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

March 2014

Open and Honest Care at South Tyneside NHS Foundation Trust : March 2014

This report is based on information from March 2014. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about the Trust's performance.

1. SAFETY

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 new harms.

87.5% **of patients did not experience any of the four harms whilst an in patient in our hospital**

92.5% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 91.4% **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 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
(year to date)	8	Zero avoidable
Actual to date	16	1

For more information please visit:
http://www.sthct.nhs.uk/about-the-trust/news/hot-topics/preventing-infection

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 grades, with one being the least severe and four being the most severe.

Number of pressure ulcers	Grade 2	Grade 3	Grade 4	Total
Hospital Setting	17	0	0	17

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 1000 bed days:

Hospital Setting	2.02

Community

Number of pressure ulcers	Grade 2	Grade 3	Grade 4	Total
Sunderland Community Setting	23	0	0	23
Gateshead Community Setting	18	1	0	19
South Tyneside Community Setting	13	2	0	15

In the community setting we also calculate an average called 'rate per 10,000 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 Community Setting	0.08
Gateshead Community Setting	0.09
South Tyneside Community Setting	0.10

Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause.

This month we reported 6 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	6
Severe	0
Death	0

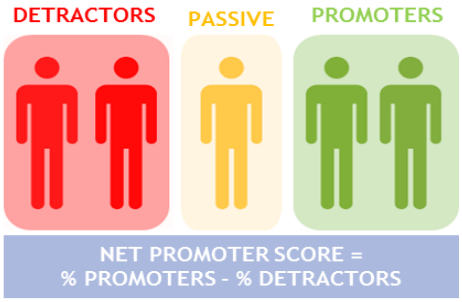
So we can know if we are improving even if the number of patients we are caring for goes up or down, we also calculate an average called 'rate per 1,000 occupied bed days'. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals, as their staff may report 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:	0.71

2. EXPERIENCE

For the Friends and Family Test we use a Net Promoter Score.

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.



From the answers given 3 groups of people can be distinguished:
Detractors - people who would probably not recommend you based on their experience, or couldn't say .
Passive - people who may recommend you but not strongly.
Promoters - people who have had an experience which they would definitely recommend to others.

This gives a score of between -100 and +100, with +100 being the best possible result.

Patient experience

The Friends and Family Test

The Friends and Family Test requires all patients, after discharge, to be asked: *How likely are you to recommend our ward to friends and family if they needed similar care or treatment?*

The hospital had a score of 66 for the Friends and Family test*. This is based on 589 responses.

*This result may have changed since publication, for the latest score please visit:
http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/

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

CARE IN OUR HOSPITAL - We asked 88 patients the following questions about their care in the hospital:

	Score
Were you involved as much as you wanted to be in decisions about your care and treatment?	94%
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?	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?	99%
Did you get enough help from staff to eat your meals?	96%
On reflection, did you get the nursing care that mattered to you?	98%
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?	97%

CARE IN OUR COMMUNITY - We asked 12 patients the following questions about their care in the community setting:

	Score
Were the staff repectful of your home and belongings?	96%
Did the health professional you saw listen fully to what you had to say?	100%
Did you agree your plan of care together?	92%
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	92%
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%

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 patient questions are listed above and the staff questions are shown later in the report. The results show an average percentage score. The net promoter score has not been used for this purpose. For how we work out the average percentage score see Supporting Information at end of this report.

A patient's story

Pressure ulcer care management

Our patient is a 84 year old lady with of a number of medical conditions including type 2 diabetes and has limited mobility. She lives at home on her own with family support and a package of care. She has regular health care input from the district nursing team and a community matron and attends regular diabetic foot screening clinics. During a visit by the district nurse it was established that the patient had developed a pressure ulcer on her heel.

The patient experience provided us with an opportunity to improve the patient pathway. What we did next is described in the Improvement story below.

Staff experience

CARE IN OUR HOSPITAL - We asked 90 staff in the hospital the following questions:

	Score
I would recommend the ward/department as a place to work	91%
I would recommend the standard of care on this ward/department to a friend or relative if they needed treatment	90%
I am satisfied with the quality of care I give to the service, patients, carers and their families	92%

CARE IN OUR COMMUNITY - We asked 18 staff working in the community setting the following questions:

	Score
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	89%
I am satisfied with the quality of care I give to the patients, carers and their families	78%

3. IMPROVEMENT

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

Pressure ulcer care management
A scoping exercise was undertaken to understand the pathway for managing pressure ulcers across the community teams.

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 tools 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 no standard work process for reported and acting on pressure ulcers.

Outcomes
We developed a visual tool (know as the pressure ulcer aide memoire) which illustrates the stages of pressure ulceration and signposts staff through the process to undertake once a pressure ulcer is detected.

Re-measures
The visual tool is now available across the community teams and is used to ensure standard work exists in the identification, categorisation and management of pressure ulcers. In the first quarter of 2013-2014 the prevalence of pressure damage across community of 32.8 per 100,000 population. Re-measures demonstrated a sustained reduction in quarters 2 (30.4) and 3 (27.3).

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%

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