

## 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**

January 2017  
2016/17

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

This report is based on information from January 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.

<b>96%</b>	<b>of patients did not experience any of the four harms whilst an in patient in our hospitals</b>
<b>98%</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)

---

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>	1	1
<b>Trust Improvement target (year to date)</b>	42	0
<b>Actual to date</b>	33	6

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 55 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 88 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	51	81
Category 3	4	5
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

---

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 4 falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	4
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:	0.12
--------------------------	------

## 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.

### 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 **96.1** % 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 300 patients from 25 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?	91.3%
Were you involved as much as you wanted to be in decisions about our care and treatment?	90.6%
If you have had any worries or fears, did you find someone on ward staff to talk to?	86.3%
Overall on this ward, do you feel like you are treated with respect and dignity?	93.3%
Were you ever bothered by noise at night from the hospital staff?	81.3%
Were you ever bothered by noise at night from other patients?	67.3%
How likely are you to recommend this ward to friends and family if they needed similar care or treatment?	91.0%

## A patient's story

---

### PIONEERING DRUG SHRINKS LUNG CANCER 6 YEARS AFTER DIAGNOSIS

WHEN Sylvia Lewis wakes up on a morning she no longer thinks 'I have cancer'.

The Brotton grandmother has been battling lung cancer for more than six years, but recently discovered a renewed sense of energy after experts at The James Cook University Hospital introduced her to a new pioneering drug.

Sylvia, 78, has never been a smoker so was shocked when she was diagnosed with lung cancer in 2010 after becoming increasingly breathless.

Because of the way the cancer was developing Sylvia was deemed suitable to receive a tablet-based treatment. These tablets have often proven more effective than chemotherapy in such cases, but can eventually stop working.

Luckily for Sylvia she was able to start taking a new drug called Osimertinib in June last year – four months before it was approved for general NHS use.

Consultant oncologist Dr Talal Mansy sought special permission to provide the drug through an expanded access programme and the results have been very encouraging.

After the first week a CT scan revealed that the cancer was shrinking and a recent scan in January shows it has reduced even further still.

But Sylvia doesn't need a scan to tell her the treatment is working as she feels better than she has for years!

"I feel over the moon," she said. "We just can't believe it!

"I have more energy now so I don't necessarily need an afternoon nap every day.

"I don't wake up on a morning and think 'I have cancer'.

"I have received the best available treatment under the watchful eye of Dr Mansy, for which I am eternally grateful."

Husband Alan said: "Six years ago there is no way we would have expected to be sat here now benefiting from this new drug. It is fantastic."

Dr Mansy added: "Sylvia is probably my longest surviving lung cancer patient so it is great to see her benefitting from this exciting new treatment.

"At James Cook, we strive hard to get patients the most effective and newest treatments wherever possible.

"We have also expressed interest in more lung cancer clinical trials in the hope that this year we can do better still.

"The treatment landscape for lung cancer is rapidly changing but hopefully patients will do better than ever."

## 3. IMPROVEMENT

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

---

Drop-in chest x-ray service opens in Middlesbrough

A DROP-IN chest x-ray service has been launched in Middlesbrough to step up the fight against lung disease. The pilot clinics, based at James Cook and at the One Life Centre in Linthorpe Road, make it easier for people with symptoms of poor lung health to get help and treatment.

To attend the clinics people must have one or more of the following symptoms:

- a cough lasting more than three weeks
- chest pain lasting more than three weeks
- coughing up blood

And they must also be a current smoker, aged over 50 and should not have had a chest X-ray in the last three months.

Dr Vytis Dudzevicius, Lead Clinician for lung cancer at the Trust said: "This service provides easier access to chest x-rays, particularly for people living in more deprived areas where there is a higher prevalence of the risk factors for lung cancer. "We hope it will encourage people to get any symptoms checked out as soon as possible so we can detect the disease in its early stages, while it is still treatable and potentially curable.

"Unfortunately, up to 80% of patients currently present with advanced stage lung cancer and only approximately 65% of them are able

to receive active treatment for cancer.”

The pilot is part of the Macmillan Integration of Cancer Care Programme and is supported by Macmillan Cancer Support, South Tees Hospitals NHS Foundation Trust, Middlesbrough Council, South Tees Clinical Commissioning Group (CCG) and the Tees Valley Public Health Shared Service.

For more information visit [reduce-your-risk.co.uk](http://reduce-your-risk.co.uk)