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

February 2016
2015/16

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

This report is based on information from February 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.

97%	**of patients did not experience any of the four harms whilst an in patient in our hospitals**
99%	**of patients did not experience any of the four harms whilst we were providing their care in the community setting**
98%	**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	4	0
Trust Improvement target (year to date)	46	0
Actual to date	60	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 32 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 55 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	30	53
Category 3	2	1
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:	1.07

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:	1.30	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 2 falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	0
Severe	2
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:	0.07

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 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	97.0%
I feel I have been involved as much as I wanted to be in the decisions about my care and treatment	89.0%
I feel my family have been involved as much as I wanted them to be in decisions about my care and treatment	83.0%
Whenever I have been concerned or anxious about anything whilst in hospital, I have found a member of staff to talk to	93.0%
I feel I am given enough privacy when discussing my condition and / or treatment	90.0%
During my stay I feel I have been treated with kindness and compassion by:	
- Nurses	98.0%
- Doctors	95.0%
- Other healthcare staff	97.0%
I always have access to the call bell when I need it	92.0%
The call bell has always been answered promptly and efficiently	83.0%
I feel fully informed by the ward team regarding my discharge from hospital	77.0%
I feel I received the care I required when I needed it most:	97.0%

A patient's story

During February a lady came to tell her story to a large group of preceptorship students about the care she and her mother received before her mum sadly died. The lady explained how before her mums death she had been of reasonable health but she suffered with chronic arthritis which had resulted previously in hip, knee and shoulder replacement surgery. As a result of the arthritis the lady's mum was in chronic pain and on large quantities of analgesia which caused quite severe side effects but she always managed to keep smiling and ensured she had her lipstick and earrings on! Her mum was admitted to hospital with severe acute back pain which was making her loose her balance and stumble. Investigations into the back pain began quickly, indeed there were many investigations and the lady was confident everything was being done however she explained during this time her mums condition was deteriorating, she felt some of the more basic care was at times lacking.

Despite sharing her experience of managing and supporting mum at home she would try and explain things to staff who she described as often not listening. She said her mum was initially placed on a ward with staff who did not usually care for patients with chronic pain and the associated problems, as a result she felt the staff did not have the knowledge and that she lacked confidence in some of the care and management of her mums analgesia and some other aspects. Both her and her mum felt quite isolated and the lady explained she felt staff would avoid eye contact when she came in because they knew she would want to ask lots of questions but she explained to the group this was only because she cared and wanted to know about her mother and receive assurance that everything possible was being done. Very few people appeared to have any time to talk and spend time with her mum and when her mum needed help with some of the basics her mum stated she often felt a burden. The purpose of the lady sharing her and her mums experience was to provoke reflection and encourage learning amongst the audience which would support them in clinical practice.

The key message the lady was keen to get across was the importance of clear and concise communication and significance of listening to patients and families and the consequence when individualised care is not delivered particularly for patients who have other chronic conditions such as this lady's mum. It was a very moving story and the audience evaluated the session positively and were grateful to the lady for having the courage to share her story. There were many other lessons within the story and as a result with the lady's consent the session was filmed so as her and her mums experience can be shared widely with other colleagues across the organisation to enable us to maximise the learning.

3. IMPROVEMENT

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

A PARKINSON'S Advanced Symptom Unit (PASU) - the first of its kind in the UK – has opened at Redcar Primary Care Hospital.

Unlike a usual 15 or 30 minute appointment, the pilot clinic offers half-day or full day appointments where specialist staff - including occupational therapists, physiotherapists and specialist nurses - have greater opportunity to assess the patient's condition and to tailor treatment to individual needs.

Dr Neil Archibald, lead consultant neurologist, said there is a real need for specialist Parkinson's care as one in 500 peopl e has the disease and as the population ages then this number is only set to increase.

He said: "We've always done our best to see patients when we can but we have always felt our service was not as responsive to the patient as it could be – it could take up to three months for a patient to see all the different specialists they needed to.

"The key to this clinic is we have all the specialties in one place and follow-up is immediate - it's proactive, preventative and community-based which allows us to check up and assess patients a lot more closely."

One of the first patients to benefit from the clinic said: "Parkinson's is an extremely distressing condition making it diffi cult for patients to remain positive but having the specialist clinic in our backyard makes things so much better.

"It allows staff to work as a team and if any member of the team needs anything they are all together in the same building!"

The pilot clinic was set up by the Parkinson's team and is supported in part by a £75,000 grant from the independent healthca re charity the Health Foundation.

It also has the support of Parkinson's UK, South Tees Clinical Commissioning Group (CCG) and Tees, Esk and Wear Valleys NHS Foundation Trust.