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.

The Pennine Acute Hospitals NHS Trust
December 2015

Pride in Pennine
Quality-Driven
Responsible
Compassionate
Open & Honest Care - The Pennine Acute Hospitals NHS Trust - December 2015

This report is based on information from December 2015. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about The 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 93.4% 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) bacteremia 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.

<table>
<thead>
<tr>
<th>Patients in hospital setting</th>
<th>C.difficile</th>
<th>MRSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>This month</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Trust Improvement target (year to date)</td>
<td>37</td>
<td>0</td>
</tr>
<tr>
<td>Actual to date</td>
<td>28</td>
<td>4</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Severity</th>
<th>Number of Pressure Ulcers in our Acute Hospital setting</th>
<th>Number of pressure ulcers in our Community setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 2</td>
<td>20</td>
<td>11</td>
</tr>
<tr>
<td>Category 3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Category 4</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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: 0.45 Hospital Setting

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 Community

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.

This month we reported 2 fall(s) that caused at least 'moderate' harm and 1 fall(s) that caused 'severe' harm.

<table>
<thead>
<tr>
<th>Severity</th>
<th>Number of falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate</td>
<td>4</td>
</tr>
<tr>
<td>Severe</td>
<td>3</td>
</tr>
<tr>
<td>Death</td>
<td>0</td>
</tr>
</tbody>
</table>

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: 0.16
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.

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:

\[\text{In-patient FFT score}^* 93\% \text{ This is based on 8009 patients asked} \]
\[\text{A&E FFT score}^* 80\% \text{ This is based on 22380 patients asked} \]

We also asked 179 patients the following questions about their care in the hospital:

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

A patient's story

Read a patient story here on our website


Staff experience

We asked 171 staff in the hospital the following questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>% Recommended Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would recommend this ward/unit as a place to work</td>
<td>96</td>
</tr>
<tr>
<td>I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment</td>
<td>99</td>
</tr>
<tr>
<td>I am satisfied with the quality of care I give to the patients, carers and their families</td>
<td>99</td>
</tr>
</tbody>
</table>
3. IMPROVEMENT

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

Trust launches new maternity listening and action group

A NEW maternity listening and action group has been launched by The Pennine Acute Hospitals NHS Trust so that women and their families’ views are heard as part of the planning and delivery of maternity care.

The new group will provide close and regular feedback from the local population, ensuring safe, responsive, family centred maternity services at the Trust’s four hospitals and community services. The group comprises representatives from the local community, maternity healthcare professionals, doctors, midwives, peer support workers and new mothers and fathers.

It was formed to ensure that women’s views and experiences are included in guidelines, complaint reviews and new developments.

The first meeting was held on 14th October 2015 at Derby Street Children’s Centre, in Heywood. The group will meet bimonthly going forward and the next meeting will be in December 2015 at avenue to be confirmed. It is expected that most meetings will take place in children’s centres in the community areas the Trust covers.

Any woman who is using or has used maternity services recently is invited to attend the meetings, as are fathers and other family members, including young babies and children.

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The first meeting discussed stories and experiences of the women and families who had recently used maternity services, welcomed new ideas and heard about elements the Trust could improve on.

Cathy Trinick, head of midwifery at Pennine Acute said: “This was one of the most rewarding meetings, bringing together new families and representation from the wider community with maternity professionals, all with one aim – to improve maternity care for women and babies.”

Natalie Finn, a full time mother from Saddleworth who attended the first meeting said: “I feel the maternity listening and action group is a great open forum for all service users across the Trust as its focus is on women, families and their experiences. With this focus as a foundation I believe the group will be able to capitalise on the many positive aspects of care already provided within the Trust. It will ensure that everybody receives the same level of care across the board and will identify and improve areas of potential weakness. The new name of the group encompasses everything that it hopes to achieve; it is actively engaging with people like me for feedback to make maternity care within the Trust the best it can possibly be for all the women and families that use it.”

Supporting information Board Papers can be found at:

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:

Other “Open and Honest Care” reports can be found at: