

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: August 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.....	7
2.3.1 The Friends and Family Test.....	7
3 Improvement	7
3.1 Improvement story: we are listening to our patients and making changes	7

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.

91.79% 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 **3** 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	3
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 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 98.8% of our inpatients said they would recommend our services. This is based on a total of 346 responses received; this is a response rate of 34.4%.

*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	94%
2. Have you felt well cared for by nursing staff during your stay	85%
3. During your stay, have you ever been disturbed by a lot of noise at night	6%
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	88%
5. Percentage of call bells answered within 5 minutes	82%
6. Did a doctor spend enough time with you to answer all your questions after your operation	85%

2.2 A Patient's Story –

My husband has finally taken off the last of his dressings and enjoyed the luxury of a shower again! He has now been a patient at RJAH 3 times and we are so grateful for the wonderful care he has received and for the lovely atmosphere throughout the hospital. In particular, I would, myself, like to say how very helpful it was to have the opportunity to stay in close contact with him by using the cottage on site. As a non-driver it would have been so difficult. The little B&B across the road was not always available and buses to the nearest hotels ceased running early.

Thank you so much to all those involved in providing, administrating and maintaining this valuable facility.

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

Two actions have been carried out following patient suggestions from the comment cards.

These are:

1. Porters will ensure that wheelchairs are available in the East entrance on a regular basis and a new poster is to be placed at the East Entrance, to signpost patients to the help desk, phone number or switchboard out of normal working hours, for help and advice.

Improvements have been made in the Hydrotherapy pool regarding signage about maintaining privacy and dignity, introduction of single sex swimming sessions and the storing of personal belongings.