

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**

July 2017

Open and Honest Care at South Tyneside NHS Foundation Trust : July 2017

This report is based on information from July 2017. 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.

94.8% 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 94.1% 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	1
Trust Improvement target (year to date)	8	Zero avoidable
Actual to date	2	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 7 Category 2 - Category 4 validated pressure ulcers were developed during Acute hospital stay and 33 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	7	18	As from 1st October 2016 for pressure ulcers Gateshead is no longer part of our Trust as the District Nursing teams have moved to Gateshead Health NHS FT	8
Category 3	0	3		2
Category 4	0	1		1

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.

Rate per 1,000 bed days: 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.

Rate per 10,000 Population: Sunderland

Rate per 10,000 Population: 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 0 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	0
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:

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*	97	% recommended. This is based on 299 patients responses
A&E FFT score*	83	% recommended. This is based on 66 patients responses

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

A patient's story (comments made by patients about our Trust)

- Fantastic support from staff (A&E) and excellent communication about care and how to manage problem
- It was very efficient, although I had a 2 1/2 hour wait in A&E I couldn't complain the care was brilliant and I could see how busy all of the staff were
- The professional manner and approach of staff (in the Emergency Assessment Unit). I felt fully involved in my care and informed about what was to happen to me. All staff were particularly polite and friendly catering was particularly tasty!!
- Staff were really caring and lovely (Paediatric A&E). They made myself and my son feel less nervous and give great reassurance and care and also relevant information on what was happening next. Great team; thank you so much :-)
- The doctors were great and took into consideration my deafness (CT)
- Lad who took me for my scan was excellent, explained everything well. Good communication, an excellent manner
- I was mortified coming out of the changing cubicle into such a busy waiting area. I felt humiliated. I would like to see improvement in the privacy of the changing cubicles
- I was allowed to stay with my dad throughout the day. My dad had everything done that needed doing (Ward 3)
- Place is clean, if you have questions they answer, hide nothing from you (Ward 2)
- All the staff treated me with respect and compassion and their care was excellent. Thank you so much (Ward 5)
- Staff friendly and care is good. I can get agitated with my disability but staff are understanding (ward 6)
- Ward 10 - the staff are so friendly it makes you feel comfortable and anything I needed they done their best to help, fantastic staff. Day shift - morning, late & nightshift
- Excellent care, understanding and compassion. Staff always patient and happy, excellent communication with self and family
- Each step was explained and if it was thought I wasn't understanding a simpler version was made (Surgical Inpatient Centre)