The Pennine Acute Hospitals NHS Trust
Open and Honest Care in your Local Hospital
January 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 – January 2016

This report is based on information from January 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 94.4 % 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) 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	10	1
Trust Improvement target (year to date)	45	0
Actual to date	47	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	17	9
Category 3	0	4
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:	0.37

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:	0.07

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	2
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

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 8852 patients asked
A&E FFT score*	81%	This is based on 22783 patients asked

We also asked 179 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?	98
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	93
Were you given enough privacy when discussing your condition or treatment?	98
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?	99
Did you get the care you felt you required when you needed it most?	97
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	98

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 171 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.	94
I recommend the standard of care on this ward/unit to a friend or relative if they needed treatment.	94
I am satisfied with the quality of care I give to the patients, carers and their families.	96

3. Improvement

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

Trust SPRINTS towards lower A&E admissions for frail elderly patients

A NEW SPRINT service has been launched at The Royal Oldham Hospital to reduce admissions to A&E for frail older people, while bringing down readmissions and cutting the amount of time they spend in hospital.

The Senior Persons' Resilience and Independence Team (SPRINT) is made up of acute physicians trained in geriatric medicine, nursing staff, healthcare assistants, therapists, mental health workers, social workers and community teams.

The SPRINT service was launched on the acute medical assessment unit at The Royal Oldham Hospital. There are 12 beds in total and patients are located together so staff can have a focused multidisciplinary approach to assessment and management. The service comprises of an alliance partnership between the Trust, Oldham CCG, primary care, Pennine Care NHS Foundation Trust, community services, social care, Age UK and other voluntary agencies.

The SPRINT team will also work closely with the A&E department at the hospital to provide early assessment and to prevent unnecessary admission where there are community options for care provision.

The service was launched because there is a strong link between frailty, A&E attendance and admission to hospital. Older people tend to stay in hospital for longer and require more complex care. Frail people also have an increased chance of readmission and stay in hospital longer which can lead to a risk of muscle deconditioning, an increase in falls in hospitals, delirium and worsening of dementia.

The SPRINT approach to identifying frailty is based on a multidisciplinary assessment, involving support from community-based teams from Pennine Care NHS Foundation Trust, improved communication with primary care and more structured discharge planning.

Dr Shubhra Pradhan, consultant physician acute medicine at Pennine Acute said: "This is a positive move for our frail older patients who will benefit from a team approach to their overall care and treatment. This will increase awareness of frailty at the Trust and the problems associated with frail people and result in better anticipatory care plans and management. Once the SPRINT unit becomes established we hope to be able to develop it further with time."

Dr Shelley Grumbridge, GP Partner and clinical director for urgent care at Oldham CCG said: "This team is the first step to a truly integrated multidisciplinary health and social care system in Oldham working with our vulnerable older people to minimise emergency admissions, enable timely investigations and treatment and then safely discharge patients back to their own homes with support to maintain people's independence.

"Our aim is to identify the reasons for admission and what could be done to prevent this and then provide that support in the community via their own GPs, community services, social care and through the voluntary sector. We are looking at prevention, promoting resilience, maintaining independence, and when needed, the timely intervention and investigation in the right environment for the patient. "

Helen Ashton, falls prevention lead for Pennine Care NHS Foundation Trust, said: "There are real benefits in preventing frail patients from being admitted to hospital, or supporting them to be discharged as quickly as possible. This is a key priority in the borough, so it's great to see so many partners working together to achieve this."

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