

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 2017
2017/18

Open and Honest Care at South Tees Hospitals NHS Foundation Trust : July 2017

This report is based on information from July 2017. 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.

97%	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
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 methicillin-

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)	17	0
Actual to date	24	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 32 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 19 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	32	14
Category 3	0	5
Category 4	0	0

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:	1.06
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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:	0.45	Community Setting
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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

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Rate per 1,000 bed days:	0.03
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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 Friends & Family Test

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?*

The hospitals had a score of **96.2** % 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 472 patients from 36 areas answered the following questions about their care in the hospital:

	% agree or strongly agree/ positive response
Did you receive timely information about your care and treatment?	92.3%
Were you involved as much as you wanted to be in decisions about our care and treatment?	94.5%
If you have had any worries or fears, did you find someone on ward staff to talk to?	94.0%
Overall on this ward, do you feel like you are treated with respect and dignity?	98.3%
Were you ever bothered by noise at night from the hospital staff? (results on responses 'never, or hardly ever')	93.6%
Were you ever bothered by noise at night from other patients? (results on responses 'never, or hardly ever')	82.2%
How likely are you to recommend this ward to friends and family if they needed similar care or treatment?	92.1%

A patient's story

ICU Steps Tees support group

EVERY year around 2,500 patients are treated in the intensive care units at James Cook and the Friarage following life-threatening critical illness.

It's a physically and emotionally demanding time for everyone involved, but for many patients, the real challenge starts when they are discharged from hospital.

Whether it's learning to live with a physical disability, coping with nightmares or rebuilding their confidence, it can be a life-changing time for patients and their loved ones.

But on Teesside no one has to go through this alone as former critical care patients and relatives have joined up with local health professionals to run the ICU Steps Tees support group.

The group meets every month at St Cuthbert's Parish Centre in Marton to bring together people who have been through similar experiences.

It is led by Michael Power, whose daughter Angela was treated in ICU at James Cook 21 years ago when she experienced complications after giving birth.

Michael said: "A lot of people who have been in intensive care don't know what's happened or where they have been but as soon as they speak to the group they realise they are not alone and they can see a way forward.

" Lindsay Garcia, Nurse Consultant, Critical Care said: "It is a privilege to be part of ICU Steps. Maintaining such close and strong relationships with our patients and relatives after intensive care gives us a fantastic opportunity to learn from them. It allows us a unique opportunity to shape and improve the services that we deliver based on real-time feedback from patients and relatives."

Michael's story

Michael and Joanne Palmer had only been married for two months when Michael was rushed into James Cook with severe sepsis in 2014. It was a traumatic time as Joanne was warned that Michael might not survive, but after two weeks in a coma on the intensive care unit he pulled through. "It is very scary because you wake up and you don't know where you are," said Michael, 48, of Acklam. "Two years later I still have nightmares and flashbacks.

"But the group has been a great help – they are a lifeline. People talk about their experiences and you realise that you are not the only one going through it. "Without the group I do not know what we would all do. I don't think I would have survived emotionally without them. "I have a different outlook on life now – I just live for today!"

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

Advanced eye procedure now available at James Cook

EYE patients at James Cook can now undergo a procedure to strengthen their cornea at the Middlesbrough hospital.

This advanced procedure, known as corneal collagen cross-linking, is used to treat a progressive corneal condition called Keratoconus which affects young people.

Previously patients requiring this treatment would have had to travel to York, Leeds or Sunderland.

Keratoconus can start in patients as young as 13 and can progress until the patient is around 30. It affects both eyes and makes vision very blurred as it changes the shape of the cornea.

If left untreated the eye can deteriorate to the point where patients require corneal transplant surgery.

Consultant Ophthalmologist Mr Trushar Patel performed the first collagen crosslinking at James Cook in November 2016.

The procedure takes about 18 minutes and involves applying a vitamin B compound, called Riboflavin, to the surface of the eye and then treating it with a controlled application of ultraviolet light to strengthen the cornea using a special machine.

Mr Patel said: "We are very pleased to have this service available for our patients. Previously we would have had to refer patients elsewhere for treatment or just keep monitoring them closely.

"Patients now don't need to travel to other specialist centres and can have their treatment performed at James Cook in a more timely manner. This means that they can benefit from stable vision much earlier in the disease process without the need for using complex spectacle or contact lens correction to optimise their vision.

"The other significant advantage of this treatment is the reduced impact on corneal donor demand because the number of corneal transplants required will reduce."

Jacob Rawlinson, one of the first patients to undergo the treatment has been very impressed. He said: "I'm grateful to have had my treatment performed here at James Cook and that I have not had to travel further afield. The procedure was painless and my eye has now recovered and I'm looking forward to having my other eye treated."