

# 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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# Contents

<b>Contents.....</b>	<b>3</b>
<b>1 Safety.....</b>	<b>4</b>
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
<b>2 Experience .....</b>	<b>6</b>
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
2.3.2 A Staff Story - .....	7
<b>3 Improvement.....</b>	<b>8</b>
3.1 Improvement story: we are listening to our patients and making changes ....	8

## 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.

95.73% 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](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	<b>0</b>
Grade 2	<b>0</b>
Grade 3	<b>0</b>
Grade 4	<b>0</b>

### 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	<b>0</b>
Severe	<b>0</b>
Death	<b>0</b>

### 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 99.7% of our inpatients said they would recommend our services. This is based on a total of 388 responses received; this is a response rate of 34.5%.

\*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 39 patients the following questions about their care:

	% Patient Responses
1. Did you always receive the menu choice you requested	61.7%
2. Have you felt well cared for by nursing staff during your stay	93.9%
3. During your stay, have you ever been disturbed by a lot of noise at night	11.9%
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	87.5%
5. Percentage of call bells answered within 5 minutes	90.9%
6. Did a doctor spend enough time with you to answer all your questions after your operation	95.8%

### 2.2 A Patient's Story –

RJAH is truly an impressive and outstanding hospital. My child has recently been referred to their Paediatric department. My child used to be under the care of our local, big Paediatric hospital but my child, who is a child with special needs, was repeatedly treated disgracefully and could not receive any respect or dignity from their staff. What a comparison! The staff at RJAH are so caring, capable, and professional and we truly felt their passion & determination to deliver the best possible patient care. My child felt his voice was heard, recognised and acknowledged, without biased judgement or prejudice and he was treated with respect and dignity, which he could never have received from his previous hospital. He loved RJAH staff and we were well informed of procedures/investigation/alternative options that he might need. The Consultant was very experienced and knowledgeable in their specialised field. Adding one thing, this hospital is squeaky clean, including the toilets. Thank you so much for looking after my child. I can't thank you anymore. Truly a 5-star NHS hospital that I am very proud of.

## 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 2016 – March 2016, 97.8% of staff said that they would recommend our organisation to friends and family if they needed care and treatment. This is based on 237 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 237 staff the following questions

	<b>% Recommended</b>
1. Would you recommend this ward/unit as a place to work?	<b>77.6%</b>

### 2.3.2 A Staff Story -

We aim to ensure that every patient who comes through our door for surgery gets the high quality experience and outcome that they expect and deserve. Fortunately, that is what happens for the overwhelming majority of our patients – but just sometimes there will be unforeseen problems. One of those problems might be a patient who experiences issues with their wound healing once they have been discharged following surgery; or who has a potential surgical site infection. This can be a painful, frightening experience for those individuals.

This is where our wound clinic comes in. This clinic was set up precisely to capture those patients and give them support, and I share this story today to highlight a service and an individual about whom some members of this Board of Directors might have little knowledge.

The wound clinic is run by our Site Surveillance Nurse, who accepts referrals from Wards, secretaries, community staff or the patient themselves. She works four days a week, offering flexible appointments to suit the patient. Sometimes it may be a phone call or an extra visit to the clinic to reassure that all is well with nothing to worry about. Sometimes further intervention is necessary. Communication is the key, and surgeons are informed of any patient that has been attending the Wound Clinic.

When a patient does get a joint infection it has a huge impact on their lives, and the lives of their family. They can be quite deeply distraught initially, with some having plenty of anger, but they also often seem quite relieved that they are being seen. We have to remember they expected to have a short hospital stay and to get on with their lives. Many are of working age and do not expect their treatment to take longer than planned.

The Site Surveillance Nurse is highly committed to her role and thinks nothing of going above and beyond the call of duty to ensure her patients get the best care possible. This is in evidence every day, but, as an example, I am going to share one moving story about a patient called Sally – not her real name; that has been changed to maintain anonymity.

Sally was a teacher at a school for autistic children. She was also a dedicated volunteer who worked with many charities and groups connected to autism. She came to RJAHS six years ago and underwent a total knee replacement procedure. She went through an uneventful recovery period before being discharged home.

However, a couple of weeks later, it became clear that Sally had developed an infection in her knee. She returned for follow-up procedures and a long course of IV antibiotics, but the infection was deep and could not be eradicated with surgical debridement and antibiotic therapy alone.

Over a period of four-and-a-half years, Sally had a total of 14 follow-up procedures. The amount of ooze from her wound became so bad that she had to have a colostomy bag. Eventually, her whole knee joint was removed twice and subsequently replaced with a metal rod to contain the ooze, which means she can no longer bend her leg. It is likely that her leg will have to be amputated and received, but unable to eradicate the infection.

She was unable to work and, as time passed, she lost contact with colleagues who had been a source of comfort. The stress put strain on her marriage. For reasons not relevant to this particular story, she is now in the care of another hospital.

Throughout her time with RJAH, however, Sally came to rely on the Infection Control team – and the Site Surveillance Nurse in particular – as a source of comfort and support; and the care they provided for her wound alleviated some of the pain she experienced. The wound care she received gave her hope and it was something she clung too tightly – she came to see the Site Surveillance Nurse as a friend and a confidante; ringing on frequently when at home.

Through all of her 14 surgical procedures, the Site Surveillance Nurse was there for Sally to provide support as well as her expertise.

Patients like Sally value a service that is available as and when they need to use it, especially if they can communicate with the same member of staff. Some may need treating for several weeks or, like Sally, even longer. As you have heard, they can become quite dependant on the service for emotional help and support. The Site Surveillance Nurse's generosity, kindness and patience are recognised by her patients and colleagues alike; even if she is too modest to recognise these qualities in herself.

The Trust is now keen to raise more awareness about the service. Some patients are not aware of its existence and suffer in silence for too long. If they can be treated early enough then serious complications, and further hospital admissions, can be avoided. That is good for patients – and it's good for RJAH too.

### **3 Improvement**

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

Following patient comments; from patients staying in Bay F on Gladstone Ward who said that there were problems connecting to the Trust Wi-Fi; the Trust has now installed a new wireless access point and the wireless issue on Gladstone Ward has been resolved.

This will significantly improve the patient experience to patients who are reliant on the Wi-Fi for keeping in touch with their family and friends.