

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: December, 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.

98.71% 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 **1** grade 1 and **0** grade 2 pressure ulcers were acquired during hospital stays

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

Severity	Number of falls
Moderate	2
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 100% of our inpatients said they would recommend our services. This is based on 1046 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 45 patients the following questions about their care:

	% Patient Responses
1. Did you always receive the menu choice you requested	95%
2. Have you felt well cared for by nursing staff during your stay	98%
3. During your stay, have you ever been disturbed by a lot of noise at night	4%
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	83%
5. Percentage of call bells answered within 5 minutes	91%
6. Did a doctor spend enough time with you to answer all your questions after your operation	98%

2.2 A Patient's Story –

Date: 9th October 2015 in Xray

When I visited Xray I was very 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. I noted the good communication and empathy between staff and patients including myself.

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

I appreciated the staff time ensuring that every patient receives the time required to get the best job done. Thank you for excellent care

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 – September 2015, 97% of staff said that they would recommend our organisation to friends and family if they needed treatment. This is based on 280 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 280 staff the following questions

	% Recommended
1. Would you recommend this ward/unit as a place to work?	66%

3 Improvement

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

You said... we did!

Patients at RJAH are enjoying healthier, tastier food than ever before – thanks to the hard work of The Catering Staff.

The patient menu was already highly regarded but the team was determined to make improvements and have left no stone unturned in the pursuit of perfection.

Feedback from patients, plus input from clinical and non-clinical staff involved in patient care, has shaped the new menu.

Richard Fernandez, the Catering Manager said: "Our aim is to meet patients' dietary requirements and if patients have any special requests we will try to fulfil them if they let us know when they come into hospital".

The menus, introduced in September, have paid particular attention to vegetarian and gluten-free choices, with patients on a gluten-free diet now able to choose meals off the main menu in most cases; this following a great deal of consideration the Catering Department have paid to ingredients. Anne Worrall Matron for Quality & Safety has also introduced a finger food additional choices menu for patients with dementia, with advice from the Catering Manager Richard Fernandez and Trust Dietician Anthony Twist.

Mr Fernandez and Matron Worrall are looking at having an option of having scones or butterfly cakes for afternoon tea on Sheldon ward. These options are likely to trigger memories of older patients who remember eating similar treats regularly when they were younger.

The Catering Department is a top scorer for food quality nationally in the CQC inpatient survey, matching the positive feedback from the Patient Led Assessment of the Care Environment (PLACE). Also, at a recent inspection by Environmental Health, the Trust received a 5 star rating for its Food Hygiene practices, the highest achievable score.

3.2 Supporting Information