

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

This report is based on information from November 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.

95%	of patients did not experience any of the four harms whilst an in patient in our hospitals
99%	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	7	0
Trust Improvement target (year to date)	34	0
Actual to date	42	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 49 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 38 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	48	32
Category 3	1	5
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 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

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 **94.4** % 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	97.0%
I feel I have been involved as much as I wanted to be in the decisions about my care and treatment	93.0%
I feel my family have been involved as much as I wanted them to be in decisions about my care and treatment	83.0%
Whenever I have been concerned or anxious about anything whilst in hospital, I have found a member of staff to talk to	91.0%
I feel I am given enough privacy when discussing my condition and / or treatment	92.0%
During my stay I feel I have been treated with kindness and compassion by:	
- Nurses	98.0%
- Doctors	94.0%
- Other healthcare staff	98.0%
I always have access to the call bell when I need it	95.0%
The call bell has always been answered promptly and efficiently	84.0%
I feel fully informed by the ward team regarding my discharge from hospital	73.0%
I feel I received the care I required when I needed it most:	96.0%

A patient's story

These quotes came from patients who have had input from the Therapeutic care support workers (TCSW) and therapeutic care volunteers (TCVS) today;

“ Its lovely to have the girls around and keep our spirits up even when I feel poorly “

“ I think the volunteers and support workers are a marvellous asset to the hospital and patients, the televisions are expensive so having someone who “wants” to talk to you and interested in you is great. Its beneficial to people , some people don’t get visitors’ this helps . When I get out I want to give something back and become a volunteers , what’s also lovely is that they all introduce themselves”

“this team makes a lot of difference to patients, if this lovely chap hadn’t been sat chatting to me I would have been sat here on my own , he has been great and cheered me up , he has been a god send “

3. IMPROVEMENT

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

New mobile pharmacies speed up discharge process for patients

PATIENTS could be going home more quickly, thanks to a new mobile pharmacy which dispenses prescriptions directly on the ward.

Staff and patients on ward 36 were the first to benefit from the new pharmacy dispensing carts, which were also due to be rolled out elsewhere across James Cook site.

Ward manager Claire Davies said the mobile device, which consists of an in-built computer and medicine cabinet, would help patients return home more quickly once they are well enough, as dispensing times are reduced.

“One of the biggest things we are trying to improve is the speed of discharge processes,” she said.

“One thing which slows the process down is waiting for discharge prescriptions, so, having the pharmacists on the ward means they can process all the prescriptions here, as and when they are needed.

“This way we can speed up the process for patients waiting to go home.”

Claire adds this also has the knock-on effect of improving on other targets, such as completing treatment for elective patients of the orthopaedic ward more quickly.

Having the dispensing carts on the ward also means patients benefit from an improved discharge medication review and medication counselling by qualified pharmacy staff.

Fiona Atkinson, who has become the first pharmacist to use the new mobile unit on ward 36, alongside pharmacy technician Abi Pickthall, said: “We are now remote dispensing, so instead of all the work coming down to the pharmacy, we have got the mobile unit.

“Each division of the hospital will be getting their own device but we are the first ones to use ours, so we are very excited !”

Prescriptions will be dispensed on the ward from Monday to Friday each week.