

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**

March 2016
2015/16

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

This report is based on information from March 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
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	1	0
Trust Improvement target (year to date)	50	0
Actual to date	61	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 37 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	34	50
Category 3	3	3
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

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 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.



The Friends & Family Test

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.

During March 188 patients from 15 areas answered 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	95.0%
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	94.0%
I feel I am given enough privacy when discussing my condition and / or treatment	88.0%
During my stay I feel I have been treated with kindness and compassion by:	
- Nurses	98.0%
- Doctors	92.0%
- Other healthcare staff	94.0%
I always have access to the call bell when I need it	94.0%
The call bell has always been answered promptly and efficiently	82.0%
I feel fully informed by the ward team regarding my discharge from hospital	80.0%
I feel I received the care I required when I needed it most:	98.0%

A patient's story

Julia, 66, from Stokesley found out over 20 years ago she had inherited polycystic kidney disease.

Jean, 70, from Pinchinthorpe has carried a donor card since the 1970's and it never crossed her mind she would be given the opportunity to be a living donor.

"Julia and I have been friends for many many years and most of the time she played down her condition, in her own words, being 'in denial' about her steady deterioration.

"Inevitably there came the time, as you know if you have polycystic kidney disease, (PKD) when the need for dialysis has to be addressed, either that or a transplant was her only option.

"After consulting with and having the blessing of my very dear family, I talked to Julia about our wish to try and help. Initially she was averse to the offer and quite frankly neither of us was very hopeful of me being a good match.

"I'm not going to go through the extensive number of tests required to ensure the best possible outcome not only for Julia, but for me as well. Neither can I explain the trepidation, on every hospital visit, of fearing being told the transplant procedure would not be able to progress any further.

"However the euphoria, after all the long and anxious waiting, of being told all was well, was so exhilarating it was worth the wait. Giving Julia the gift of a new life was really going to happen and we couldn't wait for the big day.

"Aren't you nervous, people would ask me and maybe I was a bit or even probably very naïve, but it never once, in spite of being told more than once the statistics regarding the risks of surgery, made me doubt my decision.

"If you are contemplating putting yourself forward for testing then I can categorically say there isn't a thing to worry about. You will be in safe hands from beginning to end and I cannot praise the health professionals enough.

Julia added;

"My grateful thanks to Dr Jonathan Loudon and his team at James Cook, Professor David Talbot and his team at the Freeman and special thanks to my dear friend Jean, who has indeed given me a gift for life."

3. IMPROVEMENT

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

This months we have included a link to a YouTube video about a first of its kind surgical procedure;

<https://www.youtube.com/watch?v=qRvymvKTXjE>