

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: January 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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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
3.2 Supporting Information.....	Error! Bookmark not defined.

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.

98.71% 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 **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 98.6% of our inpatients said they would recommend our services. This is based on 294 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 45 patients the following questions about their care:

	% Patient Responses
1. Did you always receive the menu choice you requested	81%
2. Have you felt well cared for by nursing staff during your stay	95%
3. During your stay, have you ever been disturbed by a lot of noise at night	11%
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	87%
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	97%

2.2 A Patient's Story –

Patient Story

Mrs P visit to Hazel's hairdresser at RJAH in January – Jan 2016

Mrs P is a regular user of the hairdressers and has been for several years. She finds the staff caring, friendly and very accommodating. They have a good rapport with all their customers. Mrs P has met many patients and visitors from using this facility who find this a valuable asset to have within the hospital. It provides freedom from the daily hospital routine for long term patients or relatives and provides a service that makes what can be a daunting hospital experience pleasant.

Mrs P says we all feel much better in ourselves when we have our hair washed and styled. This service is of benefit to patients who are unable to wash their own hair due to injury or surgery. The staff in the hairdressers will go beyond the norm to help anyone and make them feel better by visiting them on the ward.

Mrs P feels that the hairdresser could be promoted more as valuable service to patients. Sign posting could be better from the main entrance. Unless patients or visitors are visiting Sheldon, Alice or Children's Outpatients department you would not know that the hairdresser exists. Since the building

of the new entrance, 90% of patients use this, so do not have a need to walk down the main corridor. Staff provide a helpful, positive and accommodating environment for all.

She would like to see more publicity about this service to enhance the profile and improve the signage directing users to this wonderful facility would be perfect.

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.

Beauty students give pamper treat to spinal injury patients

Patients on the Midland Centre for Spinal Injuries (MCSI) got some well-deserved pampering in December 2016 – thanks to a visit from beauty students at North Shropshire College.

Three students, along with their tutor Sam Humphreys, visited MCSI, to offer hand massages and nail painting.

The sessions proved a hit with patients and staff alike – while the students were delighted to get the opportunity to develop their skills in a new setting.

Karen Evans, a patient on Gladstone Ward, said "I found this very therapeutic and has helped my general well-being; it is something to look forward to from the routine of the ward."

Course tutor Sam added: "This was an excellent opportunity for students to also get out of the class room and put their skills into good practice as well as improving their client communication skills and enhancing links with the local community."

The visit was organised by Patient Experience Manager, Alison Harper.

Sister Warren, Ward Manager said: "The patients loved it. This is exactly the sort of activity the patients need as part of their rehabilitation – some proper 'me' time!"

Alison added: "This is a perfect example of improving the patient experience on the ward. Little extras like this can make a big difference to patients, who may be going through a tough time.

"We are looking to do more of this kind of thing all across the hospital in future and we are already talking to North Shropshire College about the students returning in February 2016."