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.

Report for:

The Rotherham NHS Foundation Trust

October 2013
Open and honest care at The Rotherham NHS Foundation Trust: October 2013

This report is based on information from October 2013. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about The Rotherham NHS Foundation Trust's performance.

1. SAFETY

Safety thermometer

On one day each month we check to see how many of our patients suffered harm whilst in our care. We call this the safety thermometer. The safety thermometer looks at four harms in particular: 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 new harms.

91.9% of patients did not experience any of the four harms in this trust.

For more information, including a breakdown by category, please visit: http://www.safetythermometer.nhs.uk/

Health care associated infections (HCAIs)

HCAIs are infections acquired as a result of healthcare interventions. Clostridium difficile (C.difficile) and methicillin-resistant staphylococcus aureus (MRSA) bacteremia are the most common. 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. The 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 infections and are working towards eradicating them; 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.

<table>
<thead>
<tr>
<th></th>
<th>C.difficile</th>
<th>MRSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>This month</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Improvement target (year to date)</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Actual to date</td>
<td>17</td>
<td>1</td>
</tr>
</tbody>
</table>

For more information please visit: www.therotherhamft.nhs.uk
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. We also record whether the pressure ulcer developed within 72 hours of being in hospital, or anytime after 72 hours in hospital.

This month 9 of our patients suffered Grade 2 - Grade 4 pressure ulcers.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Pre 72 hours</th>
<th>Post 72 hours</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 2</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Grade 3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grade 4</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

So we can 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 1000 bed days: Not available

Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause.

This month 1 of our patients suffered a fall that caused at least moderate harm.

<table>
<thead>
<tr>
<th>Severity</th>
<th>Number of falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate</td>
<td>1</td>
</tr>
<tr>
<td>Severe</td>
<td>0</td>
</tr>
<tr>
<td>Death</td>
<td>0</td>
</tr>
</tbody>
</table>

So we can 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: Not available
2. EXPERIENCE

To measure patient and staff experience we use a Net Promoter Score.

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.

From the answers given 3 groups of people can be distinguished:
- Detractors - people who would probably not recommend you based on their experience
- Passive - people who couldn't really say one way or another
- Promoters - people who have had an experience which they would definitely recommend to others

This gives a score of between -100 and +100, with +100 being the best possible result.

Patient experience

Results for the patient experience questions were unavailable for October, but will be reported starting next month.

The Friends and Family Test

The Friends and Family Test requires all patients, after discharge, to be asked: 
*How likely are you to recommend our ward to friends and family if they needed similar care or treatment?*

The hospital had a score of 77 for the Friends and Family test. This is based on 489 responses.

*A result may have changed since publication, for the latest score please visit: [www.therotherhamft.nhs.uk](http://www.therotherhamft.nhs.uk)*

A patient's story

Our patients regularly provide positive feedback on their experience of care, often paying tribute to the professionalism of the doctors, nurses, therapist, porters and other members of the team. However, sometimes we get it wrong and leave patients and their families with the feeling that they have not been listened to. We recognise how difficult it can still be to raise concern, but Mr A did raise concern. His wife needed some assistance and our response was unintentionally flippant. The consequence of that was that he was left with little confidence that we would look after his wife. We have responded to this feedback by inviting Mr A to work with us to tell his story in person and in the New Year we will report to the Board of Directors on the actions we have taken.

Staff experience

This information is not currently available.
3. IMPROVEMENT

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

The Rotherham NHS Foundation Trust has embraced the open and honest care initiative and routinely publishes information in the monthly chief nurse reports to board which can be found at www.therotherhamft.nhs.uk. In October 2013 the Board of Directors papers refer to an outbreak of the C-difficile infection. Review of the learning from that outbreak is described in the report being presented to Board on 28 November 2013.