

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**

August 2016
2016/17

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

This report is based on information from August 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
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

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	6	2
Trust Improvement target (year to date)	22	0
Actual to date	16	3

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 52 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	34	47
Category 3	4	5
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:

1.33

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:

1.23

 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 6 falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	5
Severe	1
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:	0.21
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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 **97.1** % 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 175 patients from 14 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	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	99.0%
- Doctors	95.0%
- Other healthcare staff	96.0%
I always have access to the call bell when I need it	93.0%
The call bell has always been answered promptly and efficiently	80.0%
I feel fully informed by the ward team regarding my discharge from hospital	84.0%
I feel I received the care I required when I needed it most:	97.0%

A patient's story

A TEESSIDE man has become the first NHS patient in the country to be given a new immunotherapy drug for the treatment of lung cancer.

Ken Hall, 69, of Eston was told he may have less than a year to live when a persistent cough led to a lung cancer diagnosis in April 2014. But the retired British Steel engineer responded so well to chemotherapy treatment that his medical oncologist, Dr Talal Mansy, made a special request to use an immunotherapy drug called Pembrolizumab through the Early Access to Medicines Scheme. "I'm really excited about it," said Ken. "The chemotherapy had limited success but I'm hoping the effects of this will last longer. "I had two lots of chemotherapy and I was okay for nine months but then it started to grow again. I knew I wasn't right because I lost my appetite and was short of breath.

"Dr Mansy said he would put me in for more chemotherapy but then he mentioned this new treatment. He made some enquiries and was really keen to try it. He thought it would work so I agreed."

Thanks to a team effort including support from histopathology, pharmacy and the chemotherapy day unit, a sample was sent off for special tests to check Ken met the right criteria to benefit from the drug and the first treatment was scheduled.

"Cancer switches off the body's immune system, stopping the immune system from fighting the cancer. Immunotherapy is designed to switch the immune system back on, which allows the body's immune system to then fight the cancer," said Dr Mansy. "It's very exciting for my patient and for James Cook as we are the first centre in the UK to get access to this drug for lung cancer patients as part of the Early Access to Medicines Scheme. Previously it has only been available for lung cancer patients in clinical trials or privately."

The Early Access to Medicines Scheme aims to give patients with life threatening conditions access to medicines that do not yet have a marketing authorisation when there is a clear unmet medical need. Under the scheme, the Medicines and Healthcare products Regulatory Agency give a scientific opinion on the benefit and risk balance of the medicine, based on the data available.

3. IMPROVEMENT

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

Elderly leukaemia patients are now able to receive life-enhancing treatment in the comfort of their own homes, thanks to an award-winning service developed at South Tees Hospitals NHS Foundation Trust.

Patients can now receive chemotherapy injections at home – administered by themselves or a loved one – reducing the need for hospital admissions.

The award-winning service, which came about thanks to the bright idea of a group of specialist nurses, has prolonged the lives of many elderly people with Acute Myeloid Leukaemia (AML), some of whom had previously refused the treatment based on the need to visit hospital twice a day for 10 consecutive days.

Those from rural areas have found it particularly beneficial, as Sister Jennifer Lawn, haematology nurse specialist, explains.

"We've received some really moving statements from patients about the scheme," she said.

"We've had patients from Osmotherley who would have had to go to James Cook twice a day for their treatments if it wasn't for this service and we have had relatives who have said things like: "This saved my mother's life for a long time".

"It has prevented so many hospital admissions for patients who are very ill and would rather be at home. Seeing the positive impact it has on patients is really rewarding."

Typically, the treatment for AML using the chemotherapy drug Cytarabine is given twice daily for 10 consecutive days, every four to six weeks.

Over the four courses or more each patient receives, this had meant 80+ hospital appointments.

For this reason, Helen Walker, Haematology Outreach Nurse Specialist, Wendy Anderson, Macmillan Nurse chemotherapy consultant and Dr Dianne Plews, consultant haematologist, developed the service teaching patients and their relatives how to administer the chemo in their own homes.

And patients with the condition, who, sadly, have a shortened life expectancy, are now able to spend as much precious time at home with their loved ones as possible.

The scheme, developed in partnership with the trust's innovation scouts, won third prize in the Service Improvement category at the Bright Ideas in Health Awards, run by NHS Innovations North.

Jennifer said: "It was nice to be recognised in this area of haematology, particularly as it involves cross-site working, with both The Friarage and The James Cook University Hospital involved and it's great to be out there winning a prize for innovation in the North of the region."