

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**

November 2016
2016/17

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

This report is based on information from November 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.

98%	of patients did not experience any of the four harms whilst an in patient in our hospitals
99%	of patients did not experience any of the four harms whilst we were providing their care in the community setting
98%	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	5	0
Trust Improvement target (year to date)	34	0
Actual to date	29	5

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 45 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 43 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	43	38
Category 3	2	4
Category 4	0	1

The pressure ulcers include all pressure ulcers that occurred from 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:

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: 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 1 falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
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:	0.03
--------------------------	------

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

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 **97.3** % 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 169 patients from 16 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	96.0%
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	86.0%
Whenever I have been concerned or anxious about anything whilst in hospital, I have found a member of staff to talk to	96.0%
I feel I am given enough privacy when discussing my condition and / or treatment	90.0%
During my stay I feel I have been treated with kindness and compassion by:	
- Nurses	98.0%
- 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	85.0%
I feel fully informed by the ward team regarding my discharge from hospital	87.0%
I feel I received the care I required when I needed it most:	98.0%

A patient's story

CUTTING-EDGE LUNG CANCER PROCEDURE IS WORLD FIRST

LIKE most cancer patients, Graham Smith was very worried about having major surgery to remove the cancer from his right lung, and wanted to make sure he was receiving the most advanced treatment available.

As a patient at The James Cook University Hospital, Graham learned about a new surgical procedure the hospital was the first in the world to offer. The cutting-edge technique, called microlobectomy, was pioneered by Joel Dunning, a thoracic surgeon at the hospital, to reduce the invasive nature of the procedure and help patients recover faster from lung cancer surgery.

"When someone tells you have cancer, it's the end – just for that short time, then Mr Dunning pulls you right out again," said Graham. "He was keen to get in there and get it out. The quickness of my recovery after major surgery was marvellous."

Microlobectomy is an advanced minimally invasive surgical procedure for the removal of cancerous lung tissue. The procedure requires the use of tiny 5mm incisions between the ribs, and a small incision below the ribs. Traditional procedures use incisions that are twice as large or larger between the ribs, and are much more painful - requiring much longer recovery times.

"I expected to be a lot more disabled – I'm amazed," said Graham. "I've successfully returned to my basic lifestyle and it gets better every day – the lack of pain is brilliant."

Microlobectomy reduces patient pain, accelerates recovery and allows patients like Graham to go home from the hospital sooner.

According to a study presented by Mr Dunning to the world's largest gathering of cardiothoracic surgeons in Barcelona, 22% of microlobectomy patients go home one day after their procedure and 42% go home on the second day.

"When I came here in 2012, the average length of stay for lung cancer patients was seven days," said Mr Dunning. "Now, with this new technique, the average length of stay is three days."

Among many advances in surgical tools to enable less invasive procedures, a new surgical tool called the MicroCutter 5/80 helped make Graham's procedure possible. The MicroCutter is the smallest-profile and most manoeuvrable stapler available today, roughly the size of a pencil.

"Its 5mm size makes it beautifully attuned for this innovative and new approach for treating lung cancer patients," said Mr Dunning.

"The device is able to turn up to 80 degrees, virtually at right angles, which is fantastic for working in the tight confines of a patient's chest."

3. IMPROVEMENT

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

Hundreds of patients could benefit from at-home therapy

A SUCCESSFUL project to provide intravenous (IV) antibiotics to patients with a long-term lung condition in their own homes is set to benefit dozens of others with different health conditions.

The cutting-edge service improvement enterprise looked at how providing IV antibiotic therapy to patients in their own homes rather than as inpatients in hospital could improve both the patient experience and also reduce costs.

Initially designed for patients with bronchiectasis like Anne Clark, 79, from Eston, it has proved so successful it has now been expanded to patients with cellulitis - an infection caused by bacteria that normally live harmlessly on the skin.

Plans for further expansion also include patients with diabetic foot ulcers, who require long term IV antibiotics – medicine delivered through a cannula or catheter (tube) directly into a vein - for up to six weeks.

In addition, there is potential for hundreds of other patients with various different health conditions to benefit from this form of treatment at home in the coming years, rather than remaining in hospital when their only treatment requirement is IV antibiotics.

Anne, who previously spent up to two weeks in hospital twice a year to manage her condition through IV antibiotic therapy, was the first patient to benefit.

She said: "It's just wonderful being able to stay at home and have this treatment. There's no comparison to being in your own home following your own routine."

The project saw community matrons across Middlesbrough, Redcar and Cleveland being trained to administer IV antibiotics to patients with bronchiectasis through a five day Rapid Project Improvement Workshop (RPIW).

It formed part of South Tees Clinical Commissioning Group's (CCG) IMProVE programme (Integrated Management and Proactive Care for the Vulnerable and Elderly).

RPIWs at South Tees Hospitals NHS Foundation Trust start with professionals suggesting an idea which could solve a particular problem or improve a particular service to the trust's Service Improvement Team.

After the project was accepted by the Service Improvement Team, the professionals involved, including Sam Griffiths, the RPIW "process owner" and clinical lead for community nursing spent five days designing and redesigning the service to make it as efficient as possible.

This was followed by several months of regular reports and feedback meetings to ensure the service was designed and developed to be as slick as possible.

Speaking about the successful RPIW team, Sam said: "A collaboration of clinical staff from both the hospital and community setting came together to improve the service for the benefits of patients.

"This included a respiratory consultant, bronchiectasis specialist nurse, community matrons, specialist physiotherapist and other clinical staff.

"To date 14 patients have received the service with very positive feedback from patients."

Dr George Antunes, consultant respiratory physician at The James Cook University Hospital and medical lead for the service, praised the wonderful teamwork and the contribution made by colleagues from various clinical areas in primary and secondary care.

He said: "All team members were extremely dedicated to the success of the project and continue to strive to provide the best care possible.

"This has resulted in the team winning the 'Outstanding improvement in patient experience' award at the North East, Cumbria and Yorkshire and Humber Commissioning Awards 2016."

The project and the award were made possible with support from the trust's innovations team, which encourages staff to contact them with any bright ideas they might have for improving services.

Year	(All)
Ward/Site	(Multiple Items)

Row Labels	Sum of Responses	Sum of 1 - Extremely Likely	Sum of 2 - Likely
April 2013	506	395	78
May 2013	625	500	82
June 2013	1248	978	188
July 2013	1139	910	144
August 2013	1241	955	189
September 2013	1892	1427	310
October 2013	1648	1288	242
November 2013	1308	1048	170
December 2013	1466	1152	196
January 2014	3548	2515	615
February 2014	2361	1795	404
March 2014	2751	2029	512
April 2014	2426	1903	347
May 2014	2242	1725	297
June 2014	2545	1824	461
July 2014	2946	2274	466
August 2014	1604	1319	199
September 2014	2140	1552	362
October 2014	1889	1377	337
November 2014	936	733	146
December 2014	1949	1540	293
January 2015	2487	1875	370
February 2015	2456	1861	398
March 2015	3249	2384	628
April 2015	2858	2128	500
May 2015	3218	2457	543
June 2015	2931	2254	471
July 2015	3546	2769	554
August 2015	3097	2435	463
September 2015	3573	2852	497
October 2015	3191	2492	488
November 2015	2967	2310	447
December 2015	2149	1674	359
January 2016	2514	1854	467
February 2016	2442	1838	485
March 2016	1687	1387	240
May 2016	1255	1041	169
April 2016	1238	1014	170
June 2016	1389	1115	217
July 2016	1792	1488	225
August 2016	1683	1403	203
September 2016	1453	1200	192
October 2016	1476	1240	203
November 2016	1104	885	178
Grand Total	92165	71195	14505

Sum of 6 - Don't Know

14
27
54
63
68
99
78
56
80
123
99
121
93
97
95
123
63
109
74
29
67
84
75
48
44
33
41
57
38
49
64
47
29
99
37
18
14
26
18
34
29
21
7
11

2555