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

September 2015
2015/16

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

This report is based on information from September 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	3	0
Trust Improvement target (year to date)	26	0
Actual to date	32	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 57 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 45 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	55	40
Category 3	2	4
Category 4	0	1

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:	1.98

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:	1.07	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	2
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:	0.07

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
During my stay in hospital all staff have introduced themselves to me and told me who they are	86.0%
I feel I have been involved as much as I wanted to be in the decisions about my care and treatment	83.0%
I feel my family have been involved as much as I wanted them to be in decisions about my care and treatment	79.0%
Whenever I have been concerned or anxious about anything whilst in hospital, I have found a member of staff to talk to	90.0%
I feel I am given enough privacy when discussing my condition and / or treatment	90.0%
I always have access to the call bell when I need it	86.0%
The call bell has always been answered promptly and efficiently	75.0%
I feel fully informed by the ward team regarding my discharge from hospital	50.0%
I feel I received the care I required when I needed it most:	100.0%

A patient's story

A lady who made a formal complaint against the Trust met and shared her experience with the patient experience team who, with her consent, captured her story on film to enable it to be used as a teaching resource to promote wider shared learning.

The lady described how as a result of her poor experience of care on a ward it had left her feeling no one cared and that staff just wished she would go away. When admitted to the ward following an operation nobody introduced themselves, staff walked around with their heads down and made no eye contact, this led to her feeling unwelcome and isolated at a very vulnerable time. The lady described specific issues with communication and staff attitude and some aspects of care delivery which included pain management and the use of anti-embolic stockings. The lady also expressed some concern regarding the visibility of registered nurses, particularly the nurses in charge.

As a result of the concerns a number of improvements/ actions were implemented which included unannounced walk abouts by the senior nursing team. Along with other wards the “15 steps challenge” was introduced, this gave the opportunity for staff to receive feedback from other colleagues on how it felt to enter their ward, what their first impressions were and how welcoming the ward and its staff were. Registered nurses were placed more in the bays increasing their visibility for the patients and the nurses in charge of the ward is easily identifiable by the wearing of a red badge. Additionally the nurses in charge have reviewed their working patterns and now work over 5 days increasing their visibility and support they provide to their patients and ward teams. Further training and support from the pain management team was received by the ward staff and further training on the use of anti-embolic stocking was given. A safety huddle was introduced which is a gathering of all staff caring for patients and an opportunity for them to discuss key safety issues pertinent to individual’s patients.

At the time of responding to the formal complaint sincere apologies were given by the senior staff in relation to this lady’s poor experience of care along with some assurance that improvements had been noted. The senior team agreed they would re-visit actions to ensure that improvements were sustained.

3. IMPROVEMENT

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

New ways of working have been rolled out across the trust to improve patient flow, minimise delays and avoid unnecessary hospital admissions.
These have been introduced as part of the emergency care pathway (ECP) project which has already had a huge impact on targets such as accident and emergency (A&E) waiting times.
In May 2015 the trust hit the national A&E waiting time target for the first time since September 2014. The target states tha t 95% of patients should be seen and discharged within four hours of arrival and changes introduced by the ECP project have helped us to continue to achieve this across both hospital sites.