

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'

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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.

92.42% 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 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, **0** grade 2, **0** grade 3 and **1** 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	1

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% of our inpatients said they would recommend our services. This is based on 1130 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	83%
2. Have you felt well cared for by nursing staff during your stay	96%
3. During your stay, have you ever been disturbed by a lot of noise at night	14%
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	89%
5. Percentage of call bells answered within 5 minutes	96%
6. Did a doctor spend enough time with you to answer all your questions after your operation	94%

2.2 A Patient's Story –

JB came back from Florida on 26/4/16 with a pain in his leg. He had an injection in his back 4 years ago as he had ongoing back pain so thought this pain was connected. In November 2015 his back pain had started to radiate down into his leg. He saw Mr Miller at the Nuffield and had an MRI of his back on 4/1/16 but nothing was picked up.

JB is a retired Police officer and enjoys playing golf. However on 16/5/16 when cleaning his conservatory in his garden in Telford, he fell and heard a loud snap. He was blue lighted to A&E at the Princess Royal Hospital (PRH) and then had lots of investigations and scans. Staff in A&E were fantastic and provided very thorough treatment. He was admitted to a ward at PRH and was there for 7 days.

He was told that it was a pathological fracture in his femur and an MRI scan confirmed he had a tumour which had caused the femur to break. He was on a ward (PRH) with 6 other patients and felt that as he was the patient with the least medical problems, staff on the ward were so overstretched that he almost felt neglected as he was not always demanding the nurses attention.

Medical staff did not know what to do with him and he felt he was in limbo. On 23/5/16 (his birthday) a

young doctor had a frank conversation with him and decided that the best place would be for him to come to the RJAH.

He was transferred to RJAH later that day. When he arrived on Kenyon Ward he felt that he was coming to the Palladium Theatre or the Hilton hotel. He was immediately made to feel welcome and felt he was in totally safe hands. As it was his birthday, staff made this day a happy occasion, despite the circumstances and welcomed his large family to help him celebrate.

When he was moved to Ludlow Ward, the Ward Manager and her nursing team were just as welcoming; Ludlow ward runs like clockwork under Helen's professional leadership. Every day he said it was a pleasure to be here. Everyone is marvellous, from the cleaning staff to the Porters, Physio staff, Nursing and Medical staff. The night staff are bright and cheerful and instantly brighten up his evening. Mr Cool and Ms Cribb provided fantastic treatment and took time to show empathy, not sympathy when discussing his treatment.

He had an operation to have a left femoral replacement and had a rod inserted into his leg. He was discharged on the 6th June and had a follow up appointment on 13th June. Ms Cribb has referred him to the Shrewsbury Hospital to see a Clinical Oncologist.

He would definitely recommend the RJAH. Anyone that had to come into hospital should come here. "It is the best there is, there is nothing we can improve on and better than Harley Street. He can't praise the hospital enough, the food is lovely too.

He said if he was in a boxing match – he plans to go 13 out of the 15 rounds.

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

Following patient feedback, the Therapy Manager is pleased to announce that funding has been approved for the Orthopaedic Physiotherapy team to provide an extended service to patients at weekends across all wards. When the new Baschurch Unit opens, a service will be provided into the evenings as well as during the day.

The weekend service for Orthopaedic patients is currently being provided by an on-call service. This is due to be implemented from the start of the new Baschurch Unit, opening on 14.08.16, and fully operational from 12.09.16 when all new staff are in post.