

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**

May 2015
2015/16

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

This report is based on information from May 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
95%	of patients did not experience any of the four harms whilst we were providing their care in the community setting
96%	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	8	1
Trust Improvement target (year to date)	10	0
Actual to date	13	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 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 72 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 51 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	63	43
Category 3	9	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.

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

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 4 falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
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:	0.13
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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

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:	92.0%
I feel my family were involved as much as I wanted them to be in the decisions about my care and treatment:	80.0%
Whenever I was concerned or anxious about anything whilst I was in hospital, I could find a member of staff to talk to:	92.0%
I feel I was given enough privacy when discussing my condition and / or treatment:	82.0%
During my stay I feel I was treated with compassion by hospital staff:	91.0%
I always had access to the call bell when I needed it:	93.0%
I feel I received the care I required when I needed it most:	96.0%

A patient's story

A lady attended Board following the death of her daughter in 2013. She had been through the formal complaints procedure at the time and she was keen to share her experiences to help improve services and prevent other families experiencing what she had been through.

Her daughter was born in 1997; she lived with mum, dad and her brother. She was always happy and smiling and was warm and friendly and left her personality with everyone she met. Her daughter was diagnosed on the Autistic spectrum at the age of 4 years old, she initially attended mainstream school. Over the years her behaviour became increasingly challenging at school and at home, she was diagnosed as ADHD when she was 8 years old. She was moved to a school for special education needs and she remained in this provision throughout the remainder of her education.

She moved into residential care in 2011 and it was at this point she was observed as having a seizure during the night. Some other observations were made by those closest to her also. Some investigations were commenced and she was later diagnosed with non-epileptic seizures. In March 2013 she was found dead by the staff in the care home, the coroner subsequently ruled her daughter's death was "death by misadventure"

The lady explained to Board members how terrifying and emotionally exhausting the whole experience, including the complaints process had been. She shared how she felt that TEWV process had been less impersonal perhaps because they knew the family better. This highlighted the importance of patients having a clear point of contact and how important communication being maintained throughout is. Since her daughter's death the lady has met and prompted a number of professionals to reflect on the care they gave, she has raised awareness of the needs of parents and carers and young people with learning disabilities. A review of the structure of the initial appointments in hospital was completed. There has also been discussion and review of patient information relating to risks associated with all seizure activity.

3. IMPROVEMENT

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

Whilst working in the cardiac catheter laboratories at The James Cook University Hospital, a sister noticed from the reaction of some patients that the laboratories which have lots of medical equipment around could be a little daunting. She also identified that when they lay on the operating table, they had nothing to hold on to.

With this in mind she developed handles for the patients to hold, which have now been made and are in use in the labs of the hospital. The idea was initially to give dementia patients a sense of security whilst on the operating table, but it was discovered that all patients find it a great benefit and the design could be rolled out across other areas of the trust.

The idea was 'highly commended' at the NHS Innovations 'Bright Ideas in Health Awards'.