have been implemented and a re-audit completed to check the progress.

4.7. National Confidential Enquiries

In 2022/23 we took part in a Confidential Enquiry regarding 'Transition from child to adult health services' this report is due to be published in June 2023.

4.8. Clinical Research

4.8.1. 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, the focus is on implementing the National Institute for Health Research's "Research Recovery and Reset" Programme, which aims to support research activity to return to pre-COVID levels. The successful implementation of this programme is seen by the year-on-year increases in recruitment rate since the pandemic.

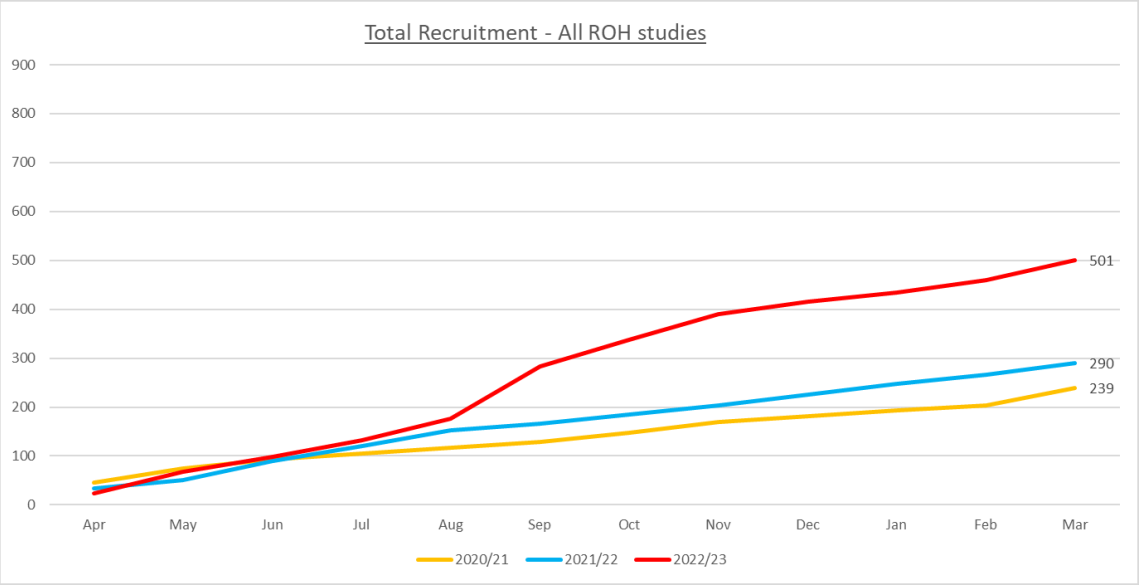


Figure 7: Total recruitment- All ROH Studies 2022/2023

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.

During financial year 2022/23, the number of patients receiving NHS services provided or sub-contracted by the ROH that were recruited to participate in research approved by a research ethics committee was 501 into 29 studies. Of these, 394 were recruited into National Institute for Health Research (NIHR) portfolio studies whilst 107 were recruited into non-NIHR portfolio studies. The increase in recruitment to non-NIHR portfolio studies is driven by a significant increase in research through our Research Tissue Bank (RTB). Studies approved via the RTB are not currently eligible for NIHR portfolio adoption, but account for 103 of the 107 non-portfolio recruitment. The number of participants recruited into commercially sponsored studies has increased to 19, which is the highest for 5 years.

It is important to recruit to studies, while ensuring good strategy housekeeping by closing finished studies in a responsible manner. When studies cease recruitment, there is an ongoing requirement to continue with studies to ensure patient safety following a research intervention and collect data during the follow-up periods of the recruited participants.

In addition to the 29 recruiting studies, there were an additional 19 studies closed to recruitment, but continuing to provide care to/collect data from patients, meaning that the total number of active studies is 48. Of the 19 studies in follow up, 15 are within the NIHR portfolio and 4 of the 19 are commercially sponsored.

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

In March / April 2022 five CQUIN were agreed with the then Clinical Commissioning Groups (CCGs), which was then transferred to the Integrated Care System (ICS) oversight in July 2022 when the Health and Care Bill was approved in parliament.

The Royal Orthopaedic Hospital (ROH) agreed the following CQUIN's for FY 22/23:

- CCG1: Flu Vaccinations for Frontline Workers
- CCG2: Appropriate antibiotic prescribing for UTI in adults aged 16+
- CCG 3: Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions.
- CCG8: Supporting patients to drink, eat and mobilise after surgery

CQUIN	Target	Status
CCG1: Flu Vaccinations for Frontline Workers	70%	**67% of frontline staff vaccinated.**
CCG2: Appropriate antibiotic prescribing for UTI in adults aged 16+	40% to 60%	Data for last quarter is not available (will be added later)
CCG 3: Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions.	60%	**74% compliance achieved**
CCG8: Supporting patients to drink, eat and mobilise after surgery	60%	**89% compliance achieved**

Table 6: CQUIN for the ROH

4.10. 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 2022/23.
- 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'.

4.10.1. Care Quality Commission (CQC) Registration and Compliance- 2019

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. (Regulation17.2 (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 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. ROH has been responsive post-pandemic to recover the position.
- Staff have been reminded of the ROH policies on locking medical records and the resuscitation trolleys. This is monitored through audit for assurance.
- 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 has also re-instated the Patient Participation Group to involve patients in co-designing our services. A Youth Forum has also been established this year to capture the voice of young people.

The ROH is continually monitoring the oversight to these recommendations via a CQC Action Plan through the Quality Governance Framework to ensure that actions are embedded.

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 8: Last CQC rating

4.11. Information on the Quality of Data

The ROH submitted records during 2022/23 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

- ✓ 99.9% for admitted 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.

4.12. 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 113 mandatory requirements prescribed by the National Data Guardian. As at the baseline assessment in February 2023 the ROH could evidence 109 requirements and is working towards full compliance 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.

4.13. Payment by Results Clinical Coding Audit

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

4.14. Improvements in Data Quality

The ROH has several 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 good data quality:

- ✓ 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 the 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.

The launch of the Integrated Performance Dashboard during the year has improved the accessibility and depth of reporting now available to relevant parties, in turn this is allowing data to be viewed in a timelier manner.

4.15. Medical Rota Gaps

Our postgraduate workforce has been resilient in the face of national pressures on the NHS and cost of living. Despite industrial action, there continue to be challenges that are unresolved. The ROH management have continued to support the doctors and though there are still payroll and HR issues, the ROH is still considered one of the most supportive employers in the region.

There is 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.

The post graduate tutor and 'mid-level care provider clinical lead' support and oversee the postgraduate doctors' training and administrative needs.

Information is provided to postgraduate doctors on induction and guidance is available to all staff via the hospital internet pages. A comprehensive post graduate doctor's handbook 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 mess area/business lounge and steps have been taken to appoint a postgraduate doctors wellbeing champion. The minutes of the postgraduate doctors' forum evidence the cycle of requests and improvements that are being made throughout the year in response to feedback from the doctors.

4.16. 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.

Year	Number of Patient safety incidents reported	Number of patient Safety Incidents with Severe harm	% of patient safety incidences that resulted in severe harm	The rate of patient safety Incident per 1000 bed days	National Rate (Best)	National Rate (Worse)
2022/2023	3780	1	0.02%	Data not available	Data not available	Data not available
2021/2022	2857	1	0.04%	Data not available	Data not available	Data not available
2020/2021	2874	0	0%	61	31	118
2019/20	2953	4	0.14%	49.24	18.7	107
2018/19	2202	1	0.20%	75.9	26.3	184
2017/18	1530	7	0.50%	45.38	19.1	142

Table 8: Patient Safety Incidents 2017/2018 to 2022/2023

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 grades incidents 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 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 and Trust Board. Monthly reports are also shared with BSOL ICB via contracting meetings.
- ✓ 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.
- ✓ Implementation of the Patient Safety Incident Response Framework (PSIRF) is underway within the Trust.

4.17. Learning from Deaths

At 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 an aspect of avoidability in the death, due to lapses in care at ROH is identified, then a Root Cause Analysis (RCA) is commenced to identify the relevant learning.

During 2022/23 there were:

- ✓ 1 x inpatient death
- ✓ 18 x deaths within 30 days post discharge

Learning from Death process has raised no concerns regarding ROH care that contributed to the cause of death.

4.17.1. Standardised Hospital Mortality Indices (SHMI)

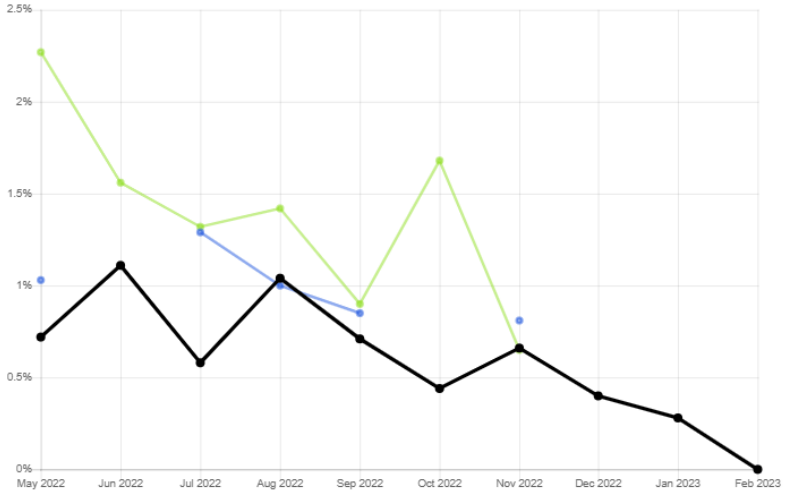
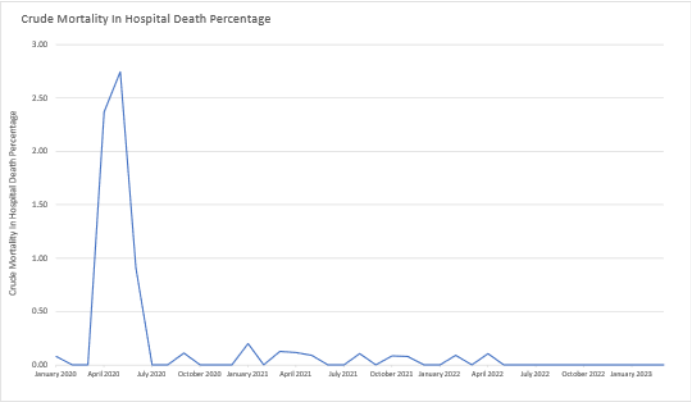


Figure 9: SHMI

We benchmark mortality against other stand-alone orthopaedic trusts. The crude mortality rate continued to improve during the financial year 2022-23 and is in line with similar organisations.

Month	In Hospital Death	Total Discharges	Crude Mortality In Hospital Death Percentage
January 2020	1	1254	0.08
February 2020	Null	1347	0
March 2020	Null	960	0
April 2020	8	338	2.37
May 2020	11	401	2.74
June 2020	3	330	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	0.20
February 2021	Null	494	0
March 2021	1	784	0.13
April 2021	1	874	0.11
May 2021	1	1141	0.09
June 2021	Null	1247	0
July 2021	Null	1110	0
August 2021	1	965	0.10
September 2021	Null	1167	0
October 2021	1	1202	0.08
November 2021	1	1290	0.08
December 2021	Null	1053	0
January 2022	Null	998	0
February 2022	1	1104	0.09
March 2022	Null	1224	0
April 2022	1	952	0.11
May 2022	Null	1207	0
June 2022	Null	1158	0
July 2022	Null	1121	0
August 2022	Null	1134	0
September 2022	Null	1200	0
October 2022	Null	1204	0
November 2022	Null	1277	0
December 2022	Null	1058	0
January 2023	Null	1155	0
February 2023	Null	1104	0
March 2023	Null	1321	0



4.18. 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.

Years	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	2022/23
Readmission Rate	1.8%	1.0%	1.1%	1.1%	1.5%	1.7%	1.4%	1.3%	1.0%	1.4%	1.4%	1.3%	0.8%	1.0%

Figure 10: Readmission from 2009/2010 to 2022/2023

Readmission rates for ROH have remained constant in the last few years with an average rate of 1.3%. The exception to this was during the first COVID peak in 2020 as can be seen in the SPC chart below.

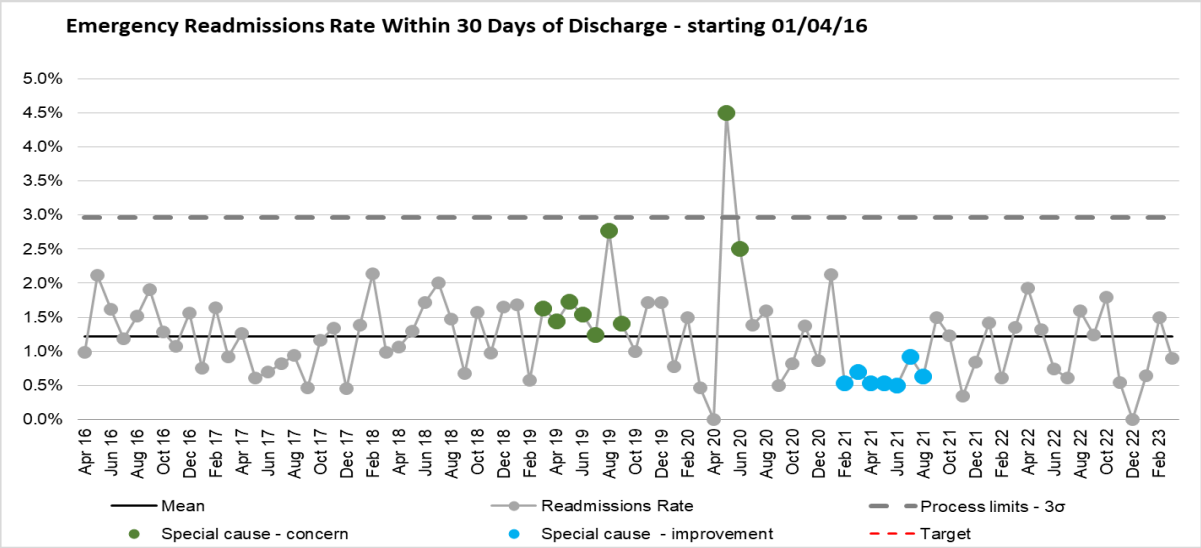


Figure 11: SPC Chart- Emergency admission rate within 30 days April 2016 to February 2023

4.19. Response to personal needs

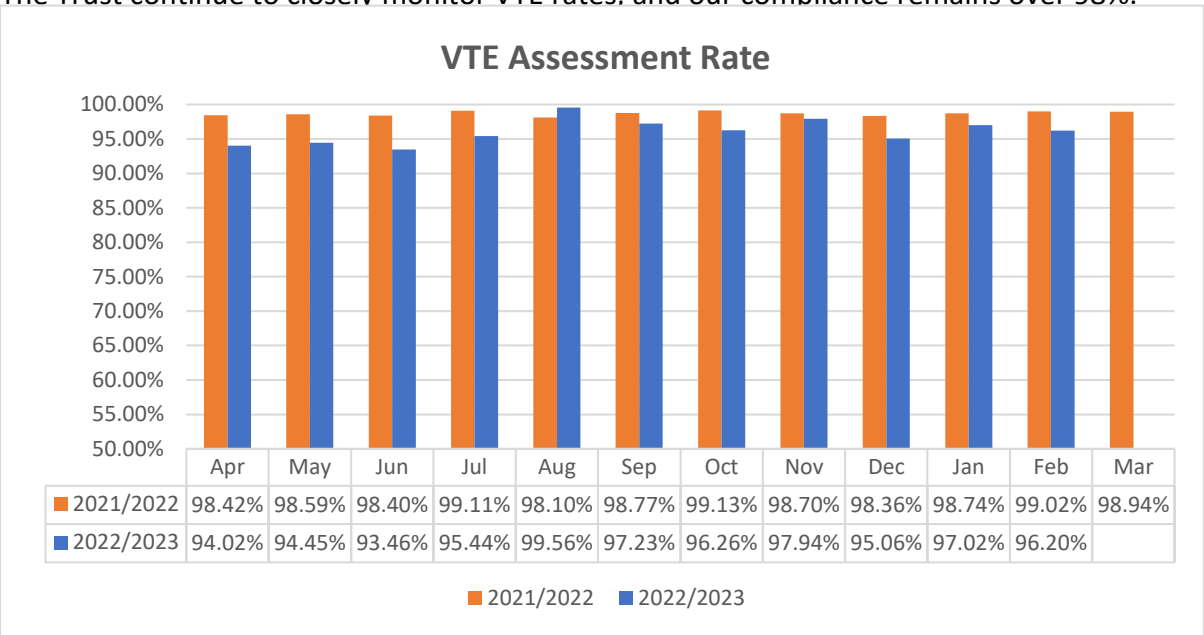
The responsiveness to personal needs information is from five questions contained within the National Inpatient Survey. These questions are:

- ✓ 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?

However, due to the merger of NHS Digital and NHS England on 1st February 2023 we are reviewing the future presentation of the NHS Outcomes Framework indicators. As part of this review, the annual publication which was due to be released in March 2023 has been delayed. Further announcements about this dataset will be made on the NHS Outcomes Framework publication page in due course.

4.20. Venous Thrombolism (VTE)

The Trust continue to closely monitor VTE rates, and our compliance remains over 98%.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021/2022	98.42%	98.59%	98.40%	99.11%	98.10%	98.77%	99.13%	98.70%	98.36%	98.74%	99.02%	98.94%
2022/2023	94.02%	94.45%	93.46%	95.44%	99.56%	97.23%	96.26%	97.94%	95.06%	97.02%	96.20%	

Figure 12: VTE Assessment Rate 2021/2022 VS 2022/2023

- ✓ All in-patients 16 years + have a mandated VTE risk assessments on admission. These are flagged on our electronic prescribing and medication administration system. No prescribing can occur until the initial risk assessment is complete. 95% risk assessment requirement exceeded with exception of 04/21-06/21 and March 2023. Reason for this was identified as being due to a service that had moved, and data collection was missed from report. March 2023 data is still being reviewed and the report will be updated.
- ✓ In April 2023 we received confirmation that our VTE Exemplar Site revalidation application had been successful. This provides assurance that following peer review ROH VTE policies, processes and pathways are deemed to reduce the risk of harm from VTE for our patients.

4.21. Clostridioides difficile Infection (CDI)

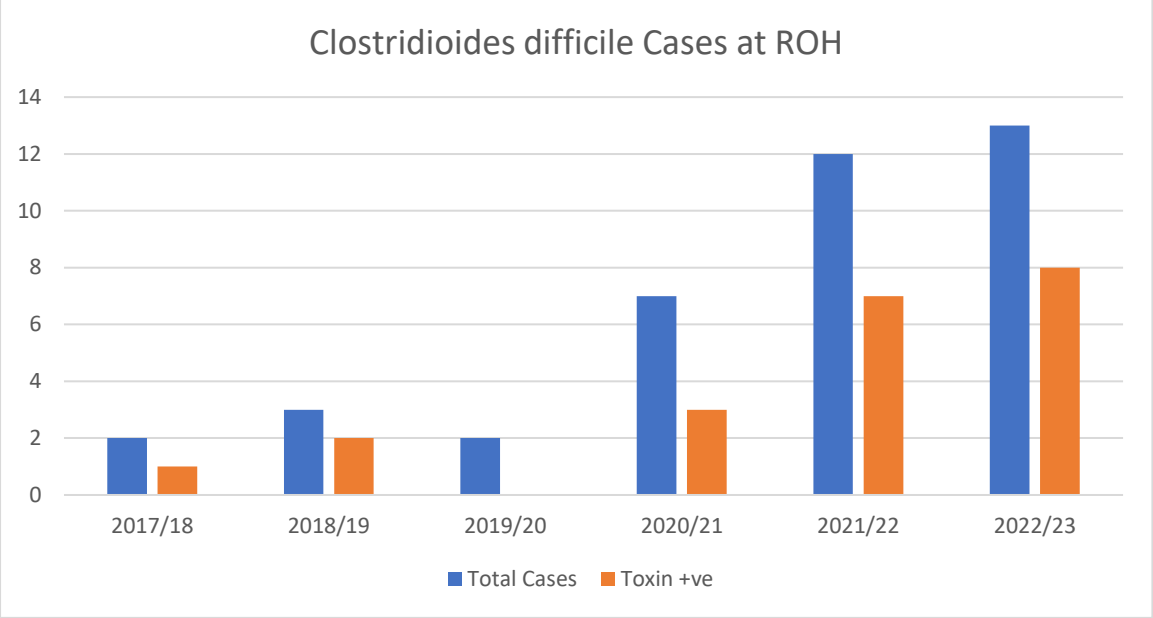


Figure 13: Clostridioides difficile Cases at ROH 2017/2018 to 2022/2023

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

- ✓ *Clostridioides difficile* infections are monitored and reported monthly, with Root Cause Analysis (RCA) conducted on every toxin-positive Community-onset, healthcare associated (COHA) or Hospital-onset, healthcare associated (HOHA) case.
- ✓ The control of infection is of paramount importance for our patients; during 22/23, there have been eight cases of reportable CDI. Which is one case more than was reported during the previous year.
- ✓ A thorough thematic review was undertaken in May which also reviewed and ensured compliance of ROH policy in regard to CDI management against national guidance set by the Department of Health (DoH) and National Institute for Clinical Excellence (NICE).

The ROH is taking 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.
- ✓ 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.

4.22. Compliance with National Targets and Regulatory Requirements

4.22.1. Referral To Treatment (RTT)

The ROH like many other NHS providers have seen Constitutional Targets such as RTT profoundly affected due to the impact of Covid-19. All Constitutional targets continue to be presented and discussed at the monthly Trusts Finance and Performance Meeting, Trust Quality and Safety Committee and within the Divisional structures. Further discussions are held weekly at the System Oversight Group aligned to the national Elective recovery operational performance standards, including activity delivered against plan, trajectories for improvement and cancer performance.

Operational performance metrics are monitored internally at weekly PTL Meetings, Theatre Planning, 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. These oversight meetings aim to reduce the number of patients waiting over 18 and 52 weeks. Additional PTL meetings are scheduled at the discretion of the Deputy COO should the number of long waiters increase.

During 2022/23, the ROH has seen an increase in long waiting patients from the mutual aid, patients are accepted by the trust to minimise longer waits for patients across the system. ROH provided mutual aid to over 2,000 UHB patients and over 90 patients from Robert Jones and Agnes Hunt (RJAH) in 2022/23.

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 a drop in performance from Summer 2022/23, due to the requirement to provide mutual aid incorporating longer waiting patients within the ROH patient tracking list. Patient care for the patients has been delivered acording to clinical need and longest waiting patients using the Royal College of Surgery Clinical prioritisation framework.

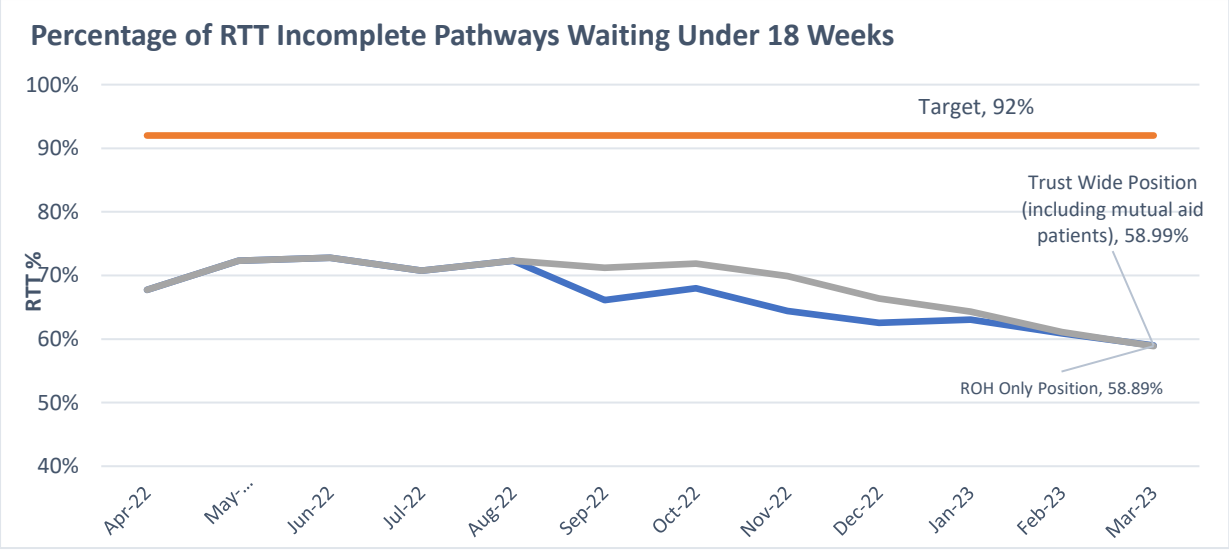


Figure 14: Incomplete figures for ROH Referral to Treatment rates 52 weeks and over

The graph below shows the number of patients waiting over 52 weeks, detailing that the number of patients waiting over 52 weeks saw a steady decrease during elective recovery and the Trust had zero, 52 week waiting patients by October 2022.The impact of the mutual aid patients can be seen from December 2022 as the longer waiting patients taken from UHB waiting lists were added to the ROH waiting list.

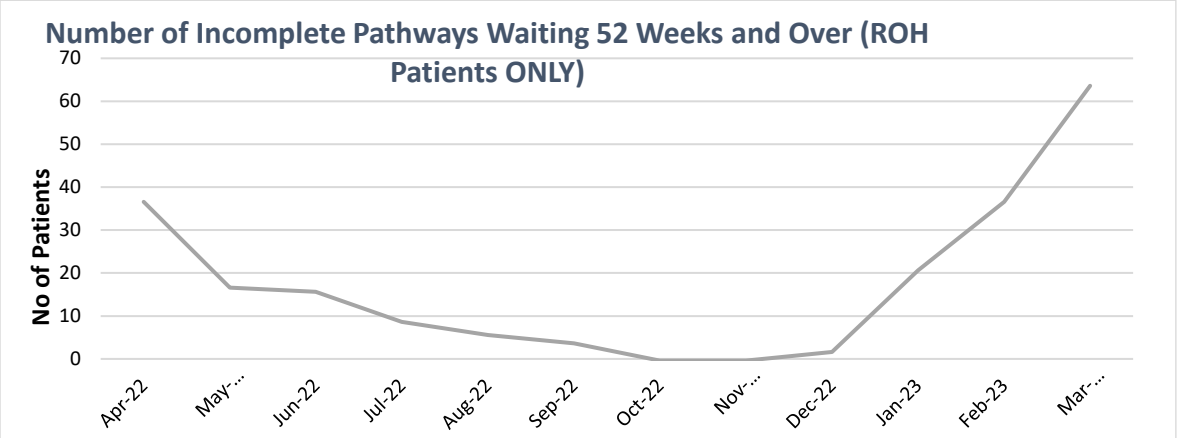


Figure 15: Number of Incomplete Pathways Waiting 52 weeks and Over

Below is the Trust's trajectory to eradicate patients waiting over 65 weeks by March 2024 in line with the new national targets (the trajectory includes a provision for mutual aid patients). The current Trust position is ahead of plan in May 2023 and is actively managed weekly by the operational and clinical teams.

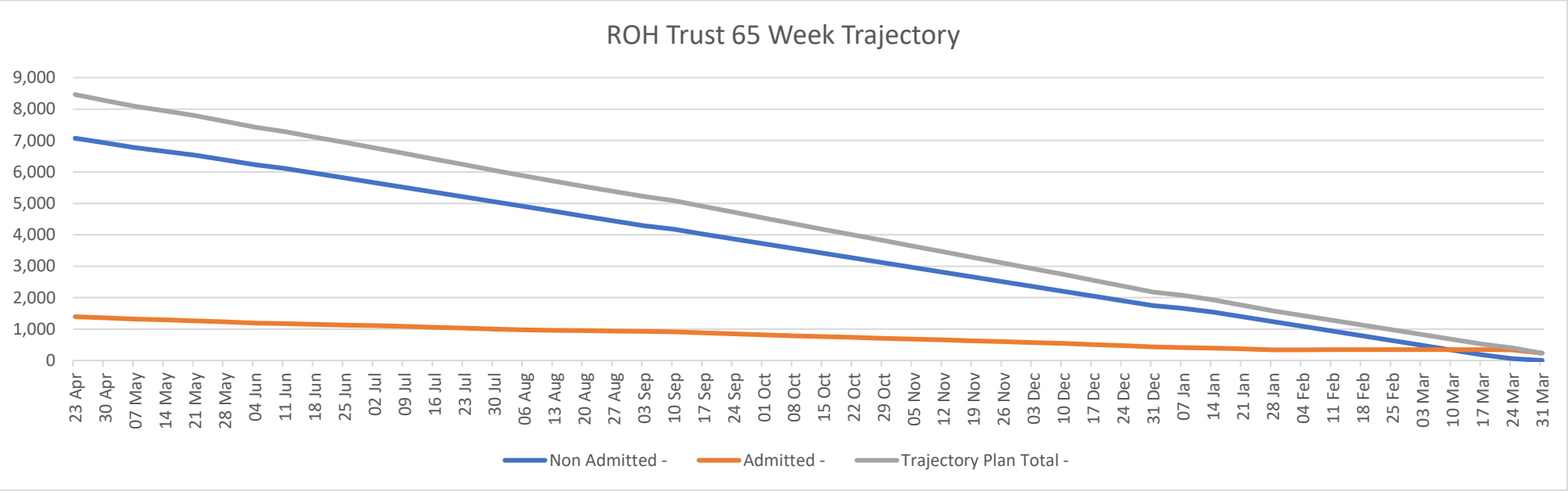


Figure 16: ROH 65 Week Trajectory

4.23. 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 4.8 accountable treatments per month). The high number of tertiary pathways, were due to national recovery patients who are often received late in the pathway have an impact on performance where breaches are accountable to the ROH.

The table below details the overall cancer performance by metric for 2022/2023:

Key Performance Indicators Cancer Services 2022/23	Target	Q1	Q2	Q3	Q4
% Urgent cancer referrals seen within 2 weeks wait	93%	89.40%	94.80%	97.00%	97.40%
% Patients treated within 31 days of decision to treat	96%	83.90%	100.00%	100.00%	97.20%
% Patients receiving subsequent treatment within 31 days (surgery)	94%	100.00%	100.00%	96.40%	100.00%
% Cancer patients treated within 62 days of urgent GP referral	85%	51.70%	51.40%	65.50%	56.50%
Faster Diagnostic standard	75%	80.30%	77.90%	80.50%	84.70%

Figure 17, performance against the 62-day standard

The table above demonstrates that the ROH has consistently achieved the 28-day Faster diagnosis standard during 2022/2023. In Q1 the Trust experienced a high number of patient choice breaches for 2 weeks wait (2WW). However, following a period of increased capacity and oversight the 2WW standard was achieved in Q2, 3 and 4.

The Trust is one of only five specialist metastatic bone and 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 is completed for all patients who breach the 62-day standard. These patients are discussed and monitored at the Cancer Board and as part of the trust harm review process. Any lessons learned are captured and changes in process adopted. Improvements are continually being made to optimise these patient pathways to ensure the highest quality of care is delivered.

The graph below illustrates the ROH performance against the 62-day standard during 2022/2023:

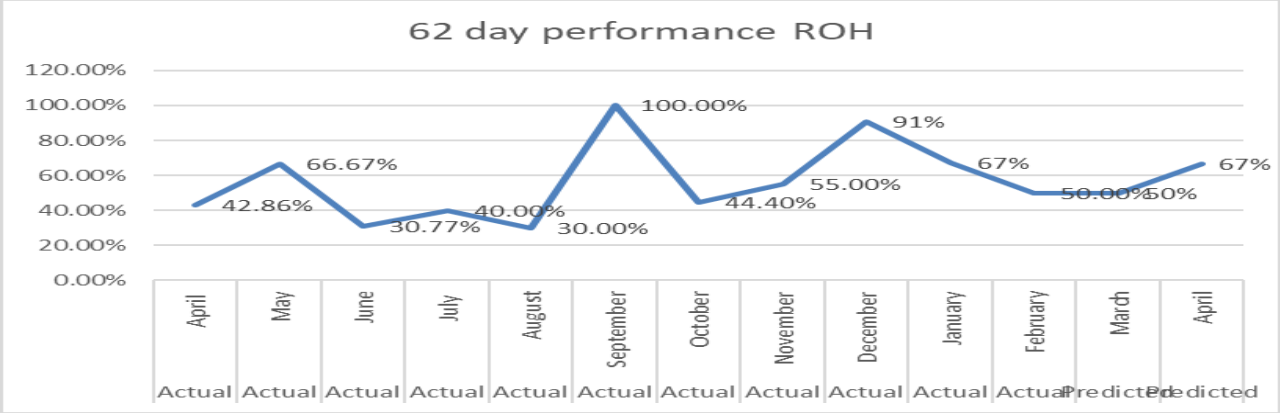


Figure 18: 62 Day Performance 22/23

The graph below illustrates the continued achievement of the Faster Diagnostic Standard (FDS) during 2022/2023 above the national standard:

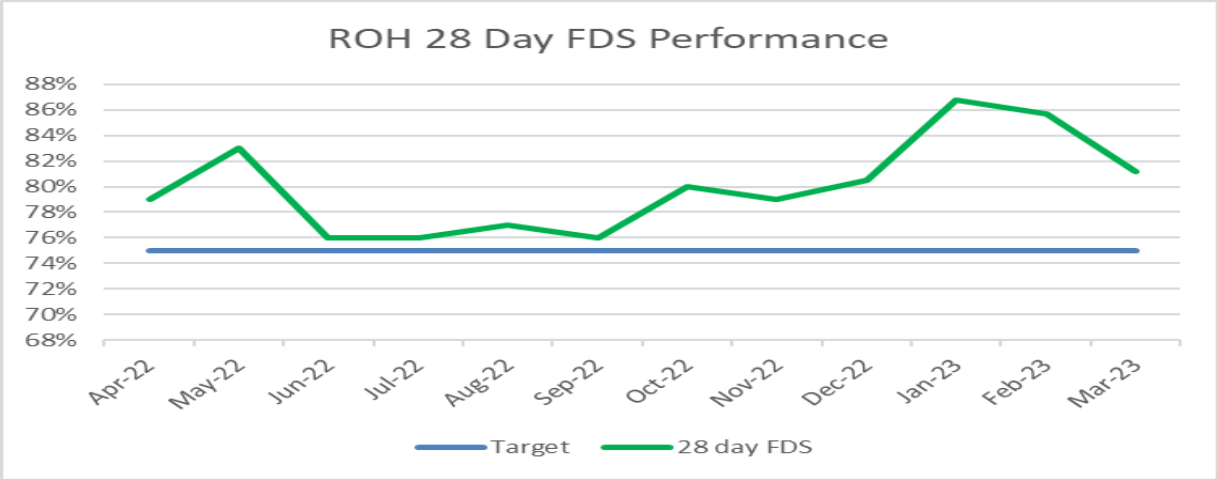


Figure 19:28 Day Faster Diagnosis Standard Performance

4.24. Diagnostics within 6 weeks

The Imaging service achieved the national target of 95% and Trust aspirational DM01 target of 99% by closing the month of March at 99.64%.

The National 22/23 operational target remains at 95% which the ROH continues to achieve. However, reporting against the traditional 6-week diagnostic target has been maintained locally as our aspirational target.

The graph below illustrates the continued progress over and above the national target for diagnostics during 2022/2023:

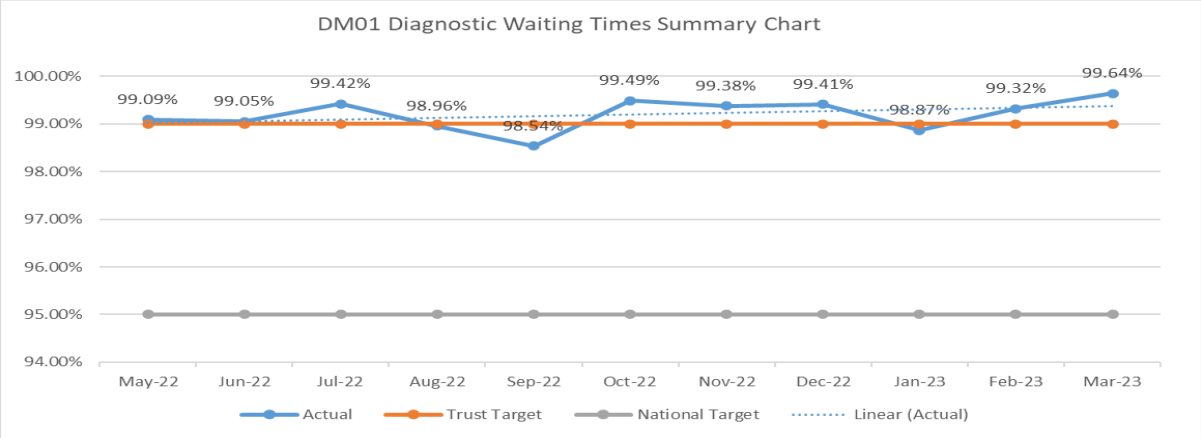


Figure 20: DMO01 Diagnostic Waiting times Summary Chart 2022/2023

5.0. 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 4 main meetings that oversee quality:

- **Quality & Safety Committee**

Chaired by the Non-Executive Director for Quality and Safety.

- **Quality & Safety Executive**

Chaired by the Chief Executive Officer.

- **The Clinical Quality Group**

Chaired by the Chief Nurse. This committee is responsible for safety and risk.

- **AQILA**

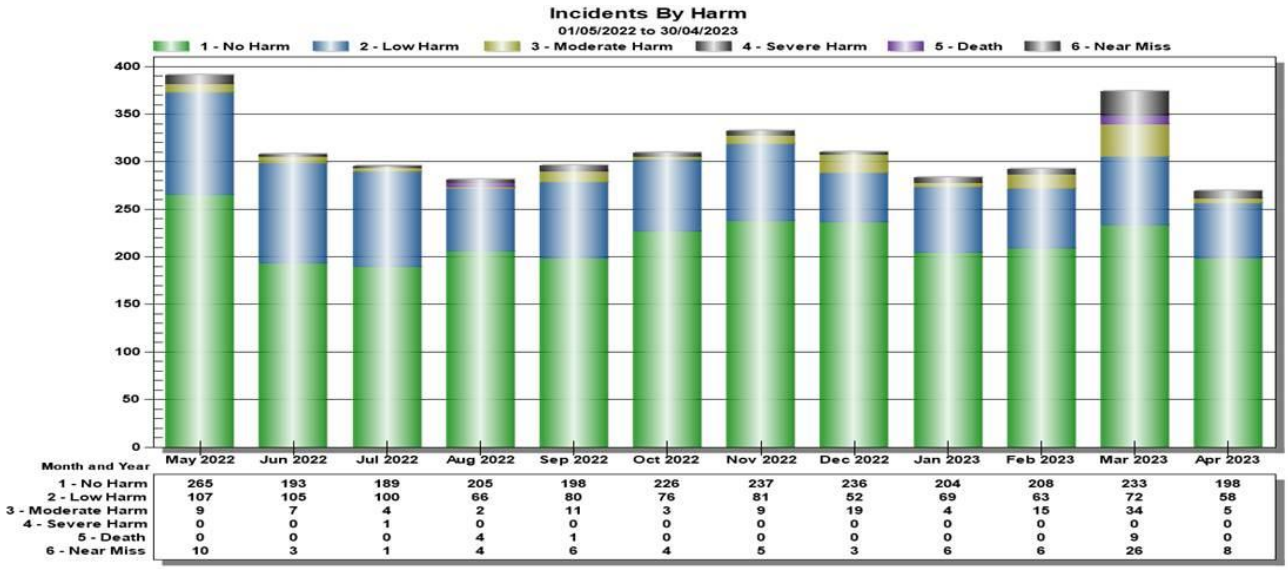
Chaired by the Medical Director. This committee is responsible for overseeing clinical effectiveness.

5.1. Our Response to Covid-19

The ROH has worked hard since the start of the pandemic, to support the Birmingham and Solihull (BSOL) system response to the COVID-19 pandemic and keep our patients safe responding to system need whilst maintaining and restoring core emergency and elective services. This has included setting up an orthopaedic rehabilitation pathway for patients directly from the University Hospital Birmingham and later supporting during significant variant surges with an ambulatory pathway. ROH continues to support the system by working to reduce the waiting list backlog for patient waiting over 52 weeks. In line with national and regional COVID-19 guidance, strict COVID-19 measures have been withdrawn following thorough local risk assessments based on prevalence data and impact analysis.

5.2. 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.



Month and Year	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023
1 - No Harm	265	193	189	205	198	226	237	236	204	208	233	198
2 - Low Harm	107	105	100	66	80	76	81	52	69	63	72	58
3 - Moderate Harm	9	7	4	2	11	3	9	19	4	15	34	5
4 - Severe Harm	0	0	1	0	0	0	0	0	0	0	0	0
5 - Death	0	0	0	4	1	0	0	0	0	0	9	0
6 - Near Miss	10	3	1	4	6	4	5	3	6	6	26	8

Figure 21: Incidents by Harm 22/23

5.2.1. 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.

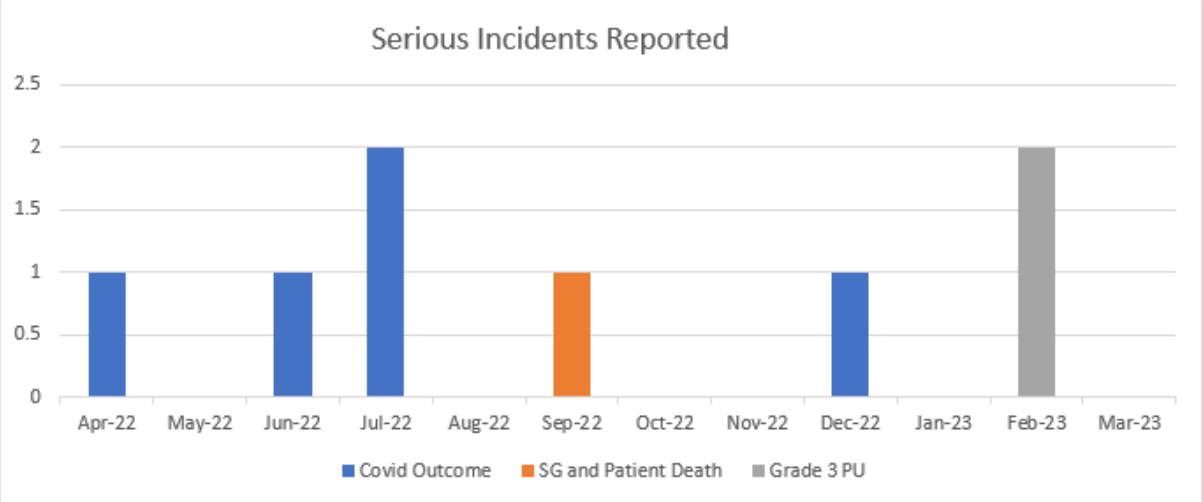


Figure 22: Serious incidents reported

5.3. Our Patient Experience

We aspire to be an outstanding Trust where we create the conditions for patients and families to have positive experiences of care, where we identify and strive for continuous improvements, and involve patients, families, and our community. We recognise there is no better or more important way of improving our services than by listening to what individuals think, feel and experience throughout their care journey and beyond. We aim to involve patients, carers and the public in how we improve our services for the future.

Members of Healthwatch Birmingham sit on our Patient Engagement & Experience Group and report on the community's feedback about our services. The Trust continues to meet regularly with Healthwatch, recognising the importance of independence this provides to our patients, carers and their families.

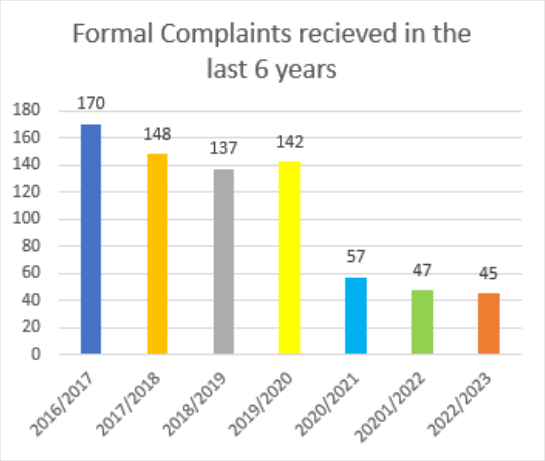
5.3.1. Complaints

From April 2022 to March 2023, 45 patients and relatives made formal complaints to the Trusts, this represents a 4% decrease from the previous year.

A key measure of quality concerning how we manage our complaints is the number that we reopen, due to the complainant in receipt of the response saying their concerns have not been answered. Between April 2022 and March 2023, the Trust received requests from patients and their families' requests to reopen 3 complaints. This represents 7% of the total closed complaints during that same period.

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 2022/2023 Report will outline PALS, Complaints and Patient Experience in more depth. The report will be published on www.roh.nhs.uk/pals



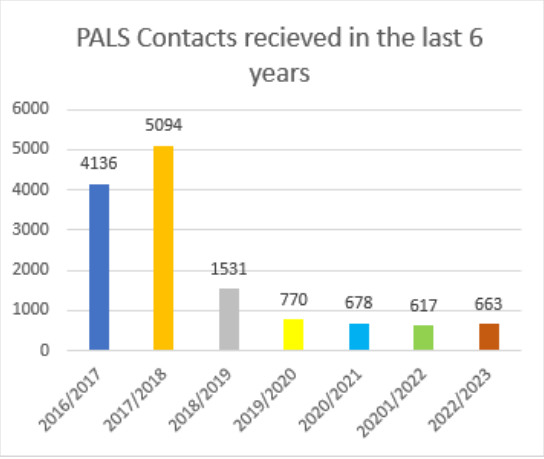


Figure 23 and 24: Number of Complaints and PALS Contacts from 2016/2017 to 2022/2023

*Data source: Patient Experience Department/ Ulysses system

Top three themes identified from the complaints in 2022/23 that required improvements:

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

In 2022/2023 100 individual action plans were created for PALS and Formal Complaints. 51 were actions created for formal complaints and 49 were for PALS Cases. In comparison to last year (2021/2022) This is 27 more actions as a whole.

All complainants are offered the opportunity to provide feedback on the outcome of the process.

5.3.2. Patient Advice and Liaison Services

During 2022/2023 the Trust has received 663 PALS contacts from patients and relatives. This is an 4% decrease in the formal complaints and 7 % increase in the PALS contacts compared with 2021/2022. The Trust continues to strive to improve the service offered to patients to resolve their concerns at the most appropriate level. The Patient Experience Team have delivered Patient Experience training and have held several campaigns to increase awareness.

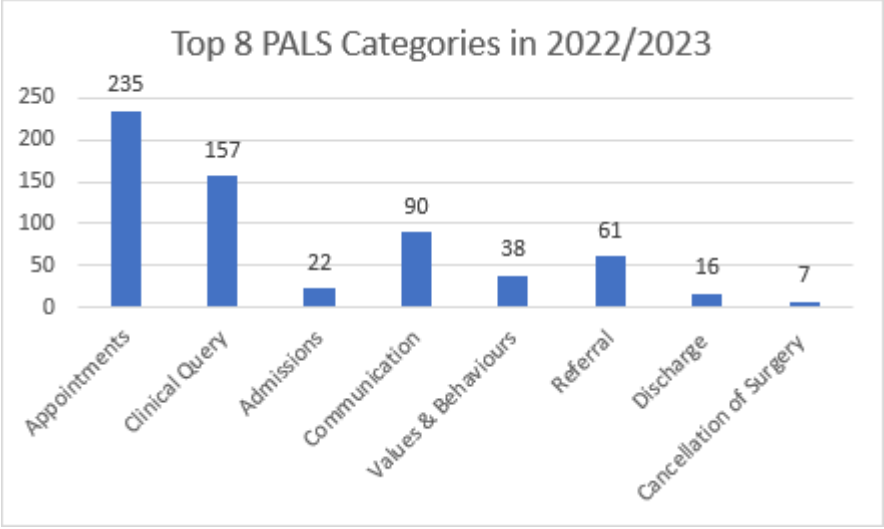


Figure 25: PALS categories 2022/2023

The PALS department has continued to deliver a responsive PALS service through 22/23 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
- ✓ Appointments.

5.3.3. Patient Experience survey

At the Royal Orthopaedic Hospital, we are dedicated to providing excellent patient experience, and to achieve this, we undertake various surveys throughout the year. The purpose of these surveys is to improve patient experience and demonstrate to our patients and visitors that we listen to their comments and feedback, which is essential to our Trust.

We are proud to announce that we have different surveys that are live throughout the year:

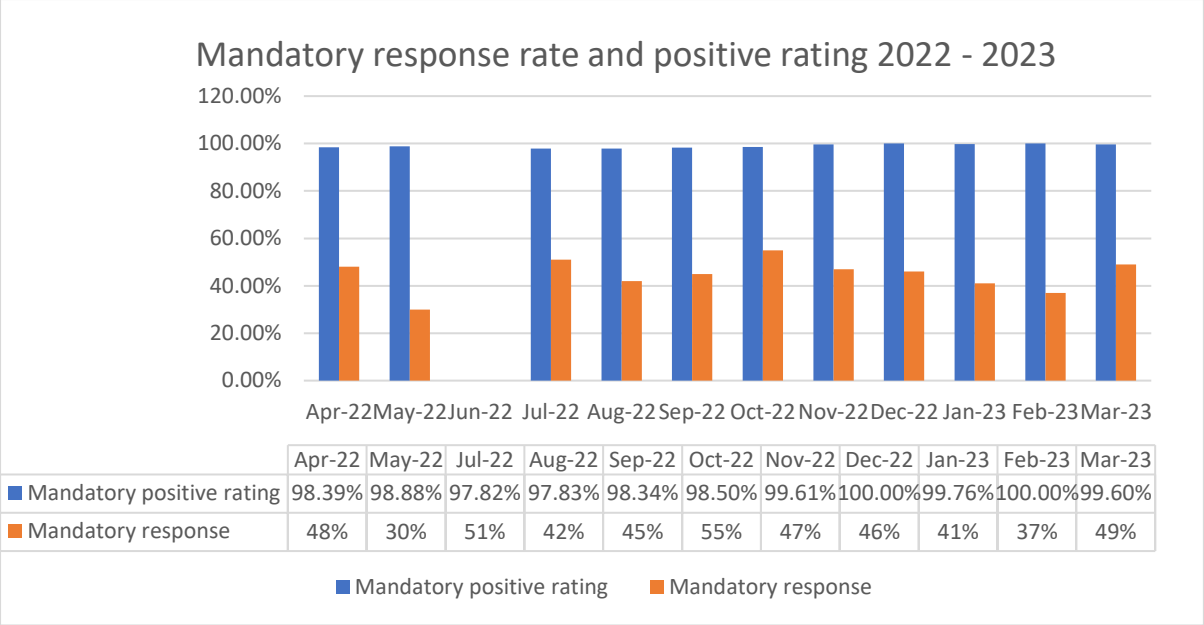
- ✓ Friends and Family Test
- ✓ Smiley Faces
- ✓ CQC National In-patient surveys
- ✓ Engagement events, Coffee catch up
- ✓ Complaints
- ✓ Theatres survey
- ✓ National Cancer Inpatient Survey
- ✓ Inpatient and Outpatient In-depth surveys
- ✓ Compliments and concerns given to our Patient Advice and Liaison Service (PALS)
- ✓ Social media and online feedback

5.3.3.1. Friends and Family Test (FFT)

We recognise there is no better or more important way of improving our services than by listening to what individuals think, feel and experience throughout their journey. We value all feedback from patients and their families and are committed to identifying where patients provide us with examples of where staff went the extra mile, staff have told us how they feel appreciated when this is shared.

Any feedback identifying areas of good practice or highlighting concerns informs the Trust in learning what has gone well and developing quality improvement programmes to address trends and themes of concerns.

During the last twelve-month period, we have received more than 5500 responses from patients and carers via our Friends and Family Test on their care and experience. In order to provide wider opportunities for patients and carers to share their experience with us, Smiley Faces consoles around the Trust to real time feedback. We will be building on this across our outpatient services over the next twelve-month period.

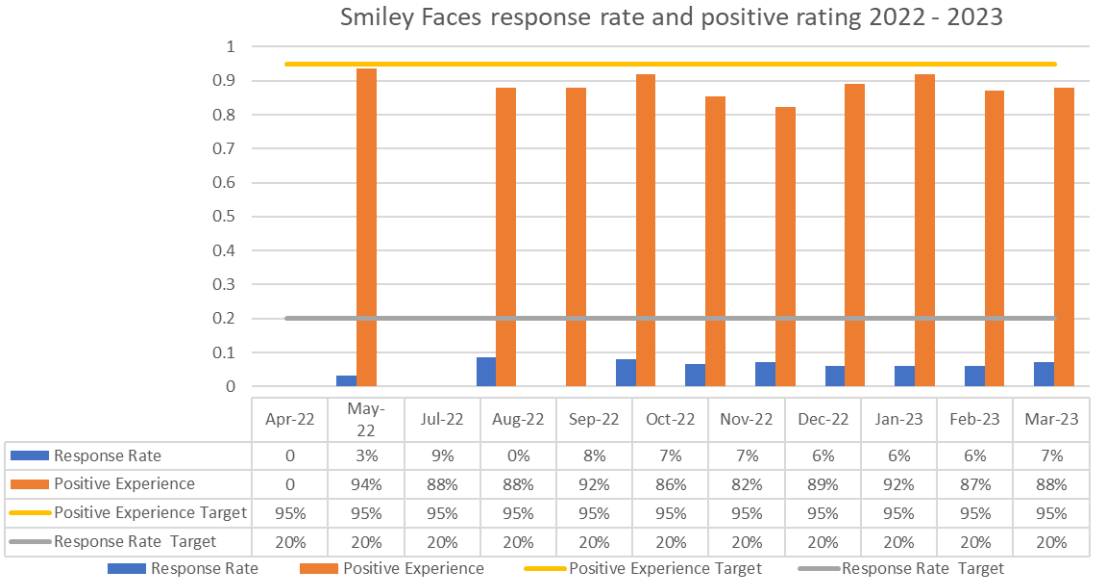


	Apr-22	May-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Mandatory positive rating	98.39%	98.88%	97.82%	97.83%	98.34%	98.50%	99.61%	100.00%	99.76%	100.00%	99.60%
Mandatory response	48%	30%	51%	42%	45%	55%	47%	46%	41%	37%	49%

Figure 26 FFT Mandatory response rate 2022/2023

5.3.3.2. Smiley faces

We rolled out Smiley Faces devises across our out-patient department in order to capture patients and families' feedback. Currently, there are 10 devices in key department with plans to install more in the coming year. During the last twelve-month period, we have received more than 8000 responses from patients and carers via Smiley Faces devices



	Apr-22	May-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Response Rate	0	3%	9%	0%	8%	7%	7%	6%	6%	6%	7%
Positive Experience	0	94%	88%	88%	92%	86%	82%	89%	92%	87%	88%
Positive Experience Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Response Rate Target	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%

Figure 27: Smiley Faces response rate 2022/2023

5.3.3.3. CQC Adult Inpatient Survey

In November 2022 the ROH received our results from the national inpatient survey. A total of 1250 patients were invited to participate and 791 responded (64%), which is a decrease on the previous year.

Where patient experience is best:

- ✓ Waiting to get to a bed: patients feeling that they waited the right amount of time to get to a bed on a ward after they arrived at the hospital
- ✓ Noise from other patients: patients not being bothered by noise at night from other patients
- ✓ Privacy for discussions: patients being able to discuss their condition or treatment with hospital staff without being overheard
- ✓ Feedback on care: patients being asked to give their views on the quality of their care.
- ✓ Dietary requirements: patients being offered food that met any dietary requirements they had

Where patient experience could improve:

- ✓ Waiting to be admitted: patients feeling that they waited the right amount of time on the waiting list before being admitted to hospital
- ✓ Confidence and trust: patients having confidence and trust in the nurses treating them
- ✓ Communication: patients not being told something by a member of staff that was different to what they had been told by another member of staff
- ✓ Answers to questions: nurses answering patients' questions in a way they could understand
- ✓ Getting help from staff: patients being able to get a member of staff to help them when they needed attention

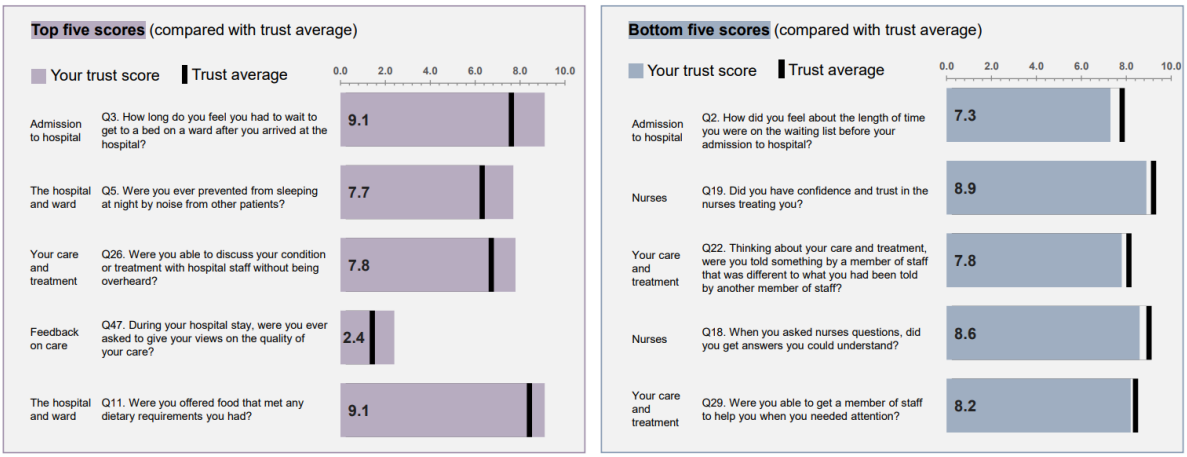


Figure 28: Top and Bottom five results

Actions taken:Quality walkabouts (Day and Night) are being implemented in June 2023, focusing on patient experience and quality care.

- Safety Huddles have been implemented to improve communication and consistency for patients.
- Human Factors training has been rolled out to all staff in line with the Patient Safety Strategy.

6.0. Leadership. Management and Governance of the organisation

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:

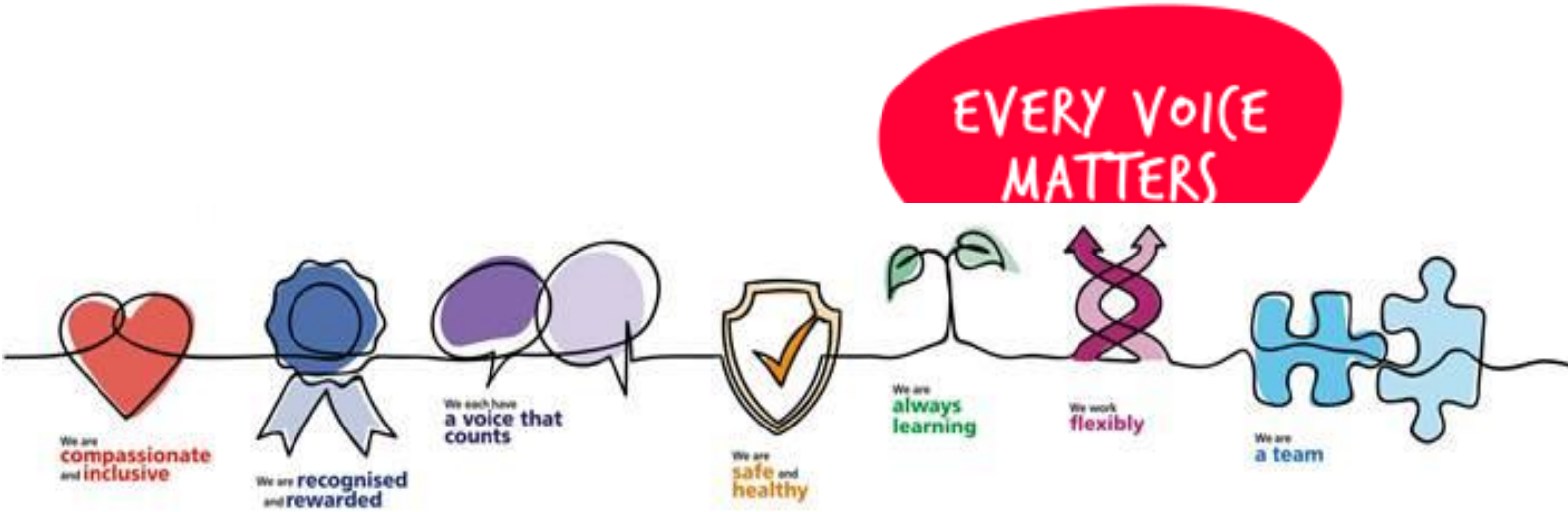
- ✓ Staff recognised and reported incidents and near misses.
- ✓ Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- ✓ Managers ensured that actions from patient safety alerts were implemented and monitored.

6.1. 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. The completion rate of the National People survey for the ROH was 19%

Trust level staff engagement	Q1 22/23	Q2 22/23	Q4 22/23	Improved?
Motivation	6.87	6.89	6.82	↑
Involvement	6.61	6.60	6.65	↑
Advocacy	7.53	7.62	7.61	↓
Overall staff engagement	7.00	7.04	7.03	↑

Figure 28: National people pulse survey in ROH



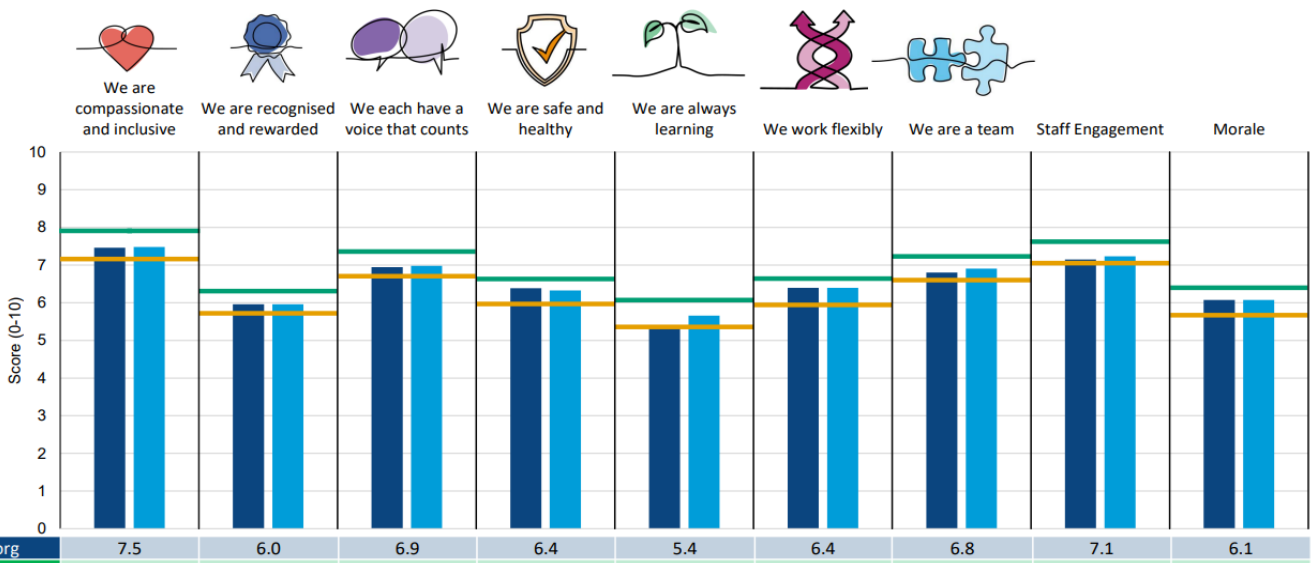
6.2. NHS Staff Survey

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, Staff survey launch day 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 Annual Business Planning process.

In 2022, 1042 staff were asked to take part in the National Staff Survey with 52% (n=629) 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.

People promise Elements and themes, overview

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.5	6.0	6.9	6.4	5.4	6.4	6.8	7.1	6.1
Best	7.9	6.3	7.4	6.6	6.1	6.6	7.2	7.6	6.4
Average	7.5	6.0	7.0	6.3	5.7	6.4	6.9	7.2	6.1
Worst	7.2	5.7	6.7	6.0	5.4	5.9	6.6	7.1	5.7
Responses	629	628	616	620	584	626	628	628	629

Figure 29: People promise Elements and themes, overview

*Data source Survey Coordination Centre NHS

7.0. Achievement in year

7.1. Learning Disability and Autism Strategy:

The Learning Disability and Autism was launched in 2022 as part of our commitment to ensuring all patients can access our services.

Picture 2: Learning and Disability Strategy summary

7.2. Freedom to Speak up

Freedom to speak up guardian has introduced Freedom to Speak up Champions, with eight Champions taking up the role across the organisation.

Picture 3: Freedom to Speak up

- Launched of our Human Factors and Civility Saves Lives programme over the year. The Trust welcomed Dr Chris Turner and Phil Highton to the Trust to launch our programme.

Staff networks & wellbeing
The ROH has supported inclusion through it's Staff Networks. A new men's wellbeing network was introduced this year called ManKind and our disability network was rebranded 'Able'.

Continuous improvement
We have continued to embed a culture of continuous improvement through offering more of our team Quality Service Improvement Redesign (QSIR) training.

New physio department
We opened a new £3.5m outpatients physiotherapy and podiatry department at College Green. This facility is helping our community access excellent care in an excellent environment.

Inclusion
We were named the most inclusive NHS employer for the second year in a row, taking 7th place in the Top 50 list at the Inclusive Awards hosted by Inclusive Companies.

New community clinics
We opened a new Community Health Hub at Griffins Brook Lane. This facility will support patients to access MSK care more efficiently and closer to home.

Award winners
We were shortlisted in and won a number of different awards over the past 12 months including the HSJ Awards, and National Orthopaedic Alliance Awards.

Digital technology
In a European-first, we partnered with GE Healthcare and Amazon Web Services to introduce digital tools which support productivity, improved diagnostic precision, reduced errors, and enable more confident diagnoses in radiology.

Research and robotics
We conducted and were involved in a range of important research studies, including the RACER Hip Study which is studying the efficacy of robotic-assisted surgery - a field in which we are already leading the NHS.

Disability confident leader
We achieved 'Disability Confident Leader' status. Disability Confident organisations play a leading role in changing attitudes for the better and supporting disabled visitors and members of staff to flourish.

Improving pathways
We partnered with DrDoctor to introduce a new digital letter and SMS text message service, which enables outpatients to access their letters digitally all in one place.

Improving safety
We were the first hospital in Europe to use the Pulse platform from NuVasive; a system which helps spinal surgeons offer quicker, more precise, and safer surgery.

Armed Forces Covenant
We signed the Armed Forces Covenant, becoming a Veteran Aware hospital. This means we promise to provide support to staff with a recognised Armed Forces status.

Birmingham and Solihull
Integrated Care System
Caring about healthier lives

NHS
Birmingham and Solihull

NHS Birmingham and Solihull Integrated Care Board
First Floor Wesleyan
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Royal Orthopaedic Hospital

Quality Account 2022/23

Statement of Assurance from NHS Birmingham and Solihull Integrated Care Board
June 2023

1.1 Birmingham and Solihull Integrated Care Board (ICB) as coordinating commissioner for Royal Orthopaedic Hospital, welcomes the opportunity to provide this statement for inclusion in the Trusts 2022/23 Quality Account.

1.2 A draft copy of the Quality Account was received by the ICB on 26th May 2023 and the review has been undertaken in accordance with the Department of Health and Social Care Guidance. This statement of assurance has been developed from the information provided to date.

1.3 The information provided within this account presents a balanced report of the healthcare services that Royal Orthopaedic Hospital provides. The report demonstrates the progress made by the Trust against the 2022/23 priorities. It identifies what the organisation has done well, where further improvement is required and what actions are needed to achieve these goals and the priorities set for 2023/24.

1.4 We have worked closely with Royal Orthopaedic Hospital over the course of 2022/23, working collaboratively to review the organisations' progress in implementing its quality improvement initiatives. We are committed to continuing to engage with the Trust in an inclusive and innovative manner and hope to continue to build on these relationships as we move forward into 2023/24.

We would also like to formally thank the Chief Medical Officer and Chief Nursing Officer for their personal contributions to system leadership of quality improvement including; understanding never events, increasing the attraction and retention of international nursing staff and access to Quality Improvement Methodology Training.

Yours sincerely

Lisa Stalley-Green
Deputy Chief Executive and Chief Nursing Officer

Picture: Statement of Assurance from NHS BSI Care Board