

# 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**

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*'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.

93.86% 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	0	0

For more information please visit:

[www.rjah.nhs.uk/Our-Services/Infection-Prevention-and-Control-at-RJAH.aspx](http://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 1 fall that caused 'moderate' harm and 1 fall that caused 'severe' harm:

Severity	Number of falls
Moderate	1
Severe	1
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](http://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 98.13% of our inpatients said they would recommend our services. This is based on a total of 375 responses received; this is a response rate of 37.13%.

\*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 18 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	89%
3. During your stay, have you ever been disturbed by a lot of noise at night	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	83%
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	94%

### 2.2 A Patient's Story –

This week I spent 3 days in there after my knee replacement operation and was delighted with my care. Without exception, every person working on that ward, the Domestics, the Porters, the Nursing staff, the Pharmacist and the Blood testing lady was cheerful, efficient and very helpful. Hand gels were used as a matter of routine and the ward was very clean and tidy. The bell was answered promptly. Each time I was sick I was cleaned and changed with no fuss or complaint, just care. Thank you ladies; sorry to cause you so much extra work, but you didn't seem to mind. I found all the hand-rails in the toilet well placed and invaluable, even though I was not allowed to go there unsupervised. The food was delicious and the teething problems with the tray system seem to have been sorted, staff and patients all seem to like/accept it now.

The food, as I said tasted delicious, but portion size has not been sorted. The Chicken Casserole tasted really great, but I am a post-up O.A.P. who ordered a small helping. It would have been hard to get any more on my plate; Would smaller plates be an option?

The one thing that doesn't work is the cheese with the biscuits. Several patients have commented on this in the past and I am afraid they are right. The butter is cold and solid but the cheese is luke-warm and

rubbery. I don't know why the difference. Would Cheshire cheese give a better texture? Doctors both observed the BBE rule. I think I actually saw it on a poster somewhere.

Finally. The ward was very clean and tidy, the staff saw to that. However, there is no concealing the fact that the actual building is Tired, it looks sad compared to the refurbished parts of the hospital. The staff deserve a re-build. I hope it won't be long before they get one. Room 4 was like an oven. Apparently it quite often is. It is practically impossible to get a Zimmer-frame between the bottom of the bed and the wall. The wash basin is O.K. a hand-wash, but not really nice for a proper wash. Overall I was most impressed with Ludlow Ward. Would that all hospitals came anywhere near their standard. If only they could get a new ward, everything would be practically 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 January 2017 – March 2017, 98% of staff said that they would recommend our organisation to friends and family if they needed care and treatment. This is based on 171 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:

	<b>% Recommended</b>
1. Would you recommend this ward/unit as a place to work?	<b>77.5%</b>

## 3 Improvement

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

Baschurch and Theatre staff have been reminded that an allergy wrist band should be applied to patients at the time of admitting and before proceeding to theatre, and also noted on the theatre checklist. Theatre Escorts are now to check that a Registered Nurse has signed the checklist. This was following a P.A.L.S concern.