

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: August, 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.

94.51% 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 is 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 - grade 4 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 **3** fall(s) that caused at least 'moderate' harm

Severity	Number of falls
Moderate	2
Severe	1
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 **98.6 %** of our patients said they would recommend our services. This is based on **1131** 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 **36** patients the following questions about their care:

	% Recommended
1. Did you always receive the menu choice you requested	100%
2. Have you felt well cared for by nursing staff during your stay	100%
3. During your stay, have you ever been disturbed by noise at night	14%
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. How many minutes does it usually take for someone to assist you when you have pressed the call button	84%
6. Did a doctor spend enough time with you to answer all your questions after your operation	100%

2.2 A Patient's Story –

Patient Admitted to Gladstone/Wrekin Ward in April 2015.

Background:

After a normal day a simple mislaid step led to my back colliding with a wall and I knew I had broken my neck (for the second time!) After being taken to A&E at Maelor Hospital Wrexham, after a ray of light I was taken to RJAH due to my Ankylosing spondylitis.

Atmosphere holistic approach:

My immediate impression of Wrekin was calm and competence where I would be well cared for. Staff never needed to be told twice about anything – they remembered and built on the understanding other than a Rheumatology Unit. This is the first ward I've been in which is well-versed in handling as patients. I was assured of my physical path to recovery.

Staff qualities:

Crucial to my progress was the personality and good humour and relationships readily establish with the staff. They engaged in conversations with fun and humour about themselves and you and whether helping to feed or washing, etc. the process was all the more pleasant for this sociability. Everything needed an answer was followed up promptly. Courtesy, Offering dignity and respect: Though not feeling well at all on arrival, I was immediately aware of the courtesy, respect and personal dignity observed at all times eg knocking doors asking before proceeding with anything. This applied to ALL staff.

Medical staff:

Superb. I was very impressed by the frequent revision of medication. Nothing was kept for a moment longer than necessary. Also conducive to my recovery was the quiet, calm ward ambience at all times, but especially so at night when it was also kept dark. As a result I slept well in hospital which is rare for me.

Hygiene and Cleanliness:

Standards of personal hygiene (including between patients) is very good and extra ward cleanliness is maintained by the nursing staff – the latter yet another opportunity for staff patient dialogue.

Whole team: coordination:

The co-operation between the various specialists is noteworthy and seamless. Teams involved in your care arrive as required and ease your progress from admission back to home effortlessly and very reassuringly. Without elaborating, all the following medical and voluntary staff played a key role in recovery! 4 very good student nurses; superbly Health Care Assistance: physios (excellent), OTs Radiographers, Orthotics, Housekeeping, refreshment lady, porters PEP delivers, maintenance staff, Lovely ward clerks.. A..... staff – resettlement, financial advice. In addition voluntary staff – League trolley/papers/library. Red Cross Chaplaincy. All bright and friendly and extremely helpful and referral are promptly dealt with.

Conclusion:

The Wrekin experience has been very positive and life affirming for me. Just over 4 weeks from admission to Gladstone and home. My excellent progress is entirely due to this outstanding facility, skilled staff and being involved in your own care. By profession I was a teacher (Assistant Head for the last 10 years) If I ran a hospital ward, THIS is exactly how I would want it to be. I am very grateful.

Postscript:

I spent the last few days on Gladstone and fitted in well and again benefited from the stay. It is clear that there is a progression of care in the spinal unit and that patient care is equally maintained in Gladstone.

General observation:

In the patient panel meeting I was extremely pleased to hear that hospital policy was to match STAFFING CARE LEVELS with PATIENT CARE NEEDS. During my five weeks on the unit there were instances especially in the mornings where frantic adjustments were required. Staff unplanned absence, turnover when new cases were moving in/out between wards also could add to the workload. Though staff seldom complained it was clear that it really was all hands on deck and getting everyone fed, dressed etc ready for early appointments was a struggle. One more hand in the morning rush would have made all the difference. I also note that the rehab ward has twice as many beds. When I moved over 2 others were still requiring feeding and washing etc had arrived to start rehab an extra area had to be opened to accommodate. I must say though staffs do everything possible so not to compromise care – it just takes longer than usual.

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

There have been **2 Improvements in August** following patient feedback.

Toast is now being offered to patient on all wards as part of the breakfast service. This has been following patient comments received on the ward. This has been made available due to the new trolleys which have been purchased by the catering departments.

Following a patient email the estates department have replace and reinstated the flags outside the hospital to full height – with the exception of one because the halyard has broken – so it has been removed pending repair.

3.2 Supporting Information