

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**

February 2014

Open and Honest Care at South Tees Hospitals NHS Foundation Trust : February 2014

This report is based on information from February 2014. 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.

96.0% 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 methicillin-resistant staphylococcus aureus (MRSA) bacteremia are the most common. C.difficile is a type of bacterial infection that can affect the digestive system, causing diarrhoea, fever and painful abdominal cramps - and sometimes more serious complications. The bacteria does not normally affect healthy people, but because some antibiotics remove the 'good bacteria' in the gut that protect against C.difficile, people on these antibiotics are at greater risk.

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	5	0
Improvement target (year to date)	33	0
Actual to date	54	0

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 grades, with one being the least severe and four being the most severe.

This month 49 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	43
Grade 3	5
Grade 4	1

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 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 1000 bed days:	1.74
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Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause.

This month we reported 2 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
Severe	0
Death	0

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Rate per 1,000 bed days:	0.11
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2. EXPERIENCE

To measure patient and staff experience we use a Net Promoter Score.

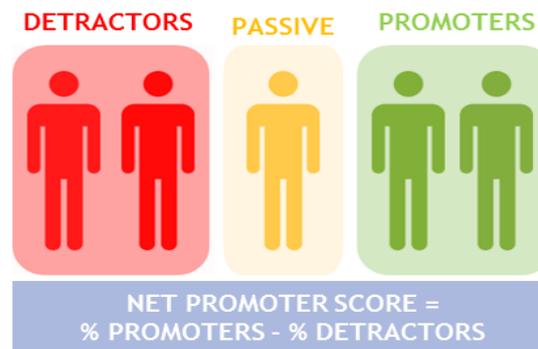
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

From the answers given 3 groups of people can be distinguished:

Detractors - people who would probably not recommend you based on their experience, or couldn't say .

Passive - people who may recommend you but not strongly.

Promoters - people who have had an experience which they would definitely recommend to others.



This gives a score of between -100 and +100, with +100 being the best possible result.

Patient experience

The Friends and Family Test

The Friends and Family Test requires all patients, after discharge, to be asked: *How likely are you to recommend our ward to friends and family if they needed similar care or treatment?*

The hospital had a score of **65** for the Friends and Family test in January 2014*.

This is based on 3548 responses.

*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/>

We also asked 128 patients the following questions about their care:

	% positive responses
Were you involved as much as you wanted to be in the decisions about your care and treatment?	90%
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	94%
Were you given enough privacy when discussing your condition or treatment?	89%
During your stay were you treated with compassion by hospital staff?	92%
Did you always have access to the call bell when you needed it?	98%
Did you get the care you felt you required when you needed it most?	94%
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	94%

A patient's story

A lady was transferred from a primary care hospital to the acute medical ward , with chest pain and other complex medical needs, during her stay she developed a grade 2 pressure ulcer to her toe.

Her family were unhappy that this information was not relayed to them and they only found out about the pressure ulcer when she was transferred back to the original unit.

The matron was able to explain to the ladies family about the processes they have in place for prevention and monitoring of pressure ulcers ,including the patient safety checklist and regular turning , and apologised that the information had not been passed on. As a direct result of their feedback changes have been made to the patient handover sheets to prompt patient safety issues communications.

Staff experience

We asked 130 staff the following questions:

	% positive responses
I would recommend this ward/unit as a place to work	94%
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	95%
I am satisfied with the quality of care I give to the patients, carers and their families	95%

3. IMPROVEMENT

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

The use of patient video stories at South Tees enables staff to look at services through the eyes of the patient.

Patients were invited to share their experiences and the films were shown to clinical and non clinical teams. Seeing patients and relatives tell their stories is a powerful and emotive way of stimulating discussions and developing improvement plans. As a result of this project a number of the areas reviewed and made improvements for the patient experience, including improving privacy arrangements in out patient departments, dementia training and changing visiting times.

Since the original project, directorates continue to use the tool kit to help improve benefits for patients. South Tees continues to place patients at the centre of everything we do.

Supporting information

Links to our patient stories can be found here

<http://southtees.nhs.uk/patients-visitors/patient-experience/real-time/>

The friends and family test involves collecting data from both in patients and patients who attend our Accident and Emergency department. The score shown in the section above is our combined score for January. The individual scores for January were In patients 81, Accident and Emergency 55. We commenced an alternative data collection in January which appears to have had a negative impact on our Accident and Emergency score. The February score for Accident and Emergency has improved to 74.