

# 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:

**South Tees Hospitals NHS  
Foundation Trust**

December 2015  
2015/16

# Open and Honest Care at South Tees Hospitals NHS Foundation Trust : December 2015

This report is based on information from December 2015. 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

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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.

<b>97%</b>	<b>of patients did not experience any of the four harms whilst an in patient in our hospitals</b>
<b>99%</b>	<b>of patients did not experience any of the four harms whilst we were providing their care in the community setting</b>
<b>98%</b>	<b>of patients did not experience any of the four harms in this trust.</b>

For more information, including a breakdown by category, please visit:

<http://www.safetythermometer.nhs.uk/>

### Health care associated infections (HCAIs)

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HCAIs are infections acquired as a result of healthcare interventions. Clostridium difficile (C.difficile) and

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.

	<b>C.difficile</b>	<b>MRSA</b>
<b>This month</b>	7	0
<b>Trust Improvement target (year to date)</b>	38	0
<b>Actual to date</b>	49	1

For more information please visit:

<http://southtees.nhs.uk/patients-visitors/infection-control/>

## Pressure ulcers

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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 61 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 36 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	58	35
Category 3	3	1
Category 4	0	0

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

In the hospital setting, so we know if we are improving even if the number of patients we are caring for goes up or down, we 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:

In the community setting we also calculate an average called 'rate per 10,000 population'. This allows us to compare our improvement over time, but cannot be used to compare us with other community services as staff may report pressure ulcers in different ways, and patients may be more or less vulnerable to developing pressure ulcers than our patients. For example, our community may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

Rate per 10,000 Population:  Community Setting

## Falls

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

This month we reported 1 falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
Severe	0
Death	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 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:	0.03
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## 2. 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 Friends & Family Test

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

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### The Friends and Family Test

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

The hospitals had a score of **94.4** % for the Friends and Family test\*.

\*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/>

Currently the Friends and Family Test is in development for community services, but we use similar questions to help us understand our patients' experience.

#### **We also asked patients the following questions about their care in the hospital:**

	% agree or strongly agree
During my stay in hospital all staff have introduced themselves to me and told me who they are	92.0%
I feel I have been involved as much as I wanted to be in the decisions about my care and treatment	90.0%
I feel my family have been involved as much as I wanted them to be in decisions about my care and treatment	85.0%
Whenever I have been concerned or anxious about anything whilst in hospital, I have found a member of staff to talk to	92.0%
I feel I am given enough privacy when discussing my condition and / or treatment	99.0%
During my stay I feel I have been treated with kindness and compassion by:	
- Nurses	95.0%
- Doctors	86.0%
- Other healthcare staff	91.0%
I always have access to the call bell when I need it	93.0%
The call bell has always been answered promptly and efficiently	79.0%
I feel fully informed by the ward team regarding my discharge from hospital	79.0%
I feel I received the care I required when I needed it most:	96.0%

## A patient's story

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The best time that Sarah had and the most positive was the time she spent in the holistic centre with the therapeutic care team. She was able to get off the ward to do some craft activities. Sarah was given the opportunity to teach volunteers and other patients to make origami birds, this was something she wanted to do so she could feel a sense of purpose, after 10 months of being in hospital she felt she was able to give something back. It was the most positive experience we both had as we could spend time off the ward knowing Sarah was safe as the team stayed with us. The team of volunteers that came, lifted her spirits especially on bad days. She was able to talk to them as friends rather than care givers and staff. I feel this was the best part of her hospital stay and that has led to me becoming a therapeutic care volunteer since Sarah passed away. I am now able to provide this to other patients across the hospital and it has given me a sense of purpose too.

## 3. IMPROVEMENT

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

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#### **The opening of the Rapid Access Frailty Unit**

A dedicated assessment unit for older people has opened its doors at The James Cook University Hospital. The rapid access frailty assessment (RAFA) unit aims to enable patients to be discharged more quickly, reducing unnecessary stays in hospital.

Patients have their complex needs assessed by a range of specialists who are all based at the unit including an elderly care consultant, physiotherapist, occupational therapist, psychiatric liaison nurse and social worker. A discharge plan is established with a maximum stay on the unit of 72 hours to ensure patients get home or to the right place for their continued treatment as soon as possible.

Nurse practitioner Kelly Russell said: "It's like a one stop MOT shop because our patients are getting everything in one place which speeds up the whole process. "It's about attending to their medical needs, getting them back home as quickly as possible and then working with community staff to arrange the right care for them closer to home."

The unit currently accepts admissions from the hospital's emergency department and acute assessment units but there are plans to accept direct referrals from other services including GPs, community matrons and the ambulance service in the future.

Physiotherapist Diane Pearey added: "Having a social worker based in the office has made a big difference because we have been able to get people home faster." Occupational therapist Tracy Horton added: "It works well especially when we can assess the patient at the same time which saves them having to answer the same questions over and over again."

South Tees Hospitals NHS Foundation Trust is part of the Acute Frailty Network and has been selected as one of ten sites across the country to contribute to the development of services aimed at improving the acute care of older people. Rachel Murdoch, consultant geriatrician said: "Our patients need a holistic approach to ensure that all their needs are assessed and managed from the time they arrive at hospital through to when they are ready to go home."