

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**

August 2014
2014/15

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

This report is based on information from August 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.

97% of patients did not experience any of the four harms whilst an in patient in our hospitals
97% 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 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	1	0
Trust Improvement target (year to date)	21	0
Actual to date	20	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 Stages, with one being the least severe and four being the most severe.

This month 70 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 44 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	69	30
Category 3	1	13
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: 2.21

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: 1.04 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	1
Severe	1
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: 0.06

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 **84** 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:	95.00%
I feel my family were involved as much as I wanted them to be in the decisions about my care and treatment:	84.00%
Whenever I was concerned or anxious about anything whilst I was in hospital, I could find a member of staff to talk to:	95.00%
I feel I was given enough privacy when discussing my condition and / or treatment:	93.00%
During my stay I feel I was treated with compassion by hospital staff:	95.00%
I always had access to the call bell when I needed it:	95.00%
I feel I received the care I required when I needed it most:	95.00%
The quality of the nursing care received has met my expectations:	95.00%
The quality of the medical care received has met my expectations:	90.00%

A patient's story

A female patient was suffering with severe incontinence; even with a catheter in place she was having major problems. The condition was having a huge impact on her confidence and she had become unable to leave the house leading to social isolation. The lady discussed her issues with the hospital catheter champions who provided information on the different types of catheters and the options available to her.

With the help from the catheter champions the lady now has a better understanding of her condition and is able to manage at home; however she is also aware of how to access further support should she need it.

The lady is now leading a normal life and is confident to go back out into society.

3. IMPROVEMENT

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

The Pressure Ulcer Collaborative continues to work across the six workstreams of

1. Engagement, ownership culture
2. Prevention strategies
3. Equipment
4. Education
5. Reporting and learning
6. Partnership working

There have been a number of developments over the last month which include a network of frontline "champions" across the organisation and the pilot of a hybrid mattress that can be used as a standard mattress and converts to a pressure relieving mattress when required. In addition to this a DVD has been developed to be included in mandatory training on