

Open and Honest Care in your Local NHS Trust



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 Tyneside NHS
Foundation Trust**

February 2015

Open and Honest Care at South Tyneside NHS Foundation Trust : February 2015

This report is based on information from February 2015. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about South Tyneside NHS Foundation Trust's performance.

1. SAFETY

NHS 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 harms.

94.4% of patients did not experience any of the four harms whilst an in patient in our hospital

93.2% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 93.4% 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.

Although community providers do not have targets for reduction in the numbers of HCAI, planned programmes for infection prevention and control are embedded into practice for all of our community services across South Tyneside, Gateshead and Sunderland.

We also work very closely with infection prevention and control teams from other acute Trusts and primary care to reduce the number of HCAIs. Examples of this can be found on our website.

Patients in hospital setting	C.difficile	MRSA
This month	3	0
Trust Improvement target (year to date)	10	Zero avoidable
Actual to date	10	1

For more information please visit:

<http://www.sthct.nhs.uk/services/nursing-patient-safety/infection-prevention-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 avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.**

This month 19 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 96 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Sunderland Community setting	Number of pressure ulcers in our Gateshead Community setting	Number of pressure ulcers in our South Tyneside name Community setting
Category 2	18	41	29	19
Category 3	1	5	1	0
Category 4	0	1	0	0

The pressure ulcer numbers 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.

Hospital Setting

In the community setting we also calculate an average called 'rate per 10,000 CCG 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.

Sunderland

Gateshead

South Tyneside

Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause. **This includes avoidable and unavoidable falls sustained at any time during the hospital admission.** Falls within the community setting are not included in this report.

This month we reported 4 fall(s) 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.

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? We ask this question to patients who have been an in-patient and/or attended Accident & Emergency (A&E). Both scores (if applicable) are below;*

In-patient FFT score*

73.5

 % recommended. This is based on 419 patients asked

A&E FFT score*

46

 % recommended. This is based on 685 patients asked

* Currently the Friends and Family Test is in development for community services.

For the patient and staff experience the Trust has a nine question format for patients in hospital, seven question format for patients in the community setting and a three question format for staff. The Trust does not use the net promoter score for this but an average percentage score. For how we work out the average percentage score see Supporting Information at end of this report.

We asked 78 patients the following questions about their care in the hospital:

	%
Were you involved as much as you wanted to be in decisions about your care and treatment?	93%
When you had important questions to ask a nurse, did you get answers that you could understand?	93%
Were you given enough privacy when being examined or treated?	97%
Did you have confidence and trust in the nurses treating you?	97%
If you were ever in pain, do you think the ward staff did everything they could to help control your pain?	97%
Did you get enough help from staff to eat your meals?	97%
On reflection, did you get the nursing care that mattered to you?	95%
If a friend or relative needed similar care or treatment, would you recommend this ward?	97%
Did you always have access to the call bell when you needed it?	98%

We also asked 29 patients the following questions about their care in the community setting:

Were the staff respectful of your home and belongings?	98%
Did the health professional you saw listen fully to what you had to say?	97%
Did you agree your plan of care together?	93%
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	95%
Did you feel supported during the visit?	98%
Do you feel staff treated you with kindness and empathy?	98%
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	97%

A patient's story

Pressure ulcer care management

Our patient is a 84 year old lady with co-morbidities (more than one condition affecting health) including type 2 diabetes and has limited mobility. Our patient was admitted to hospital following a fall and was diagnosed with UTI. The patient developed a pressure ulcer on her heel.

A scoping exercise was undertaken to understand the pathway for managing hospital acquired pressure ulcers.

See the Improvement story below for the outcome.

Staff experience

We asked 92 staff in the hospital the following questions:

	%
I would recommend the ward/department as a place to work	79%
I would recommend the standard of care on this ward/department to a friend or relative if they needed treatment	84%
I am satisfied with the quality of care I give to the patients, carers and their families	80%

We asked 38 staff working in the community setting the following questions:

	%
I would recommend this service as a place to work	84%
I would recommend the standard of care in this service to a friend or relative if they needed treatment	95%
I am satisfied with the quality of care I give to the service, patients, carers and their families	92%

3. IMPROVEMENT

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

Through data gathering / analysis and observation a process map of the current patient journey was developed. The map enables the improvement leaders to describe the whole pathway by using standard colours and pictures to define the flow, the people involved in the process, as well as the systems and documentation used along the patient's journey.

The map acts as a visual tool to highlight defects, delays, waste and non-value added activity which present opportunities for improvement in a number of areas including :-

- There was variation in the categorisation of the various stages of pressure ulceration
- There was variation for undertaking risk assessment of patients

Our targets were to:-

- Identify all patients at risk of developing pressure damage
- Reliably implement prevention strategies identified by the National Institute for Health and Clinical Excellence (NICE, 2005)
- Reduce the number of hospital acquired pressure ulcers
- Develop a reusable model for implementing quality improvement programmes



Outcomes

The documentation, known as the SSKIN Bundle was initially developed in 2004 in St Vincent's Medical Centre, Florida. It has since been introduced in Wales and locally in Northumbria Health Care with positive outcomes. The tissue viability team were keen to implement this across the organisation.

SSKIN bundle refers to 5 key areas of care specifically related to the prevention and management of pressure ulceration. The key areas are: Surface (equipment appropriateness for the level of pressure ulcer risk), Skin inspection (regular skin checks and proactive response to any deterioration, redness or ulceration), Keep Moving (regular positional changes), Incontinence (maintaining skin integrity) and Nutrition (ensuring adequate fluids and nutritional support).

Staff are required to assess and manage each of these care elements documenting any variances or actions taken.

The SSKIN document is triggered based on the Waterlow score and this determines the frequency of checks each individual patient requires based on their level of risk.

Visual tools have been produced to remind staff that those patients are at risk. These tools are coloured hands - green hand (low risk- daily checks), amber hands (medium risk- 4 hourly checks) and red hands (high risk- 2 hourly checks).







South Tyneside NHS Foundation Trust SSKIN Bundle
Adapted from local initiatives and Best Trust

KEY
 Circle: Green No record reason on variance overview
 Circle: Yellow Record reason on variance overview

NHS/PAIS Number
 Scheme:
 Form/line:
 Date of Birth:



WATERLOW SCORE	10-14 At Risk	15-18 At Risk	19-24 At Risk	25-30 At Risk	31-35 At Risk	36-40 At Risk	41-45 At Risk	46-50 At Risk	51-55 At Risk	56-60 At Risk	61-65 At Risk	66-70 At Risk	71-75 At Risk	76-80 At Risk	81-85 At Risk	86-90 At Risk	91-95 At Risk	96-100 At Risk
Frequency of care and interventions (circle as appropriate)	2 daily																	
Surface - if not complete variance check and reassess patient and Waterlow Score	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Skincare appropriate to level of risk	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Positioning - if not complete variance check and reassess patient and Waterlow Score	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Pressure - if not complete variance check and reassess patient and Waterlow Score	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Keep Moving - if not complete variance check and reassess patient and Waterlow Score	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Hygiene - if not complete variance check and reassess patient and Waterlow Score	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Bedside - if not complete variance check and reassess patient and Waterlow Score	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Chair - if not complete variance check and reassess patient and Waterlow Score	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Incontinence - if not complete variance check and reassess patient and Waterlow Score	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Wound - if not complete variance check and reassess patient and Waterlow Score	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Medication - if not complete variance check and reassess patient and Waterlow Score	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Diets and nutrition - if not complete variance check and reassess patient and Waterlow Score	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Other - if not complete variance check and reassess patient and Waterlow Score	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Totals																		

Re-measures

This has been launched across the organisation in a phased response. The standard process employed for launching this document includes an initial meeting with the ward manager to explain the tool and how it works in practice. This is followed by training to ensure that at least 50% of the staff have received instruction regarding the use of the document before the ward starts using it. This process is undertaken by a member of the continuous quality improvement team who is currently supporting the tissue viability team in launching this work.

Once the live date is agreed, a collaborative approach is initiated between the continuous quality improvement team and tissue viability to provide daily support until the ward manager is comfortable to implement the document independently.

To date, over 100 staff have been trained across the organisation and Wards 1, 4, 5, 6, 7, 8, 9 and 10 are live.

There are initial discussions planned within the next few weeks to target Maternity, Day Surgery (Ward 4), Ward 2, St Benedict's Hospice and the Emergency Assessment Unit.

Supporting information

PATIENT AND STAFF EXPERIENCE SCORING

The Patient and Staff Experience responses are weighted:

Response	Weighting
Always/Definitely	+ 2
Sometimes/To some extent	+ 1
No	0

The formula to work out the % for each question

sum total of responses X 100

number of relevant responses x 2 (max score available)

e.g. for 10 responses, 6 x Always/Definitely ($6 \times 2 = 12$), 3 x Sometimes/To some extent ($3 \times 1 = 3$), 1 x No ($1 \times 0 = 0$) add these together ($12 + 3 + 0 = 15$) divide this by max score available ($10 \times 2 = 20$) - $15/20 = 0.75 \times 100 = 75\%$

Any n/a (e.g. no need to ask or patient declined to answer) answers are not scored or counted in these percentages.