

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: April 2016**

'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'

Version number: 1.0

First published: December 2016

Prepared by: Kayleigh Aris, Clinical Governance Administration Assistant and Alison Harper, Patient Experience Manager and PALS Lead

Contents

Contents	3
1 Safety	4
1.1 Safety Thermometer	4
1.2 Health Care Associated Infections (HCIs)	4
1.3 Pressure Ulcers.....	5
1.4 Falls	5
1.5 Safe Staffing.....	5
2 Experience	6
2.1 Patient Experience	6
2.1.1 The Friends and Family Test.....	6
2.2 A Patient’s Story –.....	6
2.3 Staff Experience.....	8
2.3.1 The Friends and Family Test.....	8
3 Improvement	8
3.1 Improvement story: we are listening to our patients and making changes	8

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.

94.56% 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 bacterium 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 16/17)	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 **0** grade 1, **0** grade 2, **0** grade 3 and **0** grade 4 pressure ulcers were acquired during hospital stays

Severity	Number of pressure ulcers
Grade 1	0
Grade 2	0
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 1 fall(s) that caused at least 'moderate' harm

Severity	Number of falls
Moderate	1
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 99.7% of our inpatients said they would recommend our services. This is based on a total of 301 responses received; this is a response rate of 26.9%.

*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 30 patients the following questions about their care:

	% Patient Responses
1. Did you always receive the menu choice you requested	97%
2. Have you felt well cared for by nursing staff during your stay	97%
3. During your stay, have you ever been disturbed by a lot of noise at night	3%
4. Have you always been kept informed and involved in the decisions about your care as much as you wanted to be, by health care professionals	83%
5. Percentage of call bells answered within 5 minutes	71%
6. Did a doctor spend enough time with you to answer all your questions after your operation	97%

2.2 A Patient's Story –

Overall my experiences on Powys Ward have been positive. I am very grateful for the level of care and support I have received on every occasion I have been there. The care and support was continued once I was home, and I knew that I only had to pick up the phone to the ward for support and advice. I unfortunately needed to do this on one occasion as I had an infection in my wound. I was given advice over the phone and asked to return the next day to be seen by my consultant himself, which was fantastic after care. The Ward Clerk was asked to help me to arrange hospital transport as it being such short notice and me being a wheelchair user, so I was supported practically, as well as medically which alleviated any additional stress caused by this. I would happily and readily recommend this ward to any of my family and close friends and I myself would happily return if required. Obviously, there is no place like home, but if you do have to be in hospital, this is one of the best all round wards I have ever stayed on.

First Impressions

The ward is set out so each bay has six beds and a large window one side and the ward corridor the other. I am a powered wheelchair user and I was allocated a bed by the bay window which was slightly

more spacious and the natural light was nice. All the staff were really friendly and welcoming when I first arrived and offered to help me settle in. Every member of staff who passed me made a point of saying hello, which really helped a lot to ease my nerves and settle in. The ward has a welcoming and relaxed feel to it, as does the rest of the hospital; it feels like the culture has been set at both a professional and caring one, with patient centred care at the heart of this. As I was having complex surgery and would be in hospital for two weeks, there was not a lot of space for belongings - I had to bring enough things with me to last, as there was no one available to visit.

Patient Led Care

Being fully involved in my medical care is extremely important to me. Everything about my care was discussed with me and my views were listened to in a caring and compassionate way. My input was valued and acted upon, which made me feel empowered about my care. Being told that I was 'the expert' about me, this was such a positive and refreshing thing to hear and it was backed up by action which was a rewarding and comforting experience for me. The Nursing staff genuinely cared. Nothing was too much trouble and they were all supportive and provided support, not only in a medical way, but in a holistic way and made sure that they understood all concerns and acted upon them as necessary. The staff were extremely approachable and genuinely concerned with patient welfare. Things were always explained clearly and with patience, until there was complete understanding. The Nurses were extremely patient, even when there were trying circumstances and demanding patients. They were professional, but caring and compassionate too, which was a lovely blend. The above and beyond attitude was demonstrated perfectly by one of the HCA's who very kindly offered to take some washing home one time when I was in the ward longer than I had anticipated. This shows the true dedication of all the staff and how they go that extra mile above and beyond their role.

Cleanliness

The ward was very clean. There was evidence of cleaning staff on the ward throughout the day. The floor was mopped daily and all surfaces were wiped down. The bathrooms were clean too, but if there was an issue, once it was brought to the attention of the staff, it was dealt with and rectified swiftly. The Nursing staff were constantly hand washing and the alcohol hand gel was used by everyone, which was comforting to observe as infection is a real concern to myself due to my past, unfortunately negative experiences elsewhere. Wound care was taken very seriously too and aseptic techniques were used and adhered to. I had concerns about suture removal when I arrived home after a few negative experiences elsewhere. The Ward Manager took my concerns seriously and discussed my options with me and together we agreed on a course of action, which was agreeable to both of us. Any concerns at all that I had and voiced during my stay were taken seriously and discussed with me and an agreement reached together. I was never made to feel that I was making a fuss about nothing and it was a relief to be an integral part of the team making the decisions, as after all, it is myself that has to live with the consequences!

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 July 2016 – September 2016, 100% of staff said that they would recommend our organisation to friends and family if they needed care and treatment. This is based on 7 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 staff the following question:

	% Recommended
1. Would you recommend this ward/unit as a place to work?	85%

3 Improvement

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

Patient panel members suggestions been acted upon:

Following a visit by a Patient Panel member to the Radiology Department, she is working in partnership with the Superintendent Radiographer to design a patient leaflet to advise patients about suitable clothing that should be worn for their X-ray, rather than them having to change into a gown.

In addition, the same Patient Panel member's husband has kindly offered to come up with an illustration for the leaflet, which could be sent with the X-ray appointment letter. This would have many advantages, including speeding up the entire process, not to mention saving on laundry costs, time, effectiveness and most importantly maintaining a patient's dignity as well!

Following Patient Panel comments, the Zebra crossing markings were becoming quite faded, therefore the Estates Department have repainted the lines.