

## 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**

April 2017  
2017/18

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

This report is based on information from April 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

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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.

|            |  |
|------------|--|
| <b>97%</b> | <b>of patients did not experience any of the four harms whilst an in patient in our hospitals</b>                        |
| <b>99%</b> | <b>of patients did not experience any of the four harms whilst we were providing their care in the community setting</b> |
| <b>98%</b> | <b>of patients did not experience any of the four harms in this trust.</b>   |

For more information, including a breakdown by category, please visit:

<http://www.safetythermometer.nhs.uk/>

### Health care associated infections (HCAIs)

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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.

|  | <b>C.difficile</b> | <b>MRSA</b> |
|--|--------------------|-------------|
| <b>This month</b>                              | 5                  | 1           |
| <b>Trust Improvement target (year to date)</b> | 5                  | 0           |
| <b>Actual to date</b>                          | 7                  | 1           |

For more information please visit:

<http://southtees.nhs.uk/patients-visitors/infection-control/>

## Pressure ulcers

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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 19 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 10 in the community.

| Severity   | Number of pressure ulcers in the hospital setting | Number of pressure ulcers in our community setting |
|------------|---|--|
| Category 2 | 15  | 8  |
| Category 3 | 4   | 0  |
| Category 4 | 0   | 2  |

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

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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 2 falls that caused at least 'moderate' harm.

| Severity | Number of falls |
|----------|-----------------|
| Moderate | 1               |
| 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: | 0.07 |
|--------------------------|------|

## 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

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### 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 **96.5** % 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 333 patients from 40 areas answered the following questions about their care in the hospital:**

|   | % agree or strongly agree |
|---|---------------------------|
| Did you receive timely information about your care and treatment?   | 90.1%                     |
| Were you involved as much as you wanted to be in decisions about our care and treatment?                  | 90.9%                     |
| If you have had any worries or fears, did you find someone on ward staff to talk to?                      | 92.8%                     |
| Overall on this ward, do you feel like you are treated with respect and dignity?                          | 98.1%                     |
| Were you ever bothered by noise at night from the hospital staff?   | 86.8%                     |
| Were you ever bothered by noise at night from other patients?   | 76.2%                     |
| How likely are you to recommend this ward to friends and family if they needed similar care or treatment? | 96.6%                     |

## A patient's story

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### 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 James cook, he learned about a new surgical procedure the hospital was the first in the world to offer - a microlobectomy. The cutting-edge technique 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 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 disable - 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 form 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 their second day. "When I came here in 2012 the average length of stay for lung cancer patient was seven days- with this new technology it's three days" said Dr Dunning.

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

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### **New lung surgery service to benefit patients**

AN INITIAL 150 patients a year are set to benefit from a new £95,000 investment in new lung surgery services at the Friarage. New specialist imaging equipment, increased theatre capacity for lung surgery and outpatient clinics are now being provided, benefitting patients from across Hambleton and Richmondshire who previously travelled to Middlesbrough for treatment.

Jonathan Ferguson, Consultant in Cardiothoracic Services who is leading the development, said the new service would be "more local and more responsive" - and would be greatly welcomed by patients across the North Yorkshire area, including Harrogate and Thirsk.

Dr Ferguson said: "This will greatly benefit patients now and in the long term. It will result in reduced waiting times across the Trust's patch – and possibly further afield – as the service we now offer at The Friarage was traditionally provided in other, larger centres like James Cook. "This investment also further cements our organisation's commitment to developing services at the Friarage and providing care closer to people's homes."

The development has benefitted from a £14,000 donation from Friends of the Friarage who have contributed to funding new specialist equipment needed to provide the service. It will also help to ensure theatre space available at the Friarage can be transformed, not only to become fit for purpose, but to provide the highest possible standards in patient care and comfort.

Mr Ferguson also acknowledged the role of military anaesthetic colleagues in enabling this service to be provided more locally.

Lieutenant Colonel Oliver Bartels said: "We are delighted to be involved with bringing such a key service to The Friarage to enable a high level of care and vital surgical services to be provided closer to people's homes in Hambleton and Richmond."

Upendra Somasundram, Chairman of the Friends of the Friarage, said: "We're delighted to support this investment and contribute towards what is an important service at the Friarage. It is great to see new developments happening on the hospital site."

