



The Pennine Acute Hospitals NHS Trust

Open and Honest Care in your Local Hospital

February 2016

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.

Open & Honest Care

Pennine Acute Hospitals NHS Trust – February 2016

This report is based on information from February 2016. The information is presented in three key categories: safety, experience and improvement. The report will also signpost you towards additional information about Pennine Acute Hospital NHS Trust's performance.

1. Safety

NHS 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 harms.

Overall 94.7 % of patients did not experience any of the four hospital acquired 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-resistant staphylococcus aureus (MRSA) bacteraemia are the two common types of HCAIs. C.difficile is a type of bacterial infection that can affect the digestive system, causing diarrhoea, fever and painful abdominal cramps - and sometimes more serious complications. The bacteria does not normally affect healthy people, but because some antibiotics remove the 'good bacteria' in the gut that protect against C.difficile, people on these antibiotics are at greater risk.

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 stream infection. 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.

Patients in hospital setting	C.difficile	MRSA
This month	5	0
Trust Improvement target (year to date)	50	0
Actual to date	52	5

For more information please visit:

<http://www.pat.nhs.uk/patients-and-visitors/infection-control.htm>

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 avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Community setting
Category 2	15	13
Category 3	0	3
Category 4	0	0

Hospital setting

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:	0.34
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The pressure ulcer numbers include all pressure ulcers that occurred from 72 hours after admission to this Trust

Community setting

In the community setting we also calculate an average called 'rate per 10,000 CCG 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 1,000 Population:	0.06
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Note: Our community settings encompass locations where the tissue viability nursing service is provided by The Pennine Acute Hospitals NHS Trust.

Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause. This includes avoidable and unavoidable falls sustained at any time during the hospital admission. Falls within the community setting are not included in this report.

During January we reported 2 fall(s) 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:	0.45
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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? We ask this question to patients who have been an in-patient and/or attended Accident & Emergency (A&E). Both scores (if applicable) are below;*

In-patient FFT score*	93%	This is based on 10557 patients asked
A&E FFT score*	81%	This is based on 21411 patients asked

We also asked 194 patients the following questions about their care in the hospital:	% Recommended Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	96
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	97
Were you given enough privacy when discussing your condition or treatment?	100
During your stay were you treated with compassion by hospital staff?	100
Did you always have access to the call bell when you needed it?	100
Did you get the care you felt you required when you needed it most?	99
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	96

A Patient's Story

Read a patient story here on our website

<http://www.pat.nhs.uk/quality-and-performance/open-and-honest-care.htm>

Staff Experience

We asked 138 Trust staff three questions relating to the ward/unit they work on. Their responses are as follows:	% Recommended Score
I would recommend this ward/unit as a place to work.	98
I recommend the standard of care on this ward/unit to a friend or relative if they needed treatment.	99
I am satisfied with the quality of care I give to the patients, carers and their families.	99

3. Improvement

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

Barbara Rossington is pictured with Natalie Hamilton and baby Olivia



New paediatric speech and language therapy service

MORE timely treatment will now be offered to children and babies at The Royal Oldham and North Manchester General Hospitals, who experience feeding, swallowing and communication problems.

The Trust has appointed its first paediatric speech and language therapist. Barbara Rossington started in her new role after spending 30 years working as a speech and language therapist with babies and children with feeding difficulties and complex needs in the Bury area.

She will provide inpatient support to the paediatric wards and neonatal units at The Royal Oldham Hospital and North Manchester General Hospital.

Barbara said: "It is an exciting challenge setting up this new service. The service was previously bought in from another Trust on a cost per case basis and so this meant that assessment, advice and review of the individual children were not always as timely as they could be. Children and babies often had to wait for the care they needed to be delivered once they had been discharged back into community services.

"Children can have communication difficulties for a range of developmental and acquired reasons. These can include difficulties understanding language or expressing themselves. Being able to communicate with others is a basic human right. How would you feel if you couldn't communicate with your loved ones such as asking for a hug or saying I love you?"

Barbara added: "Feeding and swallowing is a really difficult skill that involves lots of muscles and nerves working in synchrony. Things can easily go wrong as I am sure we've all experienced food 'going down the wrong way'. For children with feeding and swallowing problems this can happen more frequently. I therefore have to consider the risks in their skill set and work out how to assist the child and family."

Mum Natalie Hamilton and baby Olivia from Oldham have recently experienced Barbara's help and support when Olivia was having problems feeding. She was born at 24 weeks and Barbara is working with them to encourage oral feeding so that Olivia can suck her feeding bottle. Natalie said: "Barbara gave us some really useful tips to help with Olivia's feeding technique and she is now a lot happier feeding from her bottle."

Supporting information Board Papers can be found at:

<http://www.pat.nhs.uk/about-us/trust-board/meetings/trust-board-papers-2015.htm>

Foundation Trust application progress can be found at:

<http://www.pat.nhs.uk/get-involved/>

NHS Choices:

<http://www.nhs.uk/services/trusts/overview/defaultview.aspx?id=967>

Our Quality Accounts publications can be found at:

<http://www.pat.nhs.uk/quality-and-performance/quality-accounts.htm>

Other "Open and Honest Care" reports can be found at:

<http://www.pat.nhs.uk/quality-and-performance/open-and-honest-care.htm>