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 2016

Open and Honest Care at South Tyneside NHS Foundation Trust : February 2016

This report is based on information from February 2016. 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.

90.8% **of patients did not experience any of the four harms whilst an in patient in our hospital**

95.1% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 94.0% **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	0	0
Trust Improvement target (year to date)	8	Zero avoidable
Actual to date	23	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 85 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	9	40	19	21
Category 3	0	2	1	2
Category 4	0	0	0	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:	0.93	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:	1.48	Sunderland
Rate per 10,000 Population:	0.97	Gateshead
Rate per 10,000 Population:	1.48	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	0
Severe	0
Death	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 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:	0.10

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

In-patient FFT score*	93	% recommended. This is based on 295 patients responses
A&E FFT score*	92	% recommended. This is based on 179 patients responses

* 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 24 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?	95%
Were you given enough privacy when being examined or treated?	100%
Did you have confidence and trust in the nurses treating you?	98%
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?	94%
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?	98%
Did you always have access to the call bell when you needed it?	100%

We also asked 30 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?	98%
Did you agree your plan of care together?	95%
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?	98%
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?	98%

A patient's story

I was playing a board game and I leaned over and tweaked my back. I just went to bed but woke up at 3.30am with back ache which is not something I suffer with. My nurse on the oncology and haematology day unit (OHDU) had told me if there was anything not quite right to take my temperature, which I did, and it was 38.6ºF so I went straight to A&E.

If I had checked my patient's handbook, it wouldn't have told me to take my temperature, but my nurse on OHDU said to take my temperature if anything was abnormal. If my temperature had been OK I would probably have tried pain relief and rung someone the next day. But it was the time of the morning and my temperature that lead me to go to hospital and my nurse on OHDU saying that if my temperature was high through the night don't leave it 'til morning as it would only get worse.

There were not a lot of people in A&E, only three or four, and one of them was called before me, then I was next. I was moved into a side room where they tried several times to get the blood from the Hickman Line and they thought there might have been a problem with it. I didn't think so because my nurse on OHDU has no problems getting blood from it. They mentioned they weren't used to the fitting on it and hadn't come across one like it before. They got blood from my arm and I had antibiotics through the Hickman Line. The junior doctor was amazed by it as it wasn't one he had seen before.

I was admitted to the ward and was in from Sunday to Wednesday. The specialist nurse acute oncology came to see me and explain the theory about my pain and temperature. She tried her best for me not to have the MRI scan but the main doctor wanted it done as, if it was what he suspected, the antibiotics would need to be changed. But it came back clear and it was more like what the specialist nurse acute oncology had said.

I have seven injections a week - one a day and this happened on the fourth day. The specialist nurse acute oncology explained that if you have a reaction it goes for the big bones like the pelvis and sternum. It was important that she explained it to me so I had a better idea.

I didn't expect anyone connected to the chemotherapy team would come and see me while I was in hospital. I thought they would be too busy but it was nice because I didn't expect it.

I felt much better that the specialist nurse acute oncology had come to see me and told me about it. I didn't get discharged until the Wednesday and missed my appointment to have my line flushed. I don't like to miss appointments, but the specialist nurse acute oncology told me not to worry and she would explain to the unit.

When I came to the OHDU yesterday for bloods and my line flushed, they knew that I had been in hospital and were interested in what had alerted me

Staff experience

We asked 35 staff in the hospital the following questions:

	%
I would recommend the ward/department as a place to work	86%
I would recommend the standard of care on this ward/department to a friend or relative if they needed treatment	87%
I am satisfied with the quality of care I give to the patients, carers and their families	86%

We asked 40 staff working in the community setting the following questions:

	%
I would recommend this service as a place to work	56%
I would recommend the standard of care in this service to a friend or relative if they needed treatment	79%
I am satisfied with the quality of care I give to the service, patients, carers and their families	73%

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

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

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%

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