

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 2017**

'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.

96.09% 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 17/18)	2	0
Actual to date	1	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 **0** 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	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 no falls that caused 'moderate' harm, 'severe' harm or 'death':

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 99.81% of our inpatients said they would recommend our services. This is based on a total of 515 responses received; this is a response rate of 41.07%.

*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:

	% 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	100%
3. During your stay, have you ever been disturbed by a lot of noise at night	3%
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	83%
5. Percentage of call bells answered within 5 minutes	83%
6. Did a doctor spend enough time with you to answer all your questions after your operation	97%

2.2 A Patient's Story –

Patient Story 1

I would just like to take this opportunity to comment on my first visit to your hospital. I travelled a reasonable distance from Cambridgeshire for my appointment with Lt Col. Meyer, upon arrival I was met by the two of the most helpful car park attendants that I have ever encountered, helping me to find a disabled bay (my wife is wheelchair bound and I am on crutches) and generally being welcoming.

This welcoming theme extended throughout my visit to the x-ray department and finally my appointment with the excellent Lt Col. Meyer himself. I will be returning for my hip replacement in the new year, and can honestly say that I am looking forward to the visit.

Patient Story 2

A patient said "It was lovely to have the opportunity to stroke Kris" (an assisted dog that supports a member of staff in the PALS Team). The patient added "It is a shame that I did not get the chance to meet Kris sooner. I have 2 dogs at home and have missed them whilst being in hospital for 7 months; you get a great deal of comfort and joy from stroking a dog".

Thank you to Kate, one of our Therapy Support Worker's for thinking of this. Kate said that we are planning to have pet therapy dogs visit the MCSI Unit once a month for patients to enjoy stroking and fussing. Kate also said "We may look at using Kris again when Kayleigh can spare him a few minutes off from being in PALS"!!

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 2017 – September 2017, 100% of staff said that they would recommend our organisation to friends and family if they needed care and treatment. This is based on 31 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?	74%

3 Improvement

3.1 Improvement story: we are listening to our patients and making changes

Following concerns about waiting times in clinic with a patient who has a learning disability, the Manager of the Outpatients department has set up a process for staff to ask Clinicians where they are going if they leave clinic, and to confirm an approximate time of return.

If the Clinician does not return as planned and patients are waiting, staff are advised to contact the relevant secretary, during office hours and ask that they contact the Clinician direct, as well as escalate to the Nursing Team Lead, Outpatient Manager or Matron.

Staff have been reminded to also offer patients another appointment date if the patient is struggling with the waiting time.