

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 2016
2016/17

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

This report is based on information from June 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	1	0
Trust Improvement target (year to date)	14	0
Actual to date	8	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 46 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 41 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	46	39
Category 3	0	2
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 2 falls that caused at least 'moderate' harm.

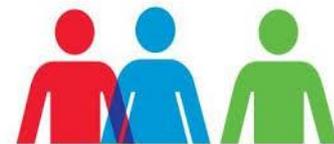
Severity	Number of falls
Moderate	0
Severe	2
Death	0

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
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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 **97.2** % 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 June 173 patients from 21 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	98.0%
I feel I have been involved as much as I wanted to be in the decisions about my care and treatment	98.0%
I feel my family have been involved as much as I wanted them to be in decisions about my care and treatment	88.0%
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	95.0%
During my stay I feel I have been treated with kindness and compassion by:	
- Nurses	98.0%
- Doctors	98.0%
- Other healthcare staff	95.0%
I always have access to the call bell when I need it	92.0%
The call bell has always been answered promptly and efficiently	84.0%
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:	99.0%

A patient's story

Recently a great grandmother who was seriously ill in the middle of the night at the Friarage Hospital received urgent medical care following a consultation with the consultant who was at his home. The doctors attending were keen to get an opinion from a senior clinician so a webcam link was set up between the unit and the consultants home. The consultation resulted in the lady getting a CT scan in the middle of the night which detected a problem with her heart. She was then transferred to James Cook and successfully treated. The lady described when she was told she was going to talk to a doctor in the early hours, she did not realise it would be a television consultation.

"I wasn't sure what was going on at first but Dr put me completely at ease and was very helpful, pleasant and easy to talk to. He asked how I was feeling, asked me questions, talked about symptoms and made the whole experience as stress-free as possible even though I was very ill." "I really feel the Dr saved my life – I was so ill. Its marvellous technology and great to have this service for patients at the Friarage – plus all the staff were lovely."

3. IMPROVEMENT

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

JAMES Cook's regional major trauma centre has a brand new all-terrain trolley which will enhance patient comfort and safety.

The trolley - which has generously been provided by James Cook University Hospital Voluntary Services - will be used during helicopter transfers for patients coming in to hospital by air ambulance.

The all-terrain trolley has robust wheels and is specifically for outdoor use. Staff can use it to go up and down to the ramp to the helipad instead of the existing trolleys which are mainly for indoor use.

The journey from helicopter to the department will be more comfortable for patients, particularly important for patients with suspected spinal injuries and patients in pain from major trauma.

Sue Murphy, A&E department manager, said: "On behalf of the patients and staff we greatly appreciate this very generous gift from the voluntary services.

"The trolley will improve the patients' journey from the helipad into the department and also mean our existing trollies do not suffer major wear and tear from being used outside."