

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**

July 2015
2015/16

Open and Honest Care at South Tees Hospitals NHS Foundation Trust : July 2015

This report is based on information from July 2015. 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
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

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	0
Trust Improvement target (year to date)	18	0
Actual to date	29	1

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 81 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 53 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	76	45
Category 3	5	7
Category 4	0	1

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 3 falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
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:	0.10
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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.



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 **95** % 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:	98.0%
I feel my family were involved as much as I wanted them to be in the decisions about my care and treatment:	82.0%
Whenever I was concerned or anxious about anything whilst I was in hospital, I could find a member of staff to talk to:	94.0%
I feel I was given enough privacy when discussing my condition and / or treatment:	93.0%
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:	96.0%
I feel I received the care I required when I needed it most:	96.0%

A patient's story

A patient spoke with staff about his experience of *Clostridium difficile* and the care he received in the organisation. He made the following points:

The *Clostridium difficile* infection had extended his stay in hospital by 20 days, with a total of 33 days being spent in an isolation environment, he described the harmful physical and emotional impact this had on him. He expressed feelings of confusion and frustration regarding understanding the infection and why he had to be isolated. He personally felt intimidated by the barrier controls in place and spoke about the reality of the isolation environment, the dietary controls, exposure to antibiotic treatment and the way this had also affected his family.

This story articulated to staff the negative impact on a patient who is placed in the isolation environment, which in this case was a side room with the door closed. It was acknowledged the points made by the patient regarding communication and all of the barriers can affect a patient's emotional wellbeing.

3. IMPROVEMENT

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

A 67 year-old's life was saved by the AAA screening programme. The biggest danger about AAA is that there are no symptoms, and most men have no idea there is a problem until something is found during screening.

The patient said: "When I got the letter inviting me for screening, it was to my local screening centre 15 minutes away, and thought I had nothing to lose so I attended. During the screening my technician found that my aorta was enlarged, and I was at risk of rupture. I knew that this must be unusual when my technician shouted to a colleague 'I think I've found one!'"

When asked what advice he would give to other men in the north east who receive their letter but aren't sure about whether to attend, he said: "I had no symptoms, and for me, this screening has meant an extension of life. If they hadn't found it, it was in danger of rupturing, and my chance of survival would have been pretty slim. The whole process of the screening took an hour, the staff were all so friendly and the ultrasound scan didn't hurt at all."

The patient was referred to The James Cook University Hospital in Middlesbrough, and is the 100th man to have been referred for treatment by the regional screening programme run from the Queen Elizabeth Hospital in Gateshead.

The aorta is the main blood vessel that supplies blood to your body. It runs from your heart down through your chest and abdomen. In some people, as they get older, the wall of the aorta in the abdomen can become weak. It can then