

Open and Honest Care in your Local Hospital



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 Tees Hospitals NHS
Foundation Trust**

July 2016
2016/17

Open and Honest Care at South Tees Hospitals NHS Foundation Trust : July 2016

This report is based on information from July 2016. 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.

96%	of patients did not experience any of the four harms whilst an in patient in our hospitals
98%	of patients did not experience any of the four harms whilst we were providing their care in the community setting
97%	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

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.

	C.difficile	MRSA
This month	2	1
Trust Improvement target (year to date)	18	0
Actual to date	10	1

For more information please visit:

<http://southtees.nhs.uk/patients-visitors/infection-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 validated avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.**

This month 38 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 49 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	33	42
Category 3	5	7
Category 4	0	0

The pressure ulcers include all pressure ulcers that occurred from

0

 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:

1.32

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:

1.16

 Community Setting

Falls

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

This month we reported 5 falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
Severe	1
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:	0.17
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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?*

The hospitals had a score of **97.4** % for the Friends and Family test*.

*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/>

This month 127 patients from 11 areas answered the following questions about their care in the hospital:

	% agree or strongly agree
During my stay in hospital all staff have introduced themselves to me and told me who they are	98.0%
I feel I have been involved as much as I wanted to be in the decisions about my care and treatment	96.0%
I feel my family have been involved as much as I wanted them to be in decisions about my care and treatment	87.0%
Whenever I have been concerned or anxious about anything whilst in hospital, I have found a member of staff to talk to	94.0%
I feel I am given enough privacy when discussing my condition and / or treatment	93.0%
During my stay I feel I have been treated with kindness and compassion by:	
- Nurses	100.0%
- Doctors	97.0%
- Other healthcare staff	99.0%
I always have access to the call bell when I need it	94.0%
The call bell has always been answered promptly and efficiently	84.0%
I feel fully informed by the ward team regarding my discharge from hospital	79.0%
I feel I received the care I required when I needed it most:	98.0%

A patient's story

A MIDDLESBROUGH Grandma who was diagnosed with cardiomyopathy 21 years ago is the first woman in the world outside of a clinical trial to benefit from a new type of wireless pacemaker.

Joan Smith, 71, from Marton, has never let her illness get in the way of living life to the full, with husband Alan, 75, five grandchildren and former jobs as a laboratory worker and council receptionist to keep her busy. However, she “feels like a new woman” since her operation in February, which came after two attempts at fitting a conventional cardiac resynchronisation pacemaker were unsuccessful.

Gordon Redhead, 78, has also benefitted from the new WISE pacemaker, with he and his wife Christine now, “looking forward to a future they weren’t sure he would have.”

Joan, who “felt fitter straight away,” after the operation to fit the new pacemaker the size of a grain of rice at James Cook Hospital, said: “I didn’t feel any fatigue at all and it had been fatigue that I had been feeling previously – not breathlessness like some people experience. “I feel as if I’m a new woman!”

For two decades, Joan’s cardiomyopathy was stabilised through medication. But last year, following an echocardiogram she was referred to Professor Nick Linker and his team for a pacemaker.

Following the two unsuccessful attempts at fitting a conventional pacemaker, Joan was referred to consultant cardiologist Dr Simon James to find out more about the new WISE pacemaker, manufactured by EBR Systems Inc. Thankfully, she is now recovering well after having this fitted - and her days of exhaustion caused by her condition appear to be behind her.

Like Gordon, she feels “very privileged” to have been amongst the first in the world to benefit from this new technology. Gordon, a retired estimator, from County Durham, began suffering from heart problems two years ago, but could not have a conventional pacemaker as he had a heart valve missing. He said: “Since the surgery, my breathing is better and I feel a lot better.

“Before I got ill, I used to be able to walk three to five miles or more but I’d lost my energy. I’m starting to get back into walking now. “My appetite is back and so is my energy. I feel marvellous now.”

3. IMPROVEMENT

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

WHEN Bill Geldart suffered a heart attack and consultants told him it was too risky to give him a heart bypass he feared his options were limited. Initially the 72-year-old managed on medication alone, but the chest pain was so bad it was keeping him awake at night and left him unable to even take his dog for a walk. Bill’s existing lung problems meant surgery was out of the question, or at least it was until interventional cardiologists at James Cook suggested they could perform the procedure using a new device which would keep his heart beating at a normal rhythm during the operation.

The Stockton grandad was undeterred by the fact that it was an extremely high risk procedure and on Thursday 21 January he became the first patient to undergo an operation with the HeartMate PHP cardiac assist device. The minimally invasive device from St Jude Medical is designed to improve consistent blood flow for severely ill patients during high risk procedures and has only previously been used in research - this was its first commercial use worldwide and its first ever use in the UK. After implanting the HeartMate PHP device interventional cardiologists Douglas Muir and Paul Williams were able to carry out an operation to insert stents into Bill’s blood vessels - to allow his blood to flow more freely - with an increased level of safety.

The retired British Gas worker says he has never felt better as his pain has completely vanished. He is now out of hospital and looking forward to being able to take his dog Bess for a walk again. “Impressed does not even begin to describe it,” said Bill.

“When Dr Muir came up with the idea I jumped at it. “What they have done for me is unbelievable. I can’t fault any of the care I have received.”

Dr Muir said: “The device took on part of the pumping action of the heart which enabled us to carry out the angioplasty. I do n’t think his heart would have supported him during the procedure without it.” Dr Williams said: “It let us concentrate on the technicalities of the procedure and not worry about his blood pressure dropping as the pump was taking care of that part.”

While similar devices have been used in operations before, this is the only one on the market which can pump four to five litres of blood per minute – the same as an actual heart would. Dr Muir added: “It’s good to know this technology exists now for similar patients.”

