

## 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**

March 2017  
2016/17

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

This report is based on information from March 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>	5	0
<b>Trust Improvement target (year to date)</b>	50	0
<b>Actual to date</b>	43	6

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

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	48	44
Category 3	3	11
Category 4	0	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

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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	0
Severe	2
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:	0.06
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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

### 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 **96.7** % 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?	90.7%
Were you involved as much as you wanted to be in decisions about our care and treatment?	94.6%
If you have had any worries or fears, did you find someone on ward staff to talk to?	95.8%
Overall on this ward, do you feel like you are treated with respect and dignity?	99.4%
Were you ever bothered by noise at night from the hospital staff?	84.7%
Were you ever bothered by noise at night from other patients?	78.4%
How likely are you to recommend this ward to friends and family if they needed similar care or treatment?	95.5%

## A patient's story

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### PIONEERING OP OPENS FOODPIPE AFTER CANCER TREATMENT

FOR 10 months Mal Harcourt could not swallow his own saliva let alone eat his favourite foods.

Following intensive treatment for a tumour on his throat he developed severe scar tissue which totally closed his foodpipe.

Mal, 51, of Hartlepool had to be fed through a tube in his stomach but thanks to a pioneering procedure developed at The James Cook University Hospital called a Rendezvous Dilatation, he is now able to eat and drink almost normally again.

Consultant Head and Neck Surgeon Shane Lester said: "It's called a Rendezvous Dilatation as the general surgeon, Mr Samuel Dresner, and I enter the food pipe at opposite ends - I go via the mouth, he goes via the PEG tube in to the stomach and we literally meet in the middle. "It's a procedure used for the small number of patients that have a total scarring over of their oesophagus following chemotherapy and radiotherapy.

"As a result of this people who couldn't even swallow their own saliva, get back to almost normal eating and drinking."

Mal was diagnosed with throat cancer in January 2015. He underwent a series of major surgical procedures as well as chemotherapy and radiotherapy but scar tissue left him unable to swallow anything.

"For 10 months I could not even swallow my own saliva," he said. "I could not have anything at all before they opened up my throat again! "That's especially hard when you are cooking Christmas dinner for the rest of the family!" said Mal who has four children and five grandchildren.

The distribution depot manager is now back at work and recently had his PEG tube removed.

"I feel fine now, you just have to get on with it don't you!" he said.

Shane and the team at James Cook were there to support him when he took his first mouthful of water but he says his first proper drink was a Ribena juice drink which just tasted really strong!

"I felt like I needed to water it down!" he said.

Mal has nothing but praise for the whole head and neck surgery team at South Tees Hospitals NHS Foundation Trust including the surgeons, speech therapists and Macmillan nurses.

"The care I have received has been brilliant," he said. "I don't know what I would have done without all their help and support."

Mr Lester added: "We've done this for six patients with this condition and all were fully successful.

"The technique has been described before but we've modified it a little and have long term data to prove it works in chemoradiotherapy patients.

"I'm so pleased that my team can help patients such as Mal get back to eating and drinking after cancer treatment."

## 3. IMPROVEMENT

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

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MRI scans to be used as first line to diagnose prostate cancer

MRI scans are now being used as the first investigation for the diagnosis of prostate cancer at James Cook. The news comes on the back of national research, published in the Lancet\*, which has shown using advanced MRI nearly doubles the number of aggressive tumours that are caught.

Prostate cancer is the most common cancer in British men, and yet testing for it is far from perfect. Previously, if a man had a high prostate specific antigen (PSA) level in the blood he went to hospital for a biopsy - an invasive procedure that involves taking random samples from the whole of the prostate.

However, a biopsy alone can be poor at detecting cancer which means the disease can be missed. From the end of January, any man referred to the Middlesbrough hospital with high PSA levels, which suggest prostate cancer might be present, will have an MRI scan, followed by a biopsy.

Consultant Urologist David Chadwick, who is the Trust's Medical Director for Planned Care, described the changes as a significant step in the way prostate cancer will be diagnosed in the future. "We recognise that this is good practice for our patients as it speeds up the whole process, enabling them to get any treatment they need, more quickly, which is vital if it's a cancer diagnosis," he said. "By having

an MRI first, the subsequent biopsy (three or four days later) is much more accurate since abnormal areas of the gland can be targeted. This means that fewer biopsies are necessary. We hope that in the fullness of time fewer men will require biopsy and this has been shown in the study published in the Lancet.

“Our aim is to improve the diagnosis and management of early prostate cancer by using the best available techniques and equipment to deliver the very best care for our patients and we will also be offering this service at the Friarage Hospital when the new MRI Scanner is operational later this year.”

\*A new study by University College London (UCL) and the Medical Research Council (MRC) has shown around 25,000 men could be spared a biopsy and needless treatment, if they were scanned first. A trial of 576 men across 11 NHS hospitals found that scans could help one in four men avoid further treatment.