

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: March, 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'

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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.

97.37% 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 **0** grade 1, **2** grade 2, **1** grade 3 and **0** grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 1	0
Grade 2	2
Grade 3	1
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 **0** fall(s) that caused at least 'moderate' harm

Severity	Number of falls
Moderate	0
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 1203 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 39 patients the following questions about their care:

	% Patient Responses
1. Did you always receive the menu choice you requested	92%
2. Have you felt well cared for by nursing staff during your stay	100%
3. During your stay, have you ever been disturbed by a lot of noise at night	5%
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	90%
5. Percentage of call bells answered within 5 minutes	94%
6. Did a doctor spend enough time with you to answer all your questions after your operation	92%

2.2 A Patient's Story –

My patient story for having a partial knee replacement in November 2015 under Mr White
There is something therapeutic about simply coming in the main entrance, you seem to sense the care and compassion so with two replaced hips and facing a partial knee replacement, Pre Op was like coming home; and how well I was treated, just like a MOT with everything fully explained especially the method of administering anaesthetics. I always disliked the idea of epidurals so the anaesthetist took immense care to explain the difference between an epidural and a spinal block. My first operations were in Great Ormond Street before the war and I have always wanted to witness an operation so when I was told that I could be fully awake with a spinal block I jumped at the chance. How much better that turned out to be, not just to satisfy my curiosity but with all the medical benefits compared to the usual methods for anaesthetics to which I was accustomed.
On the day of the op Mr Steve White took immense trouble to fully explain to me what he was going to do but regretted that I would have to watch what he was doing via the reflection in the glass partition. This was due to the positioning of my limbs however the anaesthetist very kindly rigged up his lap top just above my head in order that I could watch Steve and his team work their magic. I am sure that he really regretted this as I kept diverting his attention away from my medical needs to which button to push to enlarge, reduce and find the image that I constantly lost.
The operation seemed to be over in a flash which left me able to chat to John and the other porters in

the recovery room. As always, it does not matter who you talk to at RJAH, they all have your wellbeing at heart. I ended up on Kenyon Ward for a very pleasant few days for recovery and was fully assisted by all the ward staff in the aspects of being mobile once again. Mike Delahay and the physio staff were able to direct me to the correct exercises for recovery and to keep a very close eye on me which they still do even today. They have always been exceptionally helpful over the years and I do hope that their contribution to the welfare of all patients is fully recognised.

This is a wonderful institution which is of immense benefit to all who are fortunate enough to be able to have access to the services provided. Thank you very much, all of you.

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 January 2016 – March 2016, 97.8% of staff said that they would recommend our organisation to friends and family if they needed **care and treatment**. This is based on 237 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 237 staff the following questions

	% Recommended
1. Would you recommend this ward/unit as a place to work ?	77.6%

3 Improvement

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

Improvements to Catering Facilities at bank holidays and weekends

Following recent patient comments about the lack of coffee/snack facilities available at the Trust during bank holidays, the Facilities Manager has recently signed a contract instigating the replacement of the Trust vending machines for drinks and snacks which are in need of replacement.

The new machines will be much improved and should resolve the on-going issues we have had with regards recent poor patient feedback on our current machines which are often out of order.

The aim is to have the new machines installed by mid-May in the following departments; main Outpatients, Children's Outpatients, Midland Centre for Spinal Injuries, Denbighs restaurant and Theatres. The out-of-hours digital signage will be updated to signpost and highlight this facility to patients, visitors and staff.

The vending machine company will be asked to supply healthy drinks and snacks. The new vending machines will be accept cashless payment as well as coins

Trust Patient Panel members have had an input into the choice of hot and cold drinks and snacks that

