

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

This report is based on information from July 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.

90.2% of patients did not experience any of the four harms whilst an in patient in our hospital

93.9% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 93.1% 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	2	0
Trust Improvement target (year to date)	8	Zero avoidable
Actual to date	9	0

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 13 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 82 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	12	33	29	15
Category 3	1	2	0	0
Category 4	0	0	1	2

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 1 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
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*

96

 % recommended. This is based on 356 patients asked

A&E FFT score*

91

 % recommended. This is based on 418 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. We use an average percentage score. For how we work out the average percentage score see Supporting Information at end of this report.

We asked 55 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?	98%
When you had important questions to ask a nurse, did you get answers that you could understand?	90%
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?	98%
On reflection, did you get the nursing care that mattered to you?	96%
If a friend or relative needed similar care or treatment, would you recommend this ward?	100%
Did you always have access to the call bell when you needed it?	97%

We also asked 44 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?	94%
Did you agree your plan of care together?	88%
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	93%
Did you feel supported during the visit?	97%
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

There is no specific patient story this month but see below 'Improvement story' on Managing Bariatric Patients.

Staff experience

We asked 73 staff in the hospital the following questions:

I would recommend the ward/department as a place to work	94%
I would recommend the standard of care on this ward/department to a friend or relative if they needed treatment	96%
I am satisfied with the quality of care I give to the patients, carers and their families	95%

We asked 53 staff working in the community setting the following questions:

I would recommend this service as a place to work	72%
I would recommend the standard of care in this service to a friend or relative if they needed treatment	80%
I am satisfied with the quality of care I give to the service, patients, carers and their families	79%

3. IMPROVEMENT

Improvement story: Managing Bariatric Patients (Very overweight/obese patients)

Background

Managing bariatric patients is becoming more common and is presenting problems for both acute and community based NHS staff.

One of the main areas of concern is the provision, storage and maintenance of equipment designed to facilitate the management of bariatric patients.

In the community any specialist provision is usually sourced from community equipment services, who would be responsible for the maintenance, whilst it is with the patient and storage once returned.

On the hospital site there is insufficient bariatric equipment to meet the needs of that client group. The equipment we do have is not managed by any specific department; there is no means of tracking where it is as when not in use it can be stored in various places across the hospital site. There is also no defined schedule for maintenance, repair or cleaning.

If a patient has a specific need that cannot be met by our current equipment and the Wards cannot buy it because of the high cost, they often have to rent the

Aims and Objectives

A Bariatric Task and Finish group was set up to:

- Review the current bariatric equipment provision across the Trust
- Identify the main area of concern when managing the bariatric patient
- Identify equipment required (to buy or rent) to address problems
- Establish a process for the management of the bariatric patient
- Review management of equipment
- Review storage solutions

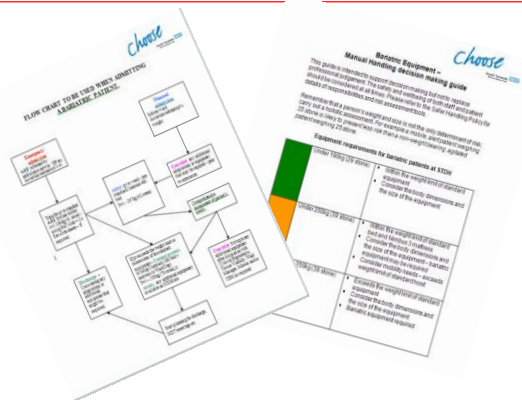


What we have achieved

- Development of Bariatric Patient Management Flowcharts which have been distributed to all wards and departments
- Development of a list of the most commonly used pieces of specialist bariatric equipment with details of where to purchase/rent from. This has also been distributed to all wards and departments.
- Specialist Ergonomic advice and assessment offered for bariatric patients across the Trust
- Current review of Safer Handling Policy
- Identified potential supplier of specialist bariatric equipment, which is based in North East of England to replace numerous providers which are currently used from which there can be lengthy delivery times, due to location, leaving patients and health care workers at risk.
- Bariatric Equipment Day organised for 2 March 2015 to enable staff to view and assess a range of products in one place including aurore bariatric bed, turning mattress, commode/transfer chair, static

What next...

- Hopes for the Task and Finish Group to influence the Trust with regard to bariatric equipment purchases
- Establish and implement a system for controlled access, storage, maintenance, cleaning and repair of equipment
- Hopes to influence the Trust to set up a contract with the local bariatric equipment provider to reduce waiting times and risk to staff and patients



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

$$\frac{\text{sum total of responses} \times 100}{\text{number of relevant responses} \times 2 (\text{max score available})}$$

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