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

July 2014

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

This report is based on information from July 2014. 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.

89.3% **of patients did not experience any of the four harms whilst an in patient in our hospital**

92.2% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 91.7% **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)** | 10 | Zero avoidable |
| **Actual to date** | 2 | 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 18 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 80 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 | 15 | 31 | 24 | 17 |
| Category 3 | 2 | 5 | 1 | 0 |
| Category 4 | 1 | 0 | 0 | 2 |

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: | 2.19 | 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: | 1.27 | Sunderland |
|---|---|---|
| Rate per 10,000 Population: | 1.22 | Gateshead |
| Rate per 10,000 Population: | 1.23 | 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 3 fall(s) that caused at least 'moderate' harm.

| Severity | Number of falls |
|---|---|
| Moderate | 3 |
| 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: | 0.36 |
|---|---|

# 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 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* | 81 | This is based on 350 patients asked |
| **A&E** FFT score* | 50 | This is based on 1032 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. The Trust does not use the net promoter score for this but an average percentage score. For how we work out the average percentage score see Supporting Information at end of this report.

We asked 63 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? | 90% |
| When you had important questions to ask a nurse, did you get answers that you could understand? | 93% |
| Were you given enough privacy when being examined or treated? | 99% |
| 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? | 94% |
| On reflection, did you get the nursing care that mattered to you? | 97% |
| If a friend or relative needed similar care or treatment, would you recommend this ward? | 97% |
| Did you always have access to the call bell when you needed it? | 98% |

We also asked 40 patients the following questions about their care in the community setting:

| | |
|---|---|
| Were the staff repectful of your home and belongings? | 99% |
| Did the health professional you saw listen fully to what you had to say? | 98% |
| Did you agree your plan of care together? | 94% |
| Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be? | 98% |
| Did you feel supported during the visit? | 99% |
| Do you feel staff treated you with kindness and empathy? | 99% |
| How likely are you to recommend this service to friends and family if they needed similar care or treatment? | 99% |

## A patient's story

**Pressure ulcer care management**

Our patient is an elderly patient who had been admitted to the ward with a chest infection. Our patient was assessed and it was noticed that there was some redness to the heel area. The patient was transferred to another ward and after a few days deterioration of the heel was noted, this subsequently developed into category 2 pressure damage.

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

We asked 87 staff in the hospital the following questions:

| | % |
|---|---|
| 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 | 91% |
| I am satisfied with the quality of care I give to the patients, carers and their families | 93% |

We asked 45 staff working in the community setting the following questions:

| | % |
|---|---|
| I would recommend this service as a place to work | 88% |
| I would recommend the standard of care in this service to a friend or relative if they needed treatment | 99% |
| I am satisfied with the quality of care I give to the service, patients, carers and their families | 92% |

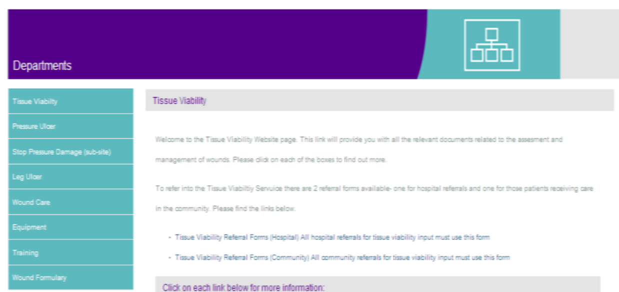
# 3. IMPROVEMENT

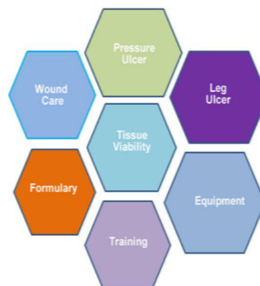
## Improvement story: we are listening to our patients and making changes

**Pressure ulcer care management:**

**What we did**
A scoping exercise was undertaken to understand the processes undertaken by the care team prior to the pressure damage developing.
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 pathway and processes 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 :-
Information about pressure damage was fragmented and there were varied sources of information about care pathways and pressure management processes. This contributed to delays in communication between care teams and in care interventions provided.
**Target**
To develop a single point of information for staff to allow appropriate and timely care intervention.
**Outcome**
An interactive "Stop the Pressure" intranet page has been introduced which signposts staff to appropriate 'care bundle' information including points of contact, policies, standards of practice, as well as aide memoirs and training information.



## 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:

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

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.