

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: October 2016

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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.

91.61% 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 **0** grade 1, **1** grade 2, **0** grade 3 and **0** grade 4 pressure ulcers were acquired during hospital stays

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

Severity	Number of falls
Moderate	1
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 a total of 394 responses received; this is a response rate of 32.2%.

*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 40 patients the following questions about their care:

	% Patient Responses
1. Did you always receive the menu choice you requested	87.5%
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	2.6%
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	87.5%
5. Percentage of call bells answered within 5 minutes	87%
6. Did a doctor spend enough time with you to answer all your questions after your operation	92%

2.2 A Patient's Story –

The purpose of this letter is to express my gratitude at the remarkable care I received at The Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust; in what must be the most amazing facility the health service has to offer, and the positive attitude from everyone who were involve in my care. I am equally awe struck at the service this facility provided; not only to myself, but to my family.

I would also like to take this opportunity to express my heartfelt thanks and gratitude to the consultant surgeon in charge of my care; Mr Cool, and other members of the team; namely, Ms Cribb, Mr Oliver, the Anaesthetist and others who took the time to explain to me all I needed to know about the operation I was about to have and the likely post-operative symptoms I could expect. I was admitted on the 8th of September 2016 and had my operation on the 9th September under Mr Cool; who I first met earlier this year, in February when I was on Ludlow ward. The proficiency of you and your team was inspiring, and I could not have been more fortunate to have had such a dedicated team of experts.

My heartfelt thanks also go out to the team of dedicated professionals and support workers who cared for me during my recovery period on the ward. Nothing was too much to ask, and I felt comfortable asking questions; however silly it might sound, they always took the time to answer them as clearly and jargon

free as possible for my understanding. They tended to my every need and always with a warm word and a smile. The mutual respect they afforded each other; irrespective of position, is commendable.

One of my lasting impressions of the team is the almost instantaneous response of the nurses when I press the buzzer; as if in anticipation, and one never feels burdensome when asking for help. No member of the team ever gave the impression they were too busy to reach out and help. I feel that without their altruism and dedication my recovery and my subsequent discharge might have been prolonged. They are true angels.

The facilities in the Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust are outstanding. It has the feel of a mini mall by the main entrance and offers the opportunity to go shopping if you are a long stay patient. The Denbighs restaurant offers affordable and wholesome meals; to the delight of my cousin who visited often. One of the notable features of this hospital is the way it facilitates and encourages family. The provision of accommodation for families who travel from afar and the way they accommodated my daughter on the ward during my stay. I can't thank you all enough for the outstanding care and attention you gave me during that difficult time.

It was a very difficult time for our family, but it could have been compounded without your dedication and expertise. My family and I are truly grateful to you all for the level of care I received and outstanding support you gave us. We will always hold you in high esteem and in our prayers.

Once again, thanks you. You are truly doing God's work.

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

Following a PALS concern (5984) raised by a patient from the Midland Centre of Spinal Injuries (MCSI), in June 2016 about a concern on follow up actions about a fall, the following actions have been taken:-

- Documentation to be held centrally on MCSI of all patient complaints resolved locally on the

ward.

- Staff reminded about the completion of local resolution forms & copies to be sent to Clinical Governance.
- Staff reminded an assisted fall should be documented on DATIX.
- Further training for nursing staff organised to help assess if patients are competent to safely transfer on the ward alone, or with staff and how we can communicate and document this more effectively.
- P.A.L.S. & Complaints training to be carried out for all nursing staff.