

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 2016
2016/17

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

This report is based on information from December 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.

95%	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
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-

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)	38	0
Actual to date	32	5

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 69 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 50 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	61	42
Category 3	8	8
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 **96.2** % 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/>

This month 132 patients from 14 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	96.1%
I feel I have been involved as much as I wanted to be in the decisions about my care and treatment	89.3%
I feel my family have been involved as much as I wanted them to be in decisions about my care and treatment	89.2%
Whenever I have been concerned or anxious about anything whilst in hospital, I have found a member of staff to talk to	93.9%
I feel I am given enough privacy when discussing my condition and / or treatment	95.4%
During my stay I feel I have been treated with kindness and compassion by:	
- Nurses	100.0%
- Doctors	98.4%
- Other healthcare staff	99.2%
I always have access to the call bell when I need it	96.2%
The call bell has always been answered promptly and efficiently	80.8%
I feel fully informed by the ward team regarding my discharge from hospital	85.7%
I feel I received the care I required when I needed it most:	98.6%

A patient's story

Friendly group shares coffee, cake – and breastfeeding advice

NEW and expectant mums got together to share cake, coffee, advice and experiences, as part of a national Breastfeeding Awareness Week. Midwives at The Friarage opened the doors of the unit for a special tea party aimed at breast feeding mums and pregnant ladies. They also attended alongside healthcare assistants to offer support – as well as cream cakes - to mums and mums to be.

Mum, Sarah Hampson, whose son was born with a “tongue tie” a tight piece of skin between the underside of the tongue and the floor of their mouth – which can make breastfeeding extremely difficult - said “I have had amazing support from the midwives here and also the health visitors and children’s centre as well,” said Sarah. “My advice to other women would be to keep going, keep persevering and use the support that’s available. “I also attended a local children’s centre two days a week for stay and play sessions as well as a breastfeeding support group who have been really great.” As for some of the benefits of breastfeeding, she added: “It’s definitely a lot cheaper and I’ve lost some of my baby weight quicker than I did the first time around

For more breastfeeding advice, visit our Infant Feeding Advice page at

<https://www.southtees.nhs.uk/services/maternity-and-obstetrics/advice/infant-feeding/>

3. IMPROVEMENT

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

New lung surgery service to benefit patients

AN INITIAL 150 patients per year are set to benefit from a new £95,000 investment in new lung surgery services at The Friarage Hospital, Northallerton.

New specialist imaging equipment, increased theatre capacity for lung surgery and outpatient clinics will now be provided at the North Yorkshire hospital, benefitting patients from across Hambleton and Richmondshire and further afield, who currently face a long journey to The James Cook University Hospital in Middlesbrough.

Jonathan Ferguson, consultant in cardiothoracic services who is leading the development, said the new service would be “more local and more responsive” - and would be greatly welcomed by patients across the North Yorkshire area, including Harrogate and Thirsk.

Dr Ferguson said: “This will greatly benefit patients now and in the long term.

“It will result in reduced waiting times across the South Tees Hospitals NHS Foundation Trust patch – and possibly further afield – as the service we now offer at The Friarage was traditionally provided in other, larger centres like The James Cook University Hospital.

“This investment also further cements the Trust’s commitment to developing services at The Friarage Hospital and providing care closer to people’s homes.”

The development has benefitted from a £14,000 donation from Friends of the Friarage, which will contribute to funding new specialist equipment needed to provide the service.

It will also help to ensure theatre space available at The Friarage can be transformed, not only to become fit for purpose, but to provide the highest possible standards in patient care and comfort.

Mr Ferguson has also acknowledged the role of military anaesthetic colleagues in enabling this service to be provided at The Friarage.

Lieutenant Colonel Oliver Bartels said: “We are delighted to be involved with bringing such a key service to The Friarage to enable a high level of care and vital surgical services to be provided closer to people’s homes in Hambleton and Richmond.”

Upendra Somasundram, Chairman of the Friends of the Friarage, said: “We’re delighted to support this investment and contribute towards what is an important service at the Friarage.

“It is great to see new developments happening on the hospital site.”