

# 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.

92.56% 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 98.7% of our inpatients said they would recommend our services. This is based on 1203 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 39 patients the following questions about their care:

	% Patient Responses
1. Did you always receive the menu choice you requested	93%
2. Have you felt well cared for by nursing staff during your stay	94%
3. During your stay, have you ever been disturbed by a lot of noise at night	8%
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	86%
5. Percentage of call bells answered within 5 minutes	90%
6. Did a doctor spend enough time with you to answer all your questions after your operation	93%

### 2.2 A Patient's Story –

Best hospital I have ever been to!

I came to this hospital after an awful experience at another hospital after my initial injury when the consultant there tried to send me home from A&E with a dislocated knee and torn MPFL ligament claiming that there was nothing wrong and at worst it was a sprain! So as you can imagine I usually do not get on well with doctors and dislike hospitals in particular. However, I cannot recommend this hospital enough. I felt like all the staff really listened to what I was saying and took the time to explain anything I didn't understand straight away. All the staff made me feel completely at ease when I came in for me knee operation and I have to say that I have never had such faith in a medical team. I have a post op appointment in a few days and it must be the only hospital appointment I have ever looked forward to! Keep doing what you're doing I don't know what you could realistically

## 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>

## 3 Improvement

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

Making positive changes

An unfortunate MRSA incident on Sheldon Ward has had a positive outcome – with a new process introduced that has improved patient safety.

The incident, which occurred late in 2015, saw a patient transferred in from the Royal Shrewsbury Hospital, who was swabbed on admission and found to be MRSA-positive.

That report, however, was not picked up for another three days and the patient – who should have been isolated – was instead put in a bay with another patient who had been negative on admission but subsequently developed MRSA.

Ward Manager Lorna Edwards said: "It shouldn't have happened but on the back of it we have changed the Admission Sheets. The sheets already had a place to record that a patient has been swabbed on admission, but we've now added a box to say that the swab result has been seen.

"It's a simple thing but it's going to make a massive difference. It's important we learn from incidents like this. Fortunately in this case, both patients made a full recovery and have since been discharged."

Lorna has also taken the opportunity to look at communication among her team and ensure learning from incidents like this is shared widely.

"We've introduced a monthly ward newsletter which I put together, and we've also introduced Hot Topics as part of our Safety Huddles – that's an idea we have borrowed from Kenyon Ward," she added.

"We hold three safety huddles a day which includes highlighting patients who have an infection, patients who have dementia, and patients who are at risk of falling or have had a fall, and so on. We have a Huddle Folder and in the front of that we have a Hot Topic sheet which highlights a hot topic

for that week.

“It’s a sure way of making sure every nurse on every shift is made aware of the issue – the change to the Admission Sheets has been our hot topic this week”