Open and Honest Care in your Local Hospital

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

December 2013

Open and Honest Care at The Rotherham NHS Foundation Trust : December 2013

This report is based on information from December 2013. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about the trust's performance.

1. 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 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 new harms.

90.9% **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.

	C.difficile	MRSA
This month	1	0
Improvement target (year to date)	0	0
Actual to date	0	0

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.

This month 17 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	14
Grade 3	3
Grade 4	0

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 we reported 3 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
Severe	0
Death	0

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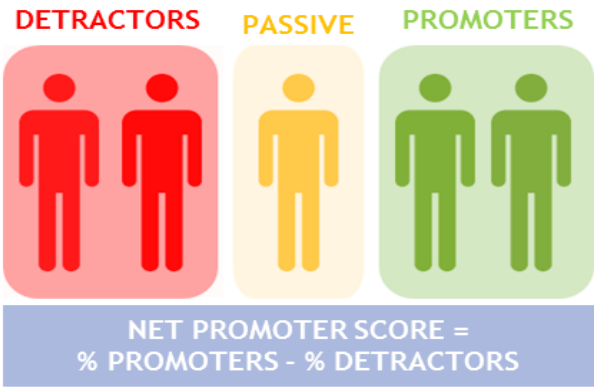
Rate per 1000 bed days:	Not available

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, or couldn't say .
Passive - people who may recommend you but not strongly.
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

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 78 for the Friends and Family test*. This is based on 4629 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 89 patients the following questions about their care:

	Net Promoter Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	28
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	27
Were you given enough privacy when discussing your condition or treatment?	36
During your stay were you treated with compassion by hospital staff?	59
Did you always have access to the call bell when you needed it?	36
Did you get the care you felt you required when you needed it most?	44
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	58

A patient's story

Patients admitted to the Trust all have a full skin assessment and on admission a body map is completed and any skin damage is reported and photographed in line with Trust guidelines.

Mr S was admitted to the Emergency Department following two falls within three days at a residential home. Mr S was known to have multiple medical conditions including vascular dementia. At the time of arrival to the Trust it was noted that Mr S had a healing Grade 2 pressure ulcer to his sacrum.

Two days following admission the patient's general condition deteriorated and this was thought to be from a chest infection. Mr S was commenced on antibiotics and was referred to the Tissue Viability Team for expert advice in relation to the management of the healing sacral wound and additional support to prevent deterioration of his skin due to his increased immobility.

Mr S commented that he felt uncomfortable on the mattresses being used and his comments were relayed to the Tissue Viability Team to see what other options could be explored to ensure Mr S was comfortable whilst not affecting deterioration in his skin condition. Mr S and his family worked with the Tissue Viability team to find an acceptable solution.

Staff experience

We asked 51 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	12
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	20
I am satisfied with the quality of care I give to the patients, carers and their families	16

3. IMPROVEMENT

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

Hello my name is ….. June Lovett – Assistant Chief Nurse

In order to reduce the incidences of pressure ulcers and improve processes regarding prevention and management, a Pressure Ulcer Task and Finish Group was set up. This was a Board of Directors endorsed Group led by myself.

The Group has met on a weekly basis from August 2013 with an exit strategy planned by the first week in February 2014. A number of key stakeholders have shown commitment by regular attendance and active involvement in actions agreed by the Group. Terms of Reference were developed and a six month improvement trajectory was created, with the aims:
1. To eliminate the incidence of avoidable hospital acquired pressure ulcers Grade 2, 3 and 4 by 31 January 2014
2. To eliminate the incidence of avoidable community acquired pressure ulcers Grade 2, 3 and 4 by 31 January 2014 (patients on a Community Matron caseload or being actively managed by a District Nurse – patient being seen on a weekly basis or more frequently).

We are aware that our aim was a huge challenge and we have all had to demonstrate courage by putting challenge into existing systems and being confident that the processes we have established and implemented are making a real and significant difference for the organisation. We continue to demonstrate courage and integrity by believing it is within our gift to make this difference and change.

We have engaged with all relevant staff to ensure that everyone has an active role in reducing pressure ulcers and focusing on the preventative side of management and care. Communication throughout the Trust regarding the work of the Task and Finish Group was essential in order to ensure all staff know we are actively working to reduce pressure ulcers and to raise awareness to all staff the importance and value of this work.

We have developed a series of photographic guides of different grades of pressure ulcers and moisture lesions and these were made available for staff again for staff to gain more understanding of the extent of damage when deep pressure ulcers occur. These guides also assist enormously by providing a visual aid for identification and classification of a pressure ulcer.

We have made huge developments and progress in reporting processes and subsequent investigation including the creation of a robust Root Cause Analysis process. Through a review of our Training Programme provided by the Tissue Viability Team we are ensuring that our staff have the relevant competence in having the appropriate skills and knowledge to care for patients and proactively manage care to reduce the incidence of pressure ulcers. We have also re-energised the role of the Tissue Viability Link Nurse and developed a role descriptor. We now call the Link Nurses Champions and a planned programme for training will be in place to ensure we have consistent standards across all our areas including hospital and community, providing area expertise and to empower staff to take greater responsibly, ownership and provide compassionate care.

Above all we are dedicated and committed to this improvement work because we all genuinely care about our patients, our staff and the experience of care our patients receive and standards of care provided.