

## 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 2017  
2017/18

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

This report is based on information from August 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>97%</b>	<b>of patients did not experience any of the four harms whilst we were providing their care in the community setting</b>
<b>97%</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>	7	0
<b>Trust Improvement target (year to date)</b>	22	0
<b>Actual to date</b>	31	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 33 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 23 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	31	19
Category 3	2	4
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:	1.14
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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:	0.55	Community Setting
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## 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 3 falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
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:	0.10
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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

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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 **97.4** % 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 453 patients from 46 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?	94.7%
Were you involved as much as you wanted to be in decisions about our care and treatment?	92.2%
If you have had any worries or fears, did you find someone on ward staff to talk to?	94.2%
Overall on this ward, do you feel like you are treated with respect and dignity?	99.3%
Were you ever bothered by noise at night from the hospital staff? (results on responses 'never, or hardly ever')	87.6%
Were you ever bothered by noise at night from other patients? (results on responses 'never, or hardly ever')	76.6%
How likely are you to recommend this ward to friends and family if they needed similar care or treatment?	93.6%

## A patient's story

### UK first as Durham ovarian cancer patient gets new drug

A COUNTY Durham woman who has been battling ovarian cancer for more than five years has become the first in the UK to benefit from a new drug to prevent a recurrence of the disease.

The 46-year-old is a patient of Dr Talal Mansy, a Consultant Medical Oncologist at James Cook.

He was able to secure Niraparib for his patient on the NHS through an application to a special 'Early Access Program,' that has seen her become the first UK patient outside of clinical trials to use the drug - one of a new class called PARP inhibitors.

Niraparib is still awaiting a European licence for this form of maintenance treatment, but was licensed in the USA in March. It has recently been shown to benefit most patients with recurrent ovarian cancer who are "responding to platinum based chemotherapy".

Dr Mansy said: "When used as a maintenance treatment following platinum chemotherapy, Niraparib helps to prolong the time it takes for ovarian cancer to flare up [recur]." "The greatest benefit is seen in patients with the gene mutation BRCA, which makes them more susceptible to certain cancers, in particular breast and gynaecological cancers."

The patient said she was delighted that the drug could offer her the chance to "lead as normal a life as possible" with her diagnosis, including looking forward to holidays abroad. She said: "When you are poorly like this and you have been battling cancer for five years, all you want is to be back to normal." The patient's cancer was discovered in 2011, after surgery to remove what was initially thought to be a benign cyst led to her left ovary being completely removed and sent away for precautionary testing

Within days, at just 41, she learned the devastating news she had cancer that had started in either her ovary or fallopian tube. Later appointments and check-ups have continued to reveal further microscopic cells - and follow up chemotherapy and surgery has followed.

The patient was also put on the maintenance drug Avastin. But she continuously asked about the possibility of further maintenance drugs - and Dr Mansy suggested Niraparib. He said: "It is extremely exciting for James Cook to be able to offer our patients the newest treatments to help them obtain the best possible outcome for their cancer."

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

### Heart team celebrate as 500th patient gets advanced procedure

THE South Tees heart team reached an exciting milestone after successfully carrying out one of its most advanced procedures on more than 500 patients. TAVI (transcatheter aortic valve implantation) is an advanced procedure in which a team of specially trained consultants replace a narrowed heart valve without the need for open heart surgery.

In some patients, particularly older patients, this aortic valve narrows down over time and stops the heart pumping as hard as it should do. This often causes breathlessness or chest pain symptoms but it can be improved with open heart surgery or TAVI.

Open heart surgery would involve opening up the patient's chest, stopping their heart and inserting a new artificial heart valve, which is often too high risk for more frail or elderly patients.

But TAVI gives these people another option as it is much less invasive. TAVI patients are fitted with new heart valves using advanced imaging technology and a tube (catheter) which is inserted through a small cut in their groin or chest so there is no need to stop the heart.

Cardiologists at James Cook completed their 500th TAVI case in June, but it is a procedure which has advanced rapidly over the years. When patients first had TAVI in 2009 they would come into hospital the day before, have a general anaesthetic so they would be completely asleep for the procedure and then spend three to five days recovering on the ward.

Eight years on, patients can now attend on the day, most have a local anaesthetic so they are awake throughout the procedure and the equipment used is more sophisticated.

This speeds up recovery and reduces complications - around 60% of TAVI patients now go home the next day.

Consultant Cardiologist Douglas Muir said: "The vast majority of patients find this a very tolerable procedure. But most importantly, the patients can get up and walk around a lot quicker, they can go home quicker, and when we see them back for follow up almost all of them have seen some clinical benefit.

"It's a great honour to be able to treat patients in this way because the procedure makes such a difference to their quality of life and that's really rewarding." TAVI Specialist Nurse, Gemma McCalmont said: "TAVI is still a relatively new procedure. But for us to now offer it to patients previously considered inoperable, it's just a really wonderful thing. It's really exciting that we've hit our 500th case!"

Dr Muir added: "We have done increasing numbers year after year, and we can see that over time numbers will continue to increase. As the risk of the procedure goes down we anticipate more patients will be eligible for this treatment."

