

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**

June 2014

Open and Honest Care at South Tees Hospitals NHS Foundation Trust : June 2014

This report is based on information from June 2014. 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.

98%	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 methicillin-resistant staphylococcus aureus (MRSA) bacteremia are the most common. C.difficile is a type of bacterial infection that can affect the digestive system, causing diarrhoea, fever and painful abdominal cramps - and sometimes more serious complications. The bacteria does not normally affect

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	1
Trust Improvement target (year to date)	13	0
Actual to date	15	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 Stages, with one being the least severe and four being the most severe.

This month 71 Stage 2 - category 4 pressure ulcers were acquired during hospital stay and 52 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	62	35
Category 3	9	16
Category 4	0	1

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: 2.24

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: 1.23 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 4 falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	2
Severe	2
Death	0

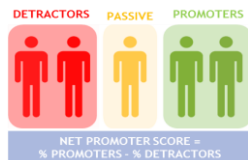
So we can know if we are improving even if the number of patients we are caring for goes up or down, we also calculate an average called 'rate per 1,000 occupied bed days'. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals, as their staff may report 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: 0.13

2. EXPERIENCE

To measure patient and staff experience we use a Net Promoter Score.

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.



From the answers given 3 groups of people can be distinguished:

Detractors - people who would probably not recommend you based on their experience, or couldn't say .
Passive - people who may recommend you but not strongly.
Promoters - people who have had an experience which they would definitely recommend to others.

This gives a score of between -100 and +100, with +100 being the best possible result.

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 **68** 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

I feel I was involved as much as I wanted to be in the decisions about my care and treatment:	90.00%
I feel my family were involved as much as I wanted them to be in the decisions about my care and treatment:	93.00%
Whenever I was concerned or anxious about anything whilst I was in hospital, I could find a member of staff to talk to:	87.00%
I feel I was given enough privacy when discussing my condition and / or treatment:	92.00%
During my stay I feel I was treated with compassion by hospital staff:	100.00%
I always had access to the call bell when I needed it:	90.00%
I feel I received the care I required when I needed it most:	98.00%
The quality of the nursing care received has met my expectations:	100.00%
The quality of the medical care received has met my expectations:	97.00%

A patient's story

An 83-year-old lady was admitted to hospital with advanced dementia and was unable to communicate verbally. The family were nervous when she was admitted to hospital with pneumonia. They also had concerns about her physical health and feared that she would not recover. However ward staff supported the family to spend long periods of time with the lady, helping her to eat and drink and also walk around not only the ward but the hospital, even providing a wheelchair to help with her desire to be constantly on the go. The family said that everyone on the ward – nurses, healthcare assistants, doctors and volunteers – provided excellent care and built wonderful relationships, not only with their relative but all the other patients. The family particularly commented on the therapeutic volunteers who spent time interacting with patients who were not lucky enough to have relatives or other visitors regularly sitting with them. Despite the family's initial concerns about their relative's well being she did recover from pneumonia, moved to a nursing home and is physically much fitter than before she was admitted to the ward.

3. IMPROVEMENT

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

The Trust has developed a healthcare associated infection collaborative which is group of staff from varying specialities and a range of staff members who are meeting weekly to lead, implement and monitor a number of actions based on the new 'focus on five campaign':

- Cleaning
- Communication
- Antibiotic prescribing
- Isolation
- Hand hygiene

These aim to support the raising of awareness specifically around *C.difficile* reduction and other healthcare associated infections.