

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: November, 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.

98.06% 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 **5** grade 2 pressure ulcers were acquired during hospital stays

Severity	Number of pressure ulcers
Grade 1	1
Grade 2	5
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	3
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 99.5 % of our patients said they would recommend our services. This is based on 1206 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 64 patients the following questions about their care:

	% Patient Responses
1. Did you always receive the menu choice you requested	96%
2. Have you felt well cared for by nursing staff during your stay	94%
3. During your stay, have you ever been disturbed by a lot of noise at night	3%
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. Percentage of call bells answered within 5 minutes	88%
6. Did a doctor spend enough time with you to answer all your questions after your operation	98%

2.2 A Patient's Story –

Arrived for an operation on August 19th 2015 7am for operation.
At least 20 people were waiting for instructions. A receptionist arrived at 7.30 am and promptly left for a further 10 mins as she had forgotten to bring notes All surprised as so many told to arrive at the same time Finally names were called out one by one and told to walk down the long corridor to ADOS Quite a distance for less able.
On being told to wait by HCA who informed us cheerfully there could easily be a 4hr wait.

However at 10am staff brought out water for everyone. Times were given for ops. As diabetic patient not scheduled until 4pm he was given toast.
All were amazed at the length of time before theatre as beds would be occupied.

I was scheduled for 12 .30 and informed consultant had urgent cases earlier. At 10.45am I was called to see Consultant Anaesthetist. Very welcoming and reassuring informing me I would have something akin to an epidural. Handshakes again !!

I was then taken to Clwyd Ward by an HCA .On arrival met by the Ward Manager who introduced herself with a warm welcome stressing if there were any concerns to just ask . An excellent reassuring start I was placed in a side room. As the room had its own toilet I was delighted.

At 12.30 I was taken to theatre. As I was awake throughout the procedure and listening to the chit chat from my consultant and others present saw a different side to my consultant !!

The Anaesthetist constantly reassured me throughout and finally escorted me to my room. Felt well until the pain kicked in at night .Given painkillers by staff who assured me all was well.

Every time drugs or pain killers were given there was always two qualified staff who checked my name ,wristband etc. This took place throughout my stay at RJAH.

Following a painful day which I was assured was natural I did ask for an extra cover for the waterproof mattress as perspiration was excessive.

At night after experiencing tightness in the chest I was whisked away immediately at 10pm by a doctor for X-rays . Despite BP and Temp checks every 4hrs throughout my stay I was monitored carefully throughout the night .

The results showed a slight chest infection and was given Doxycycline for 7 days .The doctor came and explained everything regarding X-ray and blood tests. Excellent service .

Physios attempting work immediately both am and pm I was checked for pressure sores. Consultant visited daily who said I should not have any pain as the operation was very successful.!!

Throughout the weekend I was hooked up to oxygen and given injections to avoid blood clots By Monday I was responding to Physio and keen to go home .A support Physio was brilliant and really worked on me so I had a discharge date for Tuesday.

At 2pm the Ward Manager came with instructions for home injections, drugs lone of walking frame, toilet seat, crutches and letter for District Nurse to remove clips. Arrangements were also made for more Physio.

The ward staff and Manager are to be commended for the outstanding care and compassion throughout my stay.

However by Friday I struggled with the pain at home. After trying to deal with pain I contacted the Ward for advice. My consultant was contacted by mobile who suggested I go back to the hospital. I decided to contact my GP who prescribed pain killers within the hour. The following day (Saturday) I had a phone call from the registrar who informed me he was following the consultants request to follow up my concerns .I thanked him and stated I was much improved. .

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

You said... we did!

Ask any businessman and they will tell you that the old adage 'the customer knows best' really holds true. A business that wants to grow and improve must listen to what its customers are telling it, and act on that information.

The same rule applies to healthcare – but it is all too easy to miss what our patients are telling us as we go about our busy working days.

All around RJAH, however, there are several fantastic examples where patient feedback has been taken on board and acted upon.

Take Powys Ward, where Ward Manager Deb Povall has enthusiastically embraced the feedback her team gets and is highlighting examples on a series of 'You said... we did!' posters.

Examples include relatively small changes. A comment that the ward was too hot led to the addition of more fans and air conditioning units, while complaints about the brightness of lights led to dimmer light settings at night.

Deb has also taken patient feedback to make one fundamental change to the way her ward operates – with changes in the number of nurses on duty overnight following several comments about staff being too busy or over-stretched.

"As a result of staff and patient feedback I have increased the night staff by one HCA on five out of seven nights," Deb revealed. "Monday and Sunday night are traditionally 'quieter' nights so I will continue to monitor the comments. I believe this will resolve the issue."

Over on Wrekin and Gladstone Wards, the Ward Manager Rebecca Warren acted when she received feedback from some spinal injuries patients that they could lose track of the day or month if they were bed-bound for prolonged periods.

Using funding raised by one of her patients, she has purchased special 'DayClox' which display the day and date at all times as well as the time – a change that has been widely welcomed by patients on the wards.

Responding to patient feedback is not a matter for the wards, alone, either – and several departments have made important changes as a result of comments from service users.

The Orthotics Department received a complaint from a patient who twice made a long trip to hospital in order for repairs to his callipers. The equipment had been deemed beyond repair but this had been missed on the paperwork so that the patient was still called to come and collect them.

Having been alerted to the issue, new procedures have been put in place making the paperwork clearer and requiring checks by a senior orthoptist.

3.2 Supporting Information

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