NHS England

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

November 2015

Open and Honest Care at South Tyneside 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 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.

88.3% **of patients did not experience any of the four harms whilst an in patient in our hospital**

94.5% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall **93.0%** **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.

Although community providers do not have targets for reduction in the numbers of HCAI, planned programmes for infection prevention and control are in embeded 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	1	0
Trust Improvement target (year to date)	8	Zero avoidable
Actual to date	19	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 9 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 60 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	8	16	18	16
Category 3	1	4	1	4
Category 4	0	0	1	0

The pressure ulcer numbers include all pressure ulcers that occurred from   72   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: 0.96   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: 0.70   Sunderland

Rate per 10,000 Population: 0.97   Gateshead

Rate per 10,000 Population: 1.29   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: 0.00

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

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 Acccident & Emergency (A&E). Both scores (if applicable) are below;*

In-patient FFT score* | 94 | % recommended. This is based on 307 patients asked

A&E FFT score* | 93 | % recommended. This is based on 205 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 27 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?	98%
Were you given enough privacy when being examined or treated?	100%
Did you have confidence and trust in the nurses treating you?	94%
If you were ever in pain, do you think the ward staff did everything they could to help control your pain?	100%
Did you get enough help from staff to eat your meals?	100%
On reflection, did you get the nursing care that mattered to you?	100%
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?	100%

We also asked 48 patients the following questions about their care in the community setting:

Were the staff repectful of your home and belongings?	100%
Did the health professional you saw listen fully to what you had to say?	100%
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?	97%
Did you feel supported during the visit?	100%
Do you feel staff treated you with kindness and empathy?	100%
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	100%

A patient's story - Friends and Family Test Plus

These have been collated from the comments made by service users during October 2015 Friends and Family Test Plus and Real Time Feedback surveys that the clinical teams developed action plans submitted during November 2015.

 People said staff from the **Emotional Wellbeing Team** in Gateshead were compassionate, provided a calm setting for care and spoke in understandable language.

Patient comments:

"We talked about problems and I was offered feasible solutions given the situation"
"Compassionate, understanding and in a calm environment"
"I felt like I could talk more and be more open"
"I like that I can talk about my feelings and any problems I face without a problem"
"I want to be me again, I want to be happy with who I am"

The Team have reinforced this positive feedback and said they will continue to work collaboratively.
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The **Oncology and Haematology Day Care Unit** continue to treat the people who attend with privacy and provide a welcoming and comfortable unit.

Patient comments:

"I have attended this unit for a number of years and I have always received excellent care from very caring staff in a friendly environment"
 "Very friendly staff who know their job extremely well and I think you would need to go a long way to improve the service"

"Booklet has been helpful, after chemo, if you go home and feel poorly, symptoms what to expect, what to do if you are feeling like that and how to deal with it, temperature drops or goes up tells you to ring the ward which I did and they told me to come straight in, I felt loads better"

"Sometimes I jot notes down as I don't take it in straight away, everything has been very good, go over again if need to. I bring the book all the time apart from a Wednesday when I come for my bloods, everything is down in there including next appointments"

"All the staff are lovely - seen Sam more than the others, even if she hasn't seen you for three weeks she still remembers the converstaion you had –you're classed as a person and not a patient - you start to connect with them because they concentrate on the person at that time"

"If I was in a normal ward… I take my head scarf off in here, I don't feel embarrassed as there are others going through the same thing"

"Specialist unit, everyone is the same, to know you are not the only one here with that, it is the right environment, all have cancer in some form or other, get to know people, I don't think you would get the same with others around"

"Such a relaxing place, you feel very comfortable, you could fall asleep in these chairs - prefer coming here because everybody's going through a similar thing, it's better that way"

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Patients staying in the **Emergency Assessment Unit** noted the caring staff who supported them through a stressful experience.

Patient comments:

"They (staff) seem to know what they're doing - (Relative) it's nice to feel that they know what they're doing - great relief - I'm not worried when I go home - (Patient) they've always been lovely on here"

"Very kind - I was terrified of procedure but one of the nurses stayed with me and held my hand - filled me full of confidence"

Some patients commented that the department was noisy.

"Both doors to be closed on a night time, there's lots of toing and froing and bells going - certain times when they take one out and bring one in - I understand"

Unfortunately, this is often the result of new patients being admitted and staff monitoring patients' conditions throughout the night.

One patient thought that the beds were too small but those used are standard throughout the hospital.

"They could improve the beds - awful - too small - only been here one night and I never slept because it was too busy - people came in at 2:00am and they were talking in just a normal voice"

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Staff experience

We asked 35 staff in the hospital the following questions:

	%
I would recommend the ward/department as a place to work	90%
I would recommend the standard of care on this ward/department to a friend or relative if they needed treatment	94%
I am satisfied with the quality of care I give to the patients, carers and their families	96%

We asked 49 staff working in the community setting the following questions:

	%
I would recommend this service as a place to work	65%
I would recommend the standard of care in this service to a friend or relative if they needed treatment	87%
I am satisfied with the quality of care I give to the service, patients, carers and their families	78%

3. IMPROVEMENT

Improvement story: Continuing Health Care Administration Processes

Background:

The Continuing Health Care Team deal with complex patients, there is a high demand for their service. A Kaizen event took place on 16 December 2014 and a scoping exercise identified a number of quality defects which impacted on the team's ability to deliver, this included lack of standard work, batching of work, and delays caused by missing information for example: locating patient records.

Work objectives were achieved from the original CHC Kaizen event, and a new 90 day review continued after to embed new practices within the key administration areas of the team, streamlining administration processes.

Defects:

• Patient filing system - none standard approach to layout or continuity on floor area

• All patient files stored together A - Z by Care Home name

• Inconsistencies with visual labelling

• Added foot fall (time) to locate files

Aims:

• To create a standardised filing system that flows effectively and efficiently adding a visual approach

• To reduce foot fall and waste locating files that caused delays

• 5s all areas to have clear visible pathways

Benefits:

• Added time value

• Visual streamlined co-ordinated areas and zones to accommodate approx. 1500 patient records creating easy access and retrieval

• Added security - Information Governance

Filing System – Visual

5s
Before   **After**

What we did.....

• Created floor plans and mapped individual areas into colour coordinated zones

• Process mapped the layout and storage areas and separated the patient files into 3 the geographical areas

• Colour coordinated each individual filing area - Gateshead/green, Sunderland/red and South Tyneside/blue.

• Introduced an A – Z file retrieval system by patient surname for each colour coordinated area, visually labelling each letter accordingly

• Implemented colour coordinated stickers to each patient file by placing on the spine, mapping with the correct area

• Colour coordinated all team staff working zones with visual labelling by adding name and job title to Administration/Nurse coordinator/SPOA and Clinical leads areas

• Purchased a key locker, colour coordinated and numbered all keys accordingly

What's next....

- To sustain and monitor the new standard way of working pathway
- Work has now started within the Continuing Health Care Restitution Team, a Kaizen event was held on the 9th September 2015.
- It was agreed to implement and mirror the new filing system within the Restitution team.
- Floor plans have been drawn up in preparation
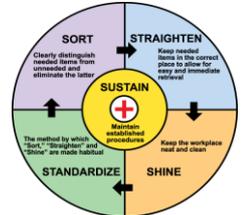
Supporting information

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 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%