

# 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 2016**

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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.

96.75% 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 16/17)	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(s) that caused 'severe' harm:

Severity	Number of falls
Moderate	0
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 99.5% of our inpatients said they would recommend our services. This is based on a total of 412 responses received; this is a response rate of 33.4%.

\*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 13 patients the following questions about their care:

	% Patient Responses
1. Did you always receive the menu choice you requested	100%
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	7.6%
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	92%
5. Percentage of call bells answered within 5 minutes	92%
6. Did a doctor spend enough time with you to answer all your questions after your operation	100%

### 2.2 A Patient's Story –

Yesterday (Mon 6th Feb) we attended my 12 month "post op" appointment at Oswestry after my fourth "knee op" in February 2016. We saw a registrar, who was an extremely nice man; he gave my leg a good examination etc. and suitable advice to a couple of questions I had. He was pleased with my progress, and was happy to discharge me from your care.

This last and final operation where you fitted me with a "hinge" has been a big success and my knee has not been this secure and stable for many years. I now have the confidence to stand on a step ladder (small one!) and complete normal tasks that had previously proved difficult for me.

I would like to take this opportunity to thank you, firstly for your care and professionalism. I can't lie as it has been quite an "ordeal" and at times I didn't know if I would ever walk properly without more or less continuous pain when doing anything at all.

Secondly, thank you too for your constant encouragement and always telling me you had another plan up your sleeve, should it be needed. This really helped me to stay positive too, when at times it was quite difficult. Now all of your hard work and skill has finally paid off and I think you would be quite proud of me.

I don't limp at all and I am continuing to build up my strength and muscle tone. I and look forward to the future.

Thank you again and Best wishes.

## 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 2016 – September 2016, 100% of staff said that they would recommend our organisation to friends and family if they needed care and treatment. This is based on 7 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>85%</b>

## 3 Improvement

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

Refresher training has been carried out to remind staff that the Trust protocol for helping patients off the MRI scanning table is to allow patients to get off the table without any assistance and in their own time, unless they request assistance or appear to be struggling. Staff should always ask patients if they are happy to accept help before proceeding.

This was following a patient not being asked if they needed or wanted assistance.