

# 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'*

Version number: 1.0

First published: June 2017

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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.

94.31% 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	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 that caused 'moderate' harm and 1 fall that caused 'severe' 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](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 99.27% of our inpatients said they would recommend our services. This is based on a total of 409 responses received; this is a response rate of 35.32%.

\*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 25 patients the following questions about their care:

	% Patient Responses
1. Did you always receive the menu choice you requested	72%
2. Have you felt well cared for by nursing staff during your stay	96%
3. During your stay, have you ever been disturbed by a lot of noise at night	0%
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	92%
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	100%

### 2.2 A Patient's Story –

It is perhaps necessary to begin with some background information as my referral to the RJAH was due to a lifelong condition. Specifically, I was referred by my GP (Ironbridge, Telford) after consulting her about persistent ankle pain. I was born with Cerebral Palsy and thus walk with hips and ankles twisting inwards, so I had no questions as to the cause of this discomfort, however my attempts over the last 10 years or so, via different doctors in different parts of the country, to get assistance and address the problem had achieved little. I had been discharged from the children's department at the Norfolk and Norwich Hospital at the age of 16, having had little contact with anyone over the preceding few years. At the age of 18, becoming more independent and attempting to be more mobile, I had become frequently aware of ankle pain and requested a return to Ankle-Foot Orthoses, which were provided via the James Paget Hospital, Great Yarmouth. However, these proved ill-fitting and unhelpful and became impractical as I went through life at University living independently. I received an appointment letter for outpatients at the RJAH in mid-November 2015, however on my arrival at reception on the day, I was told that TRAQS, the Telford Referral and Quality Services, had cancelled the appointment. I had received no notification and certainly knew of no reason why this should have happened. In truth, after so many years of struggle, I was somewhat dismayed. To this day, I have never discovered the reason for the cancellation, and still wonder about it. I can no longer remember precisely what followed, but I clearly recall speaking to several

different nurses, and being asked to wait whilst my GP practice was contacted and a copy of the referral letter obtained. It took perhaps a few hours, but I found myself taken through to a consulting room to speak to Mr Marquis. Having expected to be asked to return another day, I was astonished and thoroughly grateful to all those who had made so much effort on my behalf. I still am. I know that the specifics of my consultation are of little importance here, but it feels necessary to say something about it. In spite of the fact that my appointment had been cancelled, time was found for a full discussion, x-rays, and a return to speak to Mr Marquis after that. My interpretations at the time confirmed my suspicions that something more effective than my old AFOs should be possible and that my many attempts at getting help from general hospitals had been largely wasted time. This was both distressing - that so many opportunities to help my mobility etc. had been passed by - and a relief, that now I was in the right place. As a result of this unusual day, I was referred to the Gait Lab in March 2016. At this point, a little more explanation is necessary. Since childhood, I have suffered with emetophobia and mysophobia - severe fear of vomiting and fear of contamination. My life is more or less lived in a constant state of anxiety and fear of catching some kind of illness, or of being around people who may be ill or vomit. I constantly fear contamination, avoiding touching surfaces, handles, furniture and many other things in public places. My anxiety regarding coming into a Doctor's surgery or hospital was particularly high and I was inclined to cover myself up as much as possible with layers of clothing. Therefore, the necessity to have my legs uncovered for the purpose of the gait assessment, to sit and lie down for my legs to be examined and to walk around barefoot at the same time, presented me with a significant challenge. I cannot have been an easy patient to deal with! However, the technicians, and consultant Mr Roberts were unfailingly kind and patient, and made the experience far easier than I would have believed possible. The same thing must be said of all the other staff I have encountered at the hospital; although my anxiety must, at times have made their jobs more challenging, nobody has questioned the situation, for which I have been tremendously grateful. My anxiety and phobias were the biggest stumbling block in my treatment. I found it necessary to request a delay of the recommended surgery, to give me time to address as many of my fears as possible. I found that I needed to return several times just to ask questions - far from ideal, but this was granted and the more knowledge I had, the easier things were. Without that time, I would have found it impossible to go through the procedure and contemplate a stay in hospital.

Overcoming phobias is a slow process and one that is still not complete for me, but my experiences at the RJAH have helped me achieve a great deal and even though this is not directly related to my treatment, I am tremendously grateful for the understanding and patience that has allowed me to get this far. It took until the autumn for me to reach a stage where I felt ready enough to go through with the surgery, but eventually a date was set for the 8<sup>th</sup> December.

The Pre-op day caused me yet another round of anxiety, and once again I encountered patience and understanding, even as my stress levels must have affected the test results! Equally, no one objected to the presence of my parents in consultations with everyone, which was appreciated as the surgery was going to seriously limit my mobility for several weeks, impacting upon the whole family and how we would manage daily. Everyone must be nervous before surgery of course. Not since the age of three months had I spent a night in hospital or experienced anything of the kind, and with my contamination and sickness phobias added to the situation, I was really nothing short of terrified. I am quite certain that no one believed I was going to go through the procedure, indeed, I don't think I really believed it myself. As the date drew near, my anxieties were largely centred on three things. First, the possibility of catching something whilst I was in the hospital - this must in no way be taken as a criticism of the RJAH, I was fully aware of their superb hygiene record, it is simply a fear that would for me exist anywhere. The second was fear of the anaesthetic - would it make me sick? My emetophobia is so strong that I could not stand the thought of this. I knew, thanks to talking to an anaesthetist during the Pre-op day, that there was no reason why it should, unless I got myself too worked-up about it, but unfortunately I could not prevent myself from doing so, and I clung to the fact that it should be possible to have the surgery done under an epidural, enabling me to stay awake. The third struggle was rather more complex. The purpose of the surgery and accompanying injections into my hip to relax certain muscles was (in brief) to improve my mobility and my posture, to make walking less physical effort, and hopefully less painful. However, I had walked in the same way all my life, and could not imagine anything different - it was a part of me. While the first two of those anxieties were uppermost in my mind for the days preceding the operation, it was in fact the last that affected me the most as I arrived at the Baschurch Unit early on the appointed morning. Suddenly, the thought that something so much a part of me, the first thing that most people noticed about me, would never be the same again after the next few hours, struck me very hard indeed. As I reached the reception desk, I found myself crying so hard that I wasn't able to explain the reason why - even my mother assumed it was my contamination fears becoming too much for me, and in fairness, she wasn't far

wrong, as they were as present as ever. She explained this to the ladies at the desk, and I was quickly admitted to a 'pod' by one of the nurses, rather than being asked to sit in the waiting area. I am still grateful for this - the quiet and privacy was much appreciated, and gave me a chance to recover myself, but equally, I was grateful for the other patients, who doubtless would not have appreciated sitting in the waiting area with me crying my eyes out! Once again, I cannot fault anyone I met that morning. Their kindness and patience seemed to know no limit, and as I strongly suspect I more closely resembled a frightened child than an adult woman, this is important to note. I am sorry to say that I was so distracted at the time that I can no longer remember names, or even faces - a sadness to me, as I would still very much like to thank everyone for that kindness, which meant everything to me that morning. I became calm enough to explain my fears to the anaesthetist, whose assurances further helped me relax, although not quite as much as would have been ideal. I was still tense and as my Cerebral Palsy means that I have limited muscle control, even as I calmed down mentally, I was unable to do so physically. It's a problem I have always had that, even if I am calm and unafraid intellectually, my body sometimes has other ideas. I could not stop shaking violently, and was very aware that this was making everyone's jobs more difficult as I went up to theatre and the anaesthetic room. I can only apologise! Equally, I feel it necessary to apologise that my fears still hadn't finished with me with respect to the anaesthetic. The promise of remaining awake for the procedure had comforted me a great deal, but I was then informed that unfortunately, if I was to have the muscle-relaxing injections in my hip as planned, a general anaesthetic would be necessary because of their location. Was that all right? After fighting with myself for a moment or two, I had to say no. I was, and in truth still am, thoroughly ashamed with myself for it, but it was just too much for me at that moment - sorry Mr Roberts!

With all of the above, I cannot have been an easy patient, but no one ever gave me any indication of that. In fact, in spite of my continuing physical tension, and a bit of a problem with the epidural, I could almost say that I began to enjoy myself, absurd as it sounds, but I am sure this would not have happened without the kindness and friendliness of everyone around me. This is something I have observed in every part of the RJAH - before, during and after surgery, when I was on Kenyon Ward and in my outpatients appointments and physio since. I cannot find fault.

Indeed, there has only been one occasion when I have encountered any difficulty at all. After about a month in plaster, I had an appointment with Orthotics, to fit me for a new pair of AFOs. Two weeks previously, when I had come to outpatients to have the dressings checked and casts changed, I was told to go to the plaster room prior to my Orthotics appointment to have my casts removed, so that moulds of my legs could be taken and to then return to the plaster room to have both legs returned to casts. My Father and I did as instructed - rather to the surprise of the poor fellow in the plaster room, who informed us that, for both legs, an appointment should have been made. He was very busy and working alone that day. The biggest problem was that, as I needed casts on both legs, two people were needed to do the job, which would take at least half an hour. In order to do it, he had to seek the assistance of one of the nurses and I had to get back from Orthotics as quickly as possible, as it was late in the day. Everything was done, and always with a smile, but nevertheless, I was aware that things were far from ideal and that other people, including the poor fellow himself, were significantly delayed as a result. I felt awkward and rather guilty, although I was not made to feel so by anyone. There must have been some sort of breakdown in communication somewhere - understandable and sometimes unavoidable, but also unfortunate. I venture to say that more staff on hand in the plaster room might have helped the situation, as, partly thanks to my arrival, there was quite a queue outside. Finally, I returned to move from plaster into AFOs - not without trepidation, as it had been less than two weeks since the mouldings had been taken, and I had been told that they might not be ready for three weeks. Mr Marquis once again gave me time to ask some questions, which I am sure can't have seemed necessary, but I was grateful nonetheless, and to my relief, my AFOs were in fact ready. Again, many thanks! Thanks are also due to the Physio Team, to whom I was referred for a week of physiotherapy - here again my anxieties tested me in various ways and without his understanding and patience, it would have been a considerable challenge, but instead I was able to concentrate on my tasks, rather than my fears. My journey has been a long one, and I apologise for the length of this document - it is difficult to explain all of this with brevity. My anxieties made this a less-than-simple treatment for everyone, and that is why I feel it is so important to go into detail, so that I can say that, in spite of the challenges, I can do nothing but praise everyone I have encountered at the hospital thus far.

My first physiotherapy appointment, while I was still in casts was fantastic and as well as advice, gave me a great deal to think about. His discussion with me highlighted something that I conclude with, because I think it sums up my experience very well. For twenty-eight years I went backwards and forwards to



different people, Doctor's and Physiotherapists, most of it fruitlessly. When I arrived for my appointment that day in November 2015 and thought I would be sent home, I was wrong. I did not believe that anything could be done to help me with my mobility and discomfort and once again, I was wrong. I have been given a hope I have never had before. Thank you. I just hope now that I can try to do something in return.

## 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:

	% Recommended
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

Theatres:

Action has been taken to display warning notices around the Theatre Department, in order to remind staff of the importance of closing doors behind them, so that patients who are waiting for their operation cannot see into the previous Operating theatre session.