

## 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**

May 2017  
2017/18

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

This report is based on information from May 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>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)

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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>	2	0
<b>Trust Improvement target (year to date)</b>	9	0
<b>Actual to date</b>	12	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 30 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	28	19
Category 3	2	4
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 4 falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
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:	0.13
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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 **95.9** % 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?	91.0%
Were you involved as much as you wanted to be in decisions about our care and treatment?	91.0%
If you have had any worries or fears, did you find someone on ward staff to talk to?	93.0%
Overall on this ward, do you feel like you are treated with respect and dignity?	99.0%
Were you ever bothered by noise at night from the hospital staff?	87.0%
Were you ever bothered by noise at night from other patients?	79.0%
How likely are you to recommend this ward to friends and family if they needed similar care or treatment?	96.0%

## A patient's story

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Acting fast in the fight against sepsis

Greg's story

AT FIVE months old he received a heart transplant, at five years old he battled non-Hodgkin lymphoma, then at 24, Greg Rodgers found himself fighting for his life again. Greg feared his lymphoma had returned when he found a lump on his neck. He knew he would have to face weeks of chemotherapy, but what he had not been prepared for was the battle he was about to have against sepsis - a potentially life-threatening complication of an infection which can lead to tissue damage and organ failure.

Greg's immune system was so low following his chemotherapy that as soon as he picked up an infection it developed into sepsis. Luckily for Greg, the team on ward 33 at James Cook were fast to spot the signs and responded immediately. "I was on my last run of chemo and I just got really tired. I did not want to do anything else but sleep," said Greg, 26, of Great Ayton. "The next thing I knew I was waking up and everyone was around me and I panicked and thought what was wrong.

"I had heard of sepsis before but I was just too out of it at the time to know what was happening. My heart function had dropped right down so the only option was to put me on the high dependency unit (HDU)." S

sepsis Nurse Jacqui Jones said: "His blood pressure decreased, his breathing was rapid, he needed more oxygen, so the staff screened him for sepsis and called in the critical care outreach team. "Immediate life saving treatment was started on ward 33 and then he was taken to the hospital's HDU where he was isolated and closely monitored." After three days Greg, who works as a trauma admin clerk at the hospital, was well enough to return to ward 33 to complete his recovery.

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

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Workshop aims to speed up Diagnosis of Head and Neck Cancer

A wide variety of specialists including Radiologists, Pathologists, Ear Nose and Throat Specialists and the Oral Maxillofacial Specialists met at South Tees Institute of Learning, Research and Innovation (LRI) on the James Cook site, to discuss how to reduce the time it takes to diagnose cancers.

The specialists examined every step between a patient's first hospital appointment to their eventual diagnosis, to identify improvements that could speed up diagnosis and enable treatment to begin sooner. The 'workstream improvement process,' based on the 'Kaizen' approach used in Japanese industry, is aimed at continuous improvement involving all employees from the top level to the assembly line.

Gill Husband, the Trust's Lead for Service Improvement and Innovation was praised by ENT consultant Shane Lester as the "driving force" behind the workshop – managing to condense into one day what many service improvement specialists in Japanese Industry complete over five days. "Gill was the real driver behind this excellent day and should be commended for the magnificent effort she has put into this," he said. "It's very difficult to get such a wide range of specialists together at the same time so we tried to make the most of it!" "Immediately after their first clinic appointment, patients will soon be able to walk straight to radiology for a date for a scan and this is among the many improvements being made in speeding up the diagnosis of head and neck cancers.

"A surgeon-led clinic for people with a neck lump, in which a sample can be taken on the same day and a result given within five days also has the potential to speed up the patient pathway by two to three weeks." Gill added: "It is very rare to get the opportunity to get a group like this together so every minute of the Kaizen day was utilised and the commitment to improving patient care was paramount. We now need to implement the agreed changes and make sure they are sustained."

