

Open and Honest Care in your Local Hospital



Open and Honest Care Report for:

**The Robert Jones and Agnes Hunt Orthopaedic Hospital,
NHS Foundation Trust
Figure based on: October, 2015**

'The Open and Honest Care: Driving Improvement Programme aims to support organisations to become more transparent and consistent in publishing safety, experience and improvement data; with the overall aim of improving care, practice and culture'

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1 Safety

1.1 Safety Thermometer

On one day each month we check to see how many of our patients suffered certain types of harm whilst in our care. We call this the NHS Safety Thermometer. The Safety Thermometer looks at four harms:

1. Pressure Ulcers
2. Falls
3. Blood Clots
4. Urine Infections (for those patients who have a urinary catheter in place)

This helps us to understand where we need to make improvements. The score below shows the percentage of patients who did not experience any harm in the reported month.

98.06% of patients did not experience any of the four harms

For more information, including a breakdown by category, please visit: <http://www.safetythermometer.nhs.uk/>

1.2 Health Care Associated Infections (HCIs)

HCAIs are infections acquired as a result of healthcare interventions. Clostridium difficile (C.difficile) and methicillin-resistant staphylococcus aureus (MRSA) bacteraemia are nationally monitored as we are trying to reduce the incidence of these infections. C.difficile is a type of bacterial infection that can affect the digestive system, causing diarrhoea, fever and painful abdominal cramps - and sometimes more serious complications. This bacteria does not normally affect healthy people, but because some antibiotics remove the 'good bacteria' in the gut that protect against C.difficile, people on these antibiotics are at greater risk.

The MRSA bacteria are often carried on the skin and inside the nose and throat. It is a particular problem in hospitals because if it gets into a break in the skin it can cause serious infections and blood poisoning. It is also more difficult to treat than other bacterial infections as it is resistant to a number of widely-used antibiotics.

We have a zero tolerance policy to MRSA bacteraemia infections and are working towards reducing C.difficile infections; part of this process is to set improvement targets. If the number of actual cases is greater than the target then we have not improved enough.

The table below shows the number of infections we have had this month, plus the improvement target and results for the year to date.

	C.difficile	MRSA
This month	0	0
Annual Target (April 15/16)	2	0
Actual to date	0	0

For more information please visit:

www.rjah.nhs.uk/Our-Services/Infection-Prevention-and-Control-at-RJAH.aspx

1.3 Pressure Ulcers

Pressure ulcers are localised injuries to the skin and/or underlying tissue as a result of pressure. They are sometimes known as bedsores. They can be classified into four grades, with one being the least severe and four being the most severe. The pressure ulcers reported include all validated avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.

This month **2** grade 2 - pressure ulcers were acquired during hospital stays

Severity	Number of pressure ulcers
Grade 2	2
Grade 3	0
Grade 4	0

1.4 Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause.

This includes avoidable and unavoidable falls sustained at any time during the hospital admission.

This month we reported **2** fall(s) that caused at least 'moderate' harm

Severity	Number of falls
Moderate	3
Severe	0
Death	0

1.5 Safe Staffing

Guidelines recently produced by the National Institute for Health & Care Excellence (NICE) make recommendations that focus on safe nursing for adult wards in acute hospitals and maternity settings. As part of the guidance we are required to publish monthly reports showing the registered nurses/midwives and unregistered nurses we have working in each area. The information included in the report shows the monthly planned staffing hours in comparison with the monthly actual staffing hours worked on each ward and/or the percentage of shifts meeting the safe staffing guidelines.

In order to view our reports please visit:

www.rjah.nhs.uk/About-Us/Publications/Corporate-Documents/Safe-Staffing-Levels.aspx

2 Experience

To measure patient and staff experience we use a variety of methods. The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.



2.1 Patient Experience

2.1.1 The Friends and Family Test

The Friends and Family Test (FFT) requires all patients to be asked, at periodic points or following discharge, ‘How likely are you to recommend our ward/ service/organisation to friends and family if they needed similar care or treatment?’

This month **99 %** of our patients said they would recommend our services. This is based on **1300** responses.

*This result may have changed since publication, for the latest score please visit:

<http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

We also asked **76** patients the following questions about their care:

	% Patient Responses
1. Did you always receive the menu choice you requested	99%
2. Have you felt well cared for by nursing staff during your stay	97%
3. During your stay, have you ever been disturbed by noise at night	38%
4. Have you been kept informed and involved in the decisions about your care as much as you wanted to be, by health care professionals	97%
5. Percentage of call bells answered within 5 minutes	86%
6. Did a doctor spend enough time with you to answer all your questions after your operation	99%

2.2 A Patient’s Story –

Date: 9th October 2015 - Xray

Atmosphere very calm organised and efficiently run from the meet and greet at reception and waiting area to the actual x-ray.

As a patient I am impressed by the process of the radiographer meeting the patient at reception. This is a very valuable process as it allows the staff to make assessments of patients’ needs and build a trust and understanding of what is going to happen with the first point of contact. Good communication and empathy between staff and patient.

Strong appreciation of the patient pathway ensuring that every patient receives the time required to get the best job done. thank you for excellent care

No patient likes to be kept waiting for an appointment – and their frustration can be increased further when they are kept in the dark as to what is happening.

With staff busy and focused on their many other roles, this simple communication is something that can unfortunately fall by the wayside.

But that is something the Main Outpatients Department are looking to put right, with a new Standard Operating Procedure (SOP) that commits to improving patient communication on waiting times. The Department have responded to feedback from PALS, complaints patient groups and on comment cards to create the new SOP.

Commitments include:

- All staff will inform patients/visitors if their appointment is delayed by 20 minutes (or longer)
- All staff must inform receptionist of any delay
- If appropriate, patients will be informed both visually and verbally when booking in at

reception of any delay

- Apologies will be given by staff, and where possible/appropriate a reason given for the delay
Responsibility for enforcing the SOP will lie with all members of staff managed as part of the Main Outpatient Department – whether permanent, temporary or Bank. This includes Health Care Assistants, Registered Nurses, Phlebotomists and Plaster Technicians.

Alison Harper, Patient Experience Manager and PALS Lead, said: “This is a simple but effective improvement to the way we do things which has the potential to make a real and positive difference to the experience of our patients.

“In our values we commit to providing a caring, professional and friendly service and this certainly fits in with that. With new leadership values having also been launched across the Trust in recent weeks, it is great to see the OPD taking the lead in this way. I hope it is something other departments across the Trust could eventually adopt as well.”

2.3 Staff Experience

2.3.1 The Friends and Family Test

The Friends and Family Test (FFT) requires staff to be asked, at periodic points: How likely are you to recommend our organisation to friends and family if they needed care or treatment?’ and ‘How likely are you to recommend our organisation to friends and family as a place to work?’

For April – June 2015, **99%** of staff said that they would recommend our organisation to friends and family if they needed treatment. This is based on **124** responses.

*This result may have changed since publication, for the latest score please visit:

<http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

We also asked **134** staff the following questions

	% Recommended
1. Would you recommend this ward/unit as a place to work?	77%

3 Improvement

3.1 Improvement story: we are listening to our patients and making changes

Following the complaints we received in October, below are the identified changes

- New call bells are to be purchased which are suitable for patients with a high spinal cord injury so they are able to summon assistance themselves without needing to ask others to do it for them. (MCSI unit)
- Importance of staff professionalism to be reiterated at centre meeting on Friday 23rd October 2015. Staff to maintain professional standards at all time. Any concerns about other staff must be discussed with a ward sister or the ward manager. (MCSI Unit)
- Housekeepers and ward staff to be spoken to regarding importance of ensuring patients are helped to have drinks. (MCSI Unit)
- Patient had a high BMI and this was not identified until she was about to have her surgery. The consultant’s Registrar has said that he will be more vigilant in checking patients’ BMI in future and the supervising consultant is also aware of this incident. (Pre-Op assessment)
- The patient was not informed that it can take 3 months for methotrexate to become effective, and this was the reason for the dosage not being changed at her appointment. This

information will be added to the letter templates sent out to patients and their GP.
(Rheumatology)

3.2 Supporting Information

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