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

March 2015
2014/15

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

This report is based on information from March 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**
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

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	9	0
Trust Improvement target (year to date)	49	0
Actual to date	76	4

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 66 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 42 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	65	34
Category 3	1	8
Category 4	0	0

The pressure ulcers include all pressure ulcers that occurred from 0 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:	2.06

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:	1.00	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:	0.09

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 **94** % 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:	90.0%
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:	91.0%
I feel I was given enough privacy when discussing my condition and / or treatment:	87.0%
During my stay I feel I was treated with compassion by hospital staff:	95.0%
I always had access to the call bell when I needed it:	92.0%
I feel I received the care I required when I needed it most:	93.0%
The quality of the nursing care received has met my expectations:	92.0%
The quality of the medical care received has met my expectations:	97.0%

A patient's story

Patient A was referred to the Speech and Language Therapy Service when he was 3 years old with concerns about his speech sound production and behaviour. Initially, concerns were raised by his Health Visitor that he might be autistic and he was referred to the Paediatrician. The Paediatrician then referred him in to the Autism Assessment Team. Alongside this, the Speech and Language Therapies team were continuing to work with him. The team did not have concerns that he may be autistic but were investigating his speech sound production and eventually concluded that he was speech disordered and his difficulties expressing himself were the cause of his behaviour and communication difficulties.

Patient A was not diagnosed with autism and came to the Specialist Speech Disorder team where he received 16 sessions of Specialist Therapy. He started those sessions with very unintelligible speech. By the end of those sessions, his teacher commented on how much progress he had made and how intelligible he was and highlighted the success of therapy to the head teacher. Patient A is now integrated better in class and building relationships better with his peers. His mum now understands him and is very pleased with his progress - she was particularly delighted when in the early days of the therapy the therapist taught him to say his name. Patient A had been considered for Specialist Education provision at the Language Unit but his speech has now progressed so much that he doesn't require that and we hope to discharge him with age appropriate speech in the near future.

3. IMPROVEMENT

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

Patient B has a diagnosis of Down's Syndrome and was referred to the Speech and Language Therapy team at 8 months. Her mother was struggling at the time to come to terms with her daughter's diagnosis. She was depressed and not looking after herself well and was struggling to bond and engage with her daughter. At the time, Patient B's mum was hugely concerned about her child's feeding difficulties and the Learning Disability and Feeding Specialist Speech and Language therapist gave practical advice about feeding but also praised and encouraged her parenting. Patient B and her mum were offered therapy with one of our Learning Disability Specialist Speech and Language Therapy Assistants (SLTA) to introduce signing. During the sessions the SLTA noted some unusual eye movements. With a family history of seizures and a very anxious and depressed mum, the SLTA contacted the Paediatrician directly and pushed for a pre-Christmas appointment so that the family could enjoy their first Christmas together without this worry hanging over them. Patient B was diagnosed with nystagmus and is very very short sighted so glasses were prescribed. As a result, Patient B's communication improved as she could see the signs and the lip shapes more clearly and her physical skill also improved due to improved vision and being able to see where she was going. Throughout this, our SLTA continued to visit the family to build on communication and signing skills and over that time Patient B's mum's mood improved, she gained in confidence and participated more fully and enthusiastically in therapy sessions. Mum also recognised that is was important to take a day for herself each week and our SLTA encouraged her to see this as a positive thing and to value her own wellbeing as well as her daughters. Patient B is now 14 months old and doing really well with her glasses but most importantly, her parents are both feeling positive and happy with their daughter and have built a strong and rewarding relationship with her.