The Robert Jones and Agnes Hunt Orthopaedic Hospital
NHS Foundation Trust

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: February 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.

98.69% 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 and 2 grade 2 pressure ulcers were acquired during hospital stays

Severity	Number of pressure ulcers
Grade 1	**0**
Grade 2	**2**
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 98.7% of our inpatients said they would recommend our services. This is based on 522 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 61 patients the following questions about their care:

	% Patient Responses
1. Did you always receive the menu choice you requested	87%
2. Have you felt well cared for by nursing staff during your stay	98%
3. During your stay, have you ever been disturbed by a lot of noise at night	18%
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	84%
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	96%

2.2 A Patient's Story –

Patient Story

I am fifty years old and live in Kidderminster. I am married with two grown up sons and I work in a Pupil Referral Unit for young people with physical and mental health difficulties.

I have been a patient of RJAH since 1973 when I was first referred to Mr. Roland Hughes with Perthes disease following a bilateral, de-rotational CDH that was missed at birth for three years. I was subsequently under the care of Mr. Gwyn Evans when Mr. Hughes retired, who in my twenties performed a Chiari Osteotomy on the right hip and a Staheli Shelf on the left. At age thirty I finally transferred from Paediatric Outpatients to see Prof Richardson who is my current surgeon. He replaced both hips and has now revised both hips in the last twelve months. I am currently recovering from the revision of the left hip eight weeks ago.

I was asked if I would like to write my story from the perspective of being a patient of RJAH for forty-three years. I have seen many changes over that time. Not only has the building

gone through major changes (I remember a four hour wait to see Mr Hughes in a very small, prefab cubicle and the draftee 'Special Ward') but also, most notably, inpatient time has been considerably reduced following surgery.

I have very fond memories of Mr. Hughes who nobody ever minded waiting a long time to see. When I was seven years old I remember him asking me what my favourite colours were and when I arrived at the ward, he had arranged dresses in those colours that had been placed on my bed. He was a wonderful man and very caring. Mr. Evans was also an extremely kind person who I am privileged to have known. I remember him coming to say hello when I was in the theatre suite waiting for surgery even though I was not his patient at that time. That meant such a lot. I am also very lucky to be looked after by Prof Richardson. He is a very genuine and approachable man who I have a great deal of respect for. I also think very highly of Physiotherapist Sharon Roberts who I have known for the twenty years she has worked with the Prof.

One point I might make here is that when children become adults they still need reassuring and someone to 'hold their hand' however trivial that might seem. I'm sure that these days children have a very different experience than I had in hospital but being left without parents, feeling frightened and not understanding what was going on has had a long-lasting effect on me and I still have to work hard on those traumatic feelings that surface each time I visit. There must be other adults who like me have had lifelong difficulties. That transition from childhood with lots of support to 'now you're grown up, you can muddle through on your own' is an arduous transition.

I think some improvements could be made to the current system of post-operative support. I did not know about Joint School or the Hip and Knee Support Group. Apparently these have been in existence for a while but I have never known about them. I had heard of PALS but assumed this was just for complaints. This information could be made available in a patient information leaflet or on the RJAH website. It could also be discussed at Pre-op and on discharge. I am not aware of any post-op support other than the ward phone number on the discharge letter that I presumed to be for just medical queries. Prof Richardson also gave me his contact details including his mobile phone number. I would not dream of phoning him unless I was in real trouble. I'm sure he would not thank me for ringing saying I was having a bit of a down day! Having someone to call who had been through a similar experience for moral support and a listening ear would be reassuring. I would be happy for my details to be passed on to patients who might need that support and I'm sure that would be beneficial to many, who like me felt vulnerable and isolated at home. I had a battle even getting an appointment with my GP Practice nurse this time!

Psychological and emotional wellbeing can make the world of difference to the overall outcome for patients and at the very least I think post-op depression and the emotional effects of surgery and recovery should be discussed openly. I work daily with young people who have physical and mental health issues and it is a major part of my job to listen to their feelings and allay their fears. Personally, I have learned the hard way so it means a lot to me to offer that opportunity of support to them.

I owe a great deal to this hospital and I am sure I would not be where I am today if it weren't for the expertise of all those dedicated people who have looked after me over the years. I am truly humbled by that.

The hospital seems to me to be an ever-evolving community. It is a lot more inviting since the new Reception and Outpatients Department was opened. I remember it being a cold and scary place that still had its origins as an army billet. Thankfully it is now bright, airy and welcoming. The wards are also much friendlier in appearance. The new beds are also a major improvement!

A good hospital isn't just reliant on skilled doctors and state of the art facilities though. At the very heart of it are the people who work there. I cannot emphasise enough the impact of kindness and respect. A friendly greeting or a smile is so important. It is essential that patients feel that someone cares whatever their job title. Even 'Veterans' like myself find great comfort in being treated like a person and not a hospital number and that my dignity is preserved. I'm sure that nobody wants to feel as if they are part of system to get people in and out in the shortest time. I would urge staff to be aware that although the hospital is a normal environment for them, patients still feel vulnerable and scared at times and need that extra bit of TLC.

I know that in an age where finances are tight and expectations are high both from patients and the Government, it is difficult to get a balance and offer a holistic approach but I hope these needs can be met or at least discussed freely to improve services. Robert Jones and Agnes Hunt left a legacy that we should uphold for future generations and I'm sure that its continued success is assured if we work together to build on their firm foundations. RJAH is a very special place and I look forward to working as a Trust volunteer with that goal in mind.

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 – September 2015, 97% of staff said that they would recommend our organisation to friends and family if they needed treatment. This is based on 280 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 280 staff the following questions

	% Recommended
1. Would you recommend this ward/unit as a place to work?	66%

3 Improvement

3.1 Improvement story: we are listening to our patients and making changes to improve their experience.

Making positive changes

An unfortunate MRSA incident on Sheldon Ward has had a positive outcome – with a new process introduced that has improved patient safety.

The incident, which occurred late in 2015, saw a patient transferred in from the Royal Shrewsbury

Hospital, who was swabbed on admission and found to be MRSA-positive.

That report, however, was not picked up for another three days and the patient – who should have been isolated – was instead put in a bay with another patient who had been negative on admission but subsequently developed MRSA.

Ward Manager Lorna Edwards said: “It shouldn’t have happened but on the back of it we have changed the Admission Sheets. The sheets already had a place to record that a patient has been swabbed on admission, but we’ve now added a box to say that the swab result has been seen.

“It’s a simple thing but it’s going to make a massive difference. It’s important we learn from incidents like this. Fortunately in this case, both patients made a full recovery and have since been discharged.”

Lorna has also taken the opportunity to look at communication among her team and ensure learning from incidents like this is shared widely.

“We’ve introduced a monthly ward newsletter which I put together, and we’ve also introduced Hot Topics as part of our Safety Huddles – that’s an idea we have borrowed from Kenyon Ward,” she added.

“We hold three safety huddles a day which includes highlighting patients who have an infection, patients who have dementia, patients who are at risk of falling or have had a fall, and so on. We have a Huddle Folder and in the front of that we have a Hot Topic sheet which highlights a hot topic for that week.

“It’s a sure way of making sure every nurse on every shift is made aware of the issue – the change to the Admission Sheets has been our hot topic this week.”