

## 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**

December 2014  
2014/15

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

This report is based on information from December 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

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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.

<b>97%</b>	<b>of patients did not experience any of the four harms whilst an in patient in our hospitals</b>
<b>98%</b>	<b>of patients did not experience any of the four harms whilst we were providing their care in the community setting</b>
<b>98%</b>	<b>of patients did not experience any of the four harms in this trust.</b>

For more information, including a breakdown by category, please visit:

<http://www.safetythermometer.nhs.uk/>

### Health care associated infections (HCAIs)

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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.

	<b>C.difficile</b>	<b>MRSA</b>
<b>This month</b>	13	0
<b>Trust Improvement target (year to date)</b>	37	0
<b>Actual to date</b>	50	3

For more information please visit:

<http://southtees.nhs.uk/patients-visitors/infection-control/>

## Pressure ulcers

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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 51 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 45 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	49	37
Category 3	2	7
Category 4	0	1

The pressure ulcers include all pressure ulcers that occurred from after admission to this Trust

hours

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.

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.

Community Setting

## Falls

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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**

## Patient experience

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### 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** % 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
I feel I was involved as much as I wanted to be in the decisions about my care and treatment:	97.0%
I feel my family were involved as much as I wanted them to be in the decisions about my care and treatment:	83.0%
Whenever I was concerned or anxious about anything whilst I was in hospital, I could find a member of staff to talk to:	90.0%
I feel I was given enough privacy when discussing my condition and / or treatment:	91.0%
During my stay I feel I was treated with compassion by hospital staff:	98.0%
I always had access to the call bell when I needed it:	88.0%
I feel I received the care I required when I needed it most:	98.0%
The quality of the nursing care received has met my expectations:	98.0%
The quality of the medical care received has met my expectations:	97.0%

### A patient's story

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A patient with learning disabilities with a previous bad experience whilst in one of hospitals. She felt that staff did not acknowledge her but spoke with her carer, didn't appreciate that she was hard of hearing so may speak more loudly and was asked to be quiet during the night, was referred to as "pet" rather than her name and generally felt she was not cared for with the dignity she would expect. This time a visit to the ward was arranged prior to her admission, staff made sure her learning disability passport was up to date and used, staff called her by her name and explained things in a way she could understand. The patient was able to walk to theatre rather than be taken on a trolley. In addition when she was unsettled at night staff were really supportive, making her cups of tea and talking with her. Overall this was a much better experience for the patient and she came back to the board of directors meeting to discuss how much better this experience was than the last time she spoke to them.

## 3. IMPROVEMENT

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

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Following discussions with patients, the cardiac catheter labs are trialling a hand grip on the theatre table. The aim is to make it more comfortable for patients while lying flat. Patients have told us that because the theatre table has no sides they fear falling over the edge. This adds to their anxiety. The hand grip should act as an anchor point for the patient to hold onto, hopefully relieving stress and anxiety.