

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**

September 2016
2016/17

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

This report is based on information from September 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.

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
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	5	1
Trust Improvement target (year to date)	26	0
Actual to date	21	4

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 47 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	42	40
Category 3	4	3
Category 4	1	0

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 6 falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
Severe	3
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 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 **97.2** % 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 145 patients from 19 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	99.0%
I feel my family have been involved as much as I wanted them to be in decisions about my care and treatment	88.0%
Whenever I have been concerned or anxious about anything whilst in hospital, I have found a member of staff to talk to	98.0%
I feel I am given enough privacy when discussing my condition and / or treatment	94.0%
During my stay I feel I have been treated with kindness and compassion by:	
- Nurses	99.0%
- Doctors	95.0%
- Other healthcare staff	99.0%
I always have access to the call bell when I need it	93.0%
The call bell has always been answered promptly and efficiently	79.0%
I feel fully informed by the ward team regarding my discharge from hospital	88.0%
I feel I received the care I required when I needed it most:	99.0%

A patient's story

"Thanks for saving my sight!" says voracious reader Irene, 100

SHE might be 100 years old, but chirpy Irene Stoddart still loves nothing more than losing herself in a best-selling thriller, going to see the latest blockbuster movie - or the satisfaction of completing a challenging crossword. And thanks to doctors at South Tees Hospitals who discovered and treated a sight-threatening eye condition, the former teacher is still able to indulge in these simple pursuits she believes help her stay as sharp as a pin! "If you don't use it, you lose it and reading is so important to me!" says the witty centenarian. "It is one of the main things in my life. To be able to continue to read means so much. "I'm just so grateful to the doctors who've enabled me to keep my sight. Bearing in mind my age, the fact the NHS is still willing to do this for me is amazing." In celebration of her centenary year, Irene is keen to raise awareness of the importance of retinal screening, which helped to identify her age-related macular degeneration 10 years ago, following a routine check-up for cataracts. She has also made a generous donation to the retinal development fund - and personally thanked consultant Dr Sridhar Manvikar at The Friarage Hospital in Northallerton. Irene, who has devoured the entire 'Girl With The Dragon Tattoo' series of thrillers and the Robert Harris Cicero trilogy, said: "I have Lucentis injections into my eyes every month. "They are supposed to just slow the condition down, but in my case, my eyes have improved according to Mr Manvikar. "I'm just so grateful. I know the demands on the NHS and, living longer, I'm demanding even more." Thanks to the treatment, Irene, who taught at the former Henry Smith Grammar School in Hartlepool, is still able to buy The Telegraph on a Saturday, complete the big crossword and read her "favourite" book review and gardening sections. She also remains active with the odd spot of gardening, has an active social life - and is quite the film critic. "The last film I saw was the new Dad's Army, but it wasn't as good as the TV show," she said. Dr Manvikar said: "We would like to congratulate Irene and thank her for her noble gesture of making a donation to the retinal development fund to mark this milestone. We wish her many more years of good health."

3. IMPROVEMENT

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

Real reward for elderly leukaemia patients' service is prolonging lives

A SERVICE providing treatment for elderly leukaemia patients at home has won third prize in the Service Improvement category at the Bright Ideas in Health Awards, run by NHS Innovations North. The service, which sees specialist nurses teach patients or their loved ones to administer chemotherapy at home, 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. Helen Walker, Haematology Outreach Nurse Specialist, Wendy Anderson, Macmillan Nurse chemo 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.