

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**

May 2016
2016/17

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

This report is based on information from May 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
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	3	0
Trust Improvement target (year to date)	10	0
Actual to date	7	0

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 43 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 40 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	41	37
Category 3	2	3
Category 4	0	0

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:

1.42

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:

0.95

 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 6 falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
Severe	3
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:	0.20
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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

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.

During March 215 patients from 25 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	96.0%
I feel my family have been involved as much as I wanted them to be in decisions about my care and treatment	86.0%
Whenever I have been concerned or anxious about anything whilst in hospital, I have found a member of staff to talk to	96.0%
I feel I am given enough privacy when discussing my condition and / or treatment	93.0%
During my stay I feel I have been treated with kindness and compassion by:	
- Nurses	98.0%
- Doctors	94.0%
- Other healthcare staff	97.0%
I always have access to the call bell when I need it	93.0%
The call bell has always been answered promptly and efficiently	81.0%
I feel fully informed by the ward team regarding my discharge from hospital	78.0%
I feel I received the care I required when I needed it most:	98.0%

A patient's story

The parent of a young child wrote to us to express her sincere thanks to one of our doctors for the care and support shown to her son and herself since they first started attending his clinic 5 years ago when her son was only a few days old. She explained how at that time she felt very daunted and scared by the news that he had a heart murmur.

“You can see that you work in a very busy department but you always take the time to chat and make us feel relaxed and comfortable and despite being super busy, we have never felt rushed or treated like a number and always leave feeling reassured. You are indeed one of the loveliest Doctors I have ever met and any child that is looked after by you is indeed very lucky because you can tell that you genuinely care about and have an interest in them. I would also like to pass on my thanks to the rest of the staff in your department as they also do a fabulous job and have been wonderful with my son in reassuring him that everything is ok. We wish you all the best and long may the children of the North East and surrounds benefit from your care.”

3. IMPROVEMENT

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

GREAT-GRANDMOTHER Anne Clark was only eight years old when she was diagnosed with a long-term lung condition. For the past 15 years the 78-year-old retired clerk from Eston has been admitted to hospital twice a year to enable doctors to treat her bronchiectasis with a two-week course of intravenous (IV) antibiotics – medicine delivered through a cannula or catheter (tube) directly into a vein.

But thanks to a new service recently commissioned at South Tees Hospitals NHS Foundation Trust, Anne can now receive this treatment from the comfort of her own home. All community matrons in Middlesbrough, Redcar and Cleveland have now been trained to administer IV antibiotics. The move will save some patients having to spend 14 days in hospital up to three times a year for IV treatment when they are otherwise fit and well. It will also free up hospital beds for more acutely ill patients.

“It’s just wonderful being able to stay at home and have this treatment,” said Anne, who has four children, five grandchildren and four great-grandchildren and was first to benefit from the new service.

“You are in your own environment and relatives don’t have to worry about visiting times and parking - it’s just so much nicer. There’s no comparison when you can be in your own home following your own routine.”