

Open and Honest Care in your Local Hospital

Acute (Including A&E) Open and Honest Care Report Template

**Open and Honest Care Report for: Enter Trust Name**

**Enter Month, Year**

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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes*.*

# Contents

[Contents 4](#_Toc423073593)

[1 Safety 5](#_Toc423073594)

[1.1 Safety Thermometer 5](#_Toc423073595)

[1.2 Health Care Associated Infections (HCIs) 5](#_Toc423073596)

[1.3 Pressure Ulcers 6](#_Toc423073597)

[1.4 Falls 6](#_Toc423073598)

[1.5 Safe Staffing 7](#_Toc423073599)

[2 Experience 7](#_Toc423073600)

[2.1 Patient Experience 7](#_Toc423073601)

[2.1.1 The Friends and Family Test 7](#_Toc423073602)

[2.2 A Patient’s Story 8](#_Toc423073603)

[2.3 Staff Experience 8](#_Toc423073604)

[2.3.1 The Friends and Family Test 8](#_Toc423073605)

[3 Improvement 9](#_Toc423073606)

[3.1 Improvement story: we are listening to our patients and making changes 9](#_Toc423073607)

[3.2 Supporting Information 9](#_Toc423073608)

# Safety

## 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: pressure ulcers, falls, blood clots and 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 harms.

XX% 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/>

## 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) bacteremia 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 bacteria 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 is 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 | X | X |
| Annual Improvement target | X | X |
| Actual to date | X | X |

For more information please visit: Insert Infection Control website link here

## 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 categories, 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 X Category 2 - Category 4 pressure ulcers were acquired during hospital stays

| **Severity** | **Number of pressure ulcers** |
| --- | --- |
| Category 2 | X |
| Category 3 | X |
| Category 4 | X |

The pressure ulcer numbers include all pressure ulcers that occurred from XX hours after admission to this Trust

In order to know if we are improving even if the number of patients we are caring for goes up or down, we also calculate an average called 'rate per 1,000 occupied bed days'. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals, as their staff may report pressure ulcers in different ways, and their patients may be more or less vulnerable to developing pressure ulcers than our patients. For example, other hospitals may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

Rate per 1,000 bed days XX

## 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 X fall(s) that caused at least 'moderate' harm

In order to know if we are improving even if the number of patients we are caring for goes up or down, we also calculate an average called 'rate per 1,000 occupied bed days'. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals, as their staff may report falls in different ways, and their patients may be more or less vulnerable to falling than our patients.

For example, other hospitals may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

Rate per 1,000 bed days XX

| **Severity** | **Number of falls** |
| --- | --- |
| Moderate | X |
| Severe | X |
| Death | X |

## 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: Insert link to Safe Staffing here

# Experience

To measure patient and staff experience we ask a number of questions. 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.

The answers given are used to give a score which is the percentage of patients who responded that they would recommend our service to their friends and family.

## Patient Experience

### 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/A&E/service/organisation to friends and family if they needed similar care or treatment?’

In-patient FFT percentage recommended \* XX % recommended.

This is based on XX responses.

A&E FFT percentage recommended \*XX % recommended.

This is based on XX 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 XX patients the following questions about their care

|  | **% Recommended** |
| --- | --- |
| Were you involved as much as you wanted to be in the decisions about your care and treatment? | XX |
| If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to? | XX |
| Were you given enough privacy when being examined, treated or discussing your care? | XX |
| During your stay were you treated with compassion by hospital staff? | XX |
| Did you always have access to the call bell when you needed it? | XX |
| Did you get the care you felt you required when you needed it most? | XX |
| How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment? | XX |

## A Patient’s Story

This section should include a brief summary of the story being told. It should be clear, concise and jargon free. Try to avoid long, dense paragraphs of text.

Paste your story over this text. Expand the text box by increasing the line depth or adding new lines

## Staff Experience

### 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?’

In-patient FFT percentage recommended \* XX % recommended.

This is based on XX responses.

A&E FFT percentage recommended \*XX % recommended.

This is based on XX 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 XX staff the following questions

|  | **% Recommended** |
| --- | --- |
| Would you recommend this ward/unit as a place to work? | XX |
| Would you recommend the standard of care on this ward/unit to a friend or relative if they needed treatment? | XX |
| Are you satisfied with the quality of care you give to the patients, carers and their families? | XX |

# Improvement

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

This can be a short story, video or blog etc. It should be presented in plain language that emphasises clarity, brevity and the avoidance of technical language - particularly in relation to nursing, medical or analytical terms.

It should be dynamic and build a story each month of what is happening. It should be truthful but not alarmist. Paste your story over this text.

Expand the text box by increasing the line depth or adding new lines

## Supporting Information

You can add any supporting information in this section or links directly to your Trust website to signpost further information on patient safety, harms or improvement.

This could include improvement work through other programmes such as sign up to safety.

Paste your information over this text. Expand the text box by increasing the line depth or adding new lines