

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**

October 2016
2016/17

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

This report is based on information from October 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.

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
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	2	1
Trust Improvement target (year to date)	30	0
Actual to date	23	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 55 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 58 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	54	53
Category 3	1	4
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.

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 4 falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	4
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:	0.13
--------------------------	------

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 **98.2** % 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 145 patients from 19 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	97.0%
I feel I have been involved as much as I wanted to be in the decisions about my care and treatment	96.0%
I feel my family have been involved as much as I wanted them to be in decisions about my care and treatment	80.0%
Whenever I have been concerned or anxious about anything whilst in hospital, I have found a member of staff to talk to	89.0%
I feel I am given enough privacy when discussing my condition and / or treatment	86.0%
During my stay I feel I have been treated with kindness and compassion by:	
- Nurses	99.0%
- Doctors	97.0%
- Other healthcare staff	96.0%
I always have access to the call bell when I need it	92.0%
The call bell has always been answered promptly and efficiently	74.0%
I feel fully informed by the ward team regarding my discharge from hospital	82.0%
I feel I received the care I required when I needed it most:	100.0%

A patient's story

Stroke survivor Matt's on the ball for Team GB

When Matt Crossen endured a stroke at the age of 23, he thought his football playing days were behind him. But never one to give up, Matt worked so hard during his rehabilitation that he was part of the Great British Paralympic Football Team in Rio this September! Matt described the sensations which led to him realising he was having a stroke: "I'll never forget it. It was as if my whole left side just suddenly slumped, I couldn't feel my leg or arm. I was trying to speak to my friend and started slavering and my face felt like it had dropped. What scared me most was I couldn't feel my left side, it had just shut down, my eyesight started to go, I would see something for a few seconds then it would all go blurry and I couldn't stand up." Matt was rushed to James Cook where a thrombectomy was carried out. It was only the second time the team had ever carried out the procedure, which involves a probe being inserted in a main artery in the groin and directed up into the brain to remove the clot. During his recovery period, where he had to learn to walk and talk again, Matt set himself an even tougher challenge: He would play football again. No matter what. After joining pre-season training with Marske United, working with a conditioning coach at Teesside University and loan spells with Stokesley and Thornaby football clubs, Team GB took notice and selected Matt to represent Great Britain.

Matt said: "I owe everything to the fantastic medical team at James Cook. When I went there I was paralysed, now I have a wonderful daughter and the chance to play for my country. My message to everyone is to never give up hope." The team didn't medal in Rio due to two tough games against Brazil and Ukraine. But an impressive 5-1 win against Ireland bodes well for the future. Roll on Tokyo 2020 - we hope to see Matt lace up his boots again!

Signs and symptoms of a stroke The main symptoms of stroke can be remembered with the word FAST: Face: the face may have dropped on one side, the person may not be able to smile or their mouth or eye may have dropped. Arms: the person with suspected stroke may not be able to lift both arms and keep them there. Speech: their speech may be slurred or garbled, or the person may not be able to talk at all. Time: it is time to dial 999 immediately if you see any of these signs or symptoms.

3. IMPROVEMENT

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

Passionate PASU turn 'pilot' into award-winning service – in ten months!

A PILOT project caring for some of the most vulnerable patients across South Tees has been recognised as a vital service in just 10 months. The Parkinson's Advanced Symptom Unit (PASU) team, based at Redcar Primary Care Hospital, picked up the 'Managing Long Term Conditions' gong at the Patient Safety Awards 2016. Judges at the awards recognised the unit's dedicated professionals' "clear passion" in supporting "a very vulnerable group" of patients, who are "often overlooked".

And the award is not the only reason PASU has to celebrate. The service - the first of its kind in the UK when it launched in September 2015 - has also been commissioned by South Tees Clinical Commissioning Group (CCG) to continue to provide multidisciplinary care for Parkinson's sufferers, giving it a more permanent basis within South Tees' community services. Lucy Tulloch, Neurosciences Service Manager, said: "It's a great accolade for the staff to receive this award. "This is well-deserved recognition for a service which gives its caring staff the opportunity to go 'above and beyond' the call of duty to meet the needs of patients." Lucy added PASU, which provides patients with advanced Parkinson's disease - and their carers - with reassuring and quick access to assessments by a range of specialists, has also caught the attention of other NHS trusts across the region.

The service also offers home visits for patients with complications arising from the condition, whether physical, such as impaired movement, or mental, such as dementia and psychosis. She said: "Regionally, other trusts are looking to replicate PASU or learn from our model, which involves partnerships with the Health Foundation, Tees Esk and Wear Valleys (TEWV) NHS Foundation Trust and South Tees Clinical Commissioning Group (CCG)." Dr Neil Archibald, project lead for PASU, said: "Since opening in September last year, we have seen improvements in quality of life for our patients, as well as a reduction in emergency admissions to the hospital and reduced length of stay for patients."

The Patient Safety Awards, in collaboration with Health Service Journal (HSJ) and The Nursing Times, recognise constant innovation and Trusts who overcome challenges to put patients' needs first.

