

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**

September 2017
2017/18

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

This report is based on information from September 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.

96%	of patients did not experience any of the four harms whilst an in patient in our hospitals
99%	of patients did not experience any of the four harms whilst we were providing their care in the community setting
97%	of patients did not experience any of the four harms in this trust.

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.

	C.difficile	MRSA
This month	7	0
Trust Improvement target (year to date)	26	0
Actual to date	31	1

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 30 category 2 - category 4 pressure ulcers were acquired during a hospital stay and there was also 14 in the community.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting
Category 2	27	11
Category 3	3	3
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:	1.08
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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:	0.33	Community Setting
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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	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:	0.14
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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

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

96.8

 % 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 397 patients from 44 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?	95.4%
Were you involved as much as you wanted to be in decisions about our care and treatment?	96.4%
If you have had any worries or fears, did you find someone on ward staff to talk to?	98.0%
Overall on this ward, do you feel like you are treated with respect and dignity?	98.2%
Were you ever bothered by noise at night from the hospital staff? (results on responses 'never, or hardly ever')	92.6%
Were you ever bothered by noise at night from other patients? (results on responses 'never, or hardly ever')	81.7%
How likely are you to recommend this ward to friends and family if they needed similar care or treatment?	96.5%

A patient's story

Quitting smoking changed my life – and you can do it this Stoptober!

WHEN James Degnen, a smoker of 46 years, visited the Vascular Clinic at James Cook with difficulty walking and disturbed sleep, he knew something had to change to improve his life.

So it came as little surprise when his consultant, Adam Stannard, told him he required surgery - and strongly advised him to quit smoking before his operation, to both reduce his risk of complications and improve his longterm health.

That was in December 2016. And now James has happily given up what could have proved a deadly habit, he wants to encourage others to quit this Stoptober - and reap the same benefits he has seen.

The annual Stoptober campaign, now in its sixth year, is being promoted by clinicians across the Trust to help support smokers just like James – both staff and patients - to make 2017 the year they finally give up their habit for good. James' story is just one of thousands that will hopefully inspire those who need an extra push to kick the habit.

He was seen the same day he was referred to the local Stop Smoking Service, where he received specialist support to make changes to his routine that led him to smoke, as well as access to Nicotine Replacement Therapy (NRT) – medication to help reduce cigarette cravings.

James made the decision to quit straight away and committed himself to improving his long term health – something which has had a huge positive impact on his daily life. “Before, I couldn't walk more than 50 metres at a time,” he admits. “From the house to the corner, that was it. I'd have to stop and rest my leg. “Now I'm doing about two miles a day with the dog.”

Since quitting cigarettes, James has also inspired those around him to do the same. His wife Rita and his neighbour have also made the decision to quit.

Research shows those who stop smoking for 28 days are five times more likely to stay smoke free. In this way,

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

Teesside Hospitals among first to offer hydrotherapy rehab for long term lung problems

TEESSIDE patients with long term lung conditions can now benefit from a specialist hydrotherapy rehabilitation programme - believed to be one of the first in the UK.

The water-based sessions at James Cook and Redcar Hospital are designed for respiratory patients with conditions such as COPD (chronic obstructive pulmonary disease) who require rehabilitation but struggle with gym-based exercises because of joint problems.

Following a successful pilot scheme at Redcar, which achieved a 100% patient satisfaction and attendance rate, the unique sessions are now being offered at the hydrotherapy pools in both hospitals on a weekly basis.

Rebecca Shea, Lead Physiotherapist for the pulmonary rehabilitation service said: “This has been set up predominantly for respiratory patients with joint problems who may struggle to use gym equipment such as exercise bikes, steps and treadmills, but also for patients who have completed a land-based programme and would like to try a course in the water.

“The aim is that patients can then go on to join local gyms and swimming pools, with the confidence to continue exercising independently.”

Six patients attended the pilot programme over the winter – a time when patients with long term lung conditions generally struggle – and not a single one missed a session, they really got a lot out of it!

“We are unaware of any other hospital in the country offering pulmonary rehabilitation in water, so this is a very exciting development for our patients.”

One of the first patients to sign up was Elizabeth Parnell of Middlesbrough. She said: “I find it much easier to do the exercises in the water. In the gym I was more breathless and had to rest in between each exercise, but this is excellent. I have thoroughly enjoyed it.”

Rebecca added: “We are now urging GPs to continue to refer their patients who have COPD (and other respiratory conditions), including those who they think may struggle with gym-based pulmonary rehabilitation, so they can then be assessed to see if they are medically suitable to attend the hydrotherapy sessions.”

Funding for the specialist exercise classes has been made available by South Tees Clinical Commissioning Group (CCG) as part of the IMProVE (Integrated Management and Proactive Care for the Vulnerable and Elderly) programme, which aims to increase respiratory care in the community and reduce hospital admissions.

Local GP and Chair of South Tees CCG, Dr Janet Walker said: “I have already seen my patients benefit from the COPD rehab programme. It is great that patients with joint problems, who would have struggled with the exercise programme, will now be able to improve their respiratory problems through hydrotherapy.”

