

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**

January 2016
2015/16

Open and Honest Care at South Tees Hospitals NHS Foundation Trust : January 2016

This report is based on information from January 2016. 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.

96%	of patients did not experience any of the four harms whilst an in patient in our hospitals
98%	of patients did not experience any of the four harms whilst we were providing their care in the community setting
97%	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

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	7	1
Trust Improvement target (year to date)	42	0
Actual to date	56	2

For more information please visit:

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

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 48 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 53 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	46	47
Category 3	2	5
Category 4	0	1

The pressure ulcers include all pressure ulcers that occurred from

0

 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:

1.56

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:

1.26

 Community Setting

Falls

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	0
Severe	1
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

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	96.0%
I feel I have been involved as much as I wanted to be in the decisions about my care and treatment	96.0%
I feel my family have been involved as much as I wanted them to be in decisions about my care and treatment	82.0%
Whenever I have been concerned or anxious about anything whilst in hospital, I have found a member of staff to talk to	95.0%
I feel I am given enough privacy when discussing my condition and / or treatment	95.0%
During my stay I feel I have been treated with kindness and compassion by:	
- Nurses	100.0%
- Doctors	96.0%
- Other healthcare staff	99.0%
I always have access to the call bell when I need it	96.0%
The call bell has always been answered promptly and efficiently	80.0%
I feel fully informed by the ward team regarding my discharge from hospital	81.0%
I feel I received the care I required when I needed it most:	96.0%

A patient's story

"I recently underwent two procedures in the Surgical Admissions Unit at The Friarage Hospital, my consultant was Mr Miranda.

On every occasion I attended the unit I was very impressed with the quality of care that I was given and the kindness and attention that I received from the staff. Special mention must be given to Ken who carried out the surgery on my hands and all of the nursing staff in the theatre but especially Naomi who went to great trouble to make me feel at ease with her cheerful conversation.

I was also very impressed with the nurse who I visited for my follow up and to have stitches removed, again she was cheerful, polite and very thorough in her care of my wound and information about aftercare.

You should be very proud of your staff. All who cared for me are a great credit to you. Well done to all of them."

This gentleman also had a one "minor" criticism (in his words) regarding times of being called in for his surgery, this is currently under investigation.

3. IMPROVEMENT

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

NHS PATIENTS in the North east with serious digestive problems are some of the first to benefit from a successful new endoscopic procedure. Consultant Mr YKS Viswanath, who specialises in upper GI and endoscopic / laparoscopic surgery, carried out the minimally-invasive endoscopic outpatient procedure for the first time in the UK in NHS at The James Cook University Hospital in Middlesbrough in February 2015.

Known as Stretta® therapy - endoscopic radio-frequency application - it offers an alternative to surgery for patients who suffer from chronic gastro-oesophageal reflux disease (GORD) where acid from the stomach leaks out of the stomach and up into gullet causing symptoms such as heartburn, acid reflux and difficulty swallowing. A special catheter is used to deliver radiofrequency energy to the muscle tissues in the lower part of the gullet (area of gastro-oesophageal junction). This strengthens the muscle tissue (lower oesophageal sphincter area) to prevent the reflux occurring.

The minimally invasive outpatient procedure takes less than an hour and does not require any incisions / cuts, stitches or implants so patients can return to normal activities the following day. Patients are already reporting benefits from the new procedure and finding significant relief of symptoms which has improved their quality of life.

Mr Viswanath, said: "I am very enthusiastic about bringing this advanced outpatient endoscopic treatment to James Cook. We have carried out around 20 procedures so far and we plan to increase the number of treatments we provide so more patients can benefit from this best in class cutting edge technology.

"I am delighted we can now offer this service to NHS patients in the UK as it's a condition that affects a large number of the patients we see. It's fantastic for our patients because they recover much faster and the therapy can offer significant symptom