



The Pennine Acute Hospitals NHS Trust

Open and Honest Care in your Local Hospital

June 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 – June 2016

This report is based on information from June 2016. The information is presented in three key categories: safety, experience and improvement. The report will also signpost you towards additional information about The Pennine Acute Hospitals NHS Trust 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 (June 2016)	5	0
Trust Improvement target (year to date)	14	0
Actual to date	19	0

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.

Hospital

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.

Severity	During the month June 2016 the number of Pressure Ulcers in our Acute Hospital setting
Category 2	17
Category 3	1
Category 4	0

"In addition to the above 2 unstageable pressure ulcers and 9 suspected deep tissue injuries were identified in June 2016. These will be closely monitored and where possible, assigned to a category (2, 3, or 4) as the tissue damage evolves / resolves".

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

Rate per 1,000 bed days:	0.62
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Community

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.

Severity	During the month of June 2016 the number of pressure ulcers in our Community setting
Category 2	9
Category 3	1
Category 4	1

"In addition we have also had 1 suspected Deep Tissue Injury and 2 Unstageable pressure ulcers reported in June 2016" These will be closely monitored and where possible, assigned to a category (2, 3, or 4) as the tissue damage evolves / resolves. The pressure ulcer numbers include those that developed with 72 hours of admission onto a community services caseload'.

Note: Our community settings encompass locations where the tissue viability nursing service is provided by The Pennine Acute Hospitals NHS Trust.

Rate per 1,000 Population:	0.06
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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.

The month of June 2016 we reported the following falls information:

Severity	Number of falls
Moderate	2
Severe	1
Death	1

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:	0.18
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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) as well community settings. The scores (if applicable) are below;*

In-patient FFT score*	93%	This is based on 11525 patients asked
A&E FFT score*	82%	This is based on 22455 patients asked
Community score	94%	This is based on 1116 patients asked

The Trust conducts monthly local patient surveys and we asked 134 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?	99
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	96
Were you given enough privacy when discussing your condition or treatment?	99
During your stay were you treated with compassion by hospital staff?	98
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?	99
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	99

A Patient's Story

Read a patient story for this on our website

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

Staff Experience

The Trust conducts monthly surveys of ward staff asking the following three questions relating to the ward/unit they work on. 83 staff provided the following responses:	% Recommended Score
I would recommend this ward/unit as a place to work.	96
I recommend the standard of care on this ward/unit to a friend or relative if they needed treatment.	98
I am satisfied with the quality of care I give to the patients, carers and their families.	98

3. Improvement

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

New MRI scan for new born babies



Pictured above: left to right: Adam Macfarlane, Minnie's father; Dr Lydia Bowden, consultant neonatologist and Yvonne Memory, advanced practitioner radiology.

BABY Minnie Macfarlane from Oldham made history when she was 11 days old.

She was the first baby at The Royal Oldham Hospital to undergo a landmark scan using new equipment which allows new born babies to have MRI scans.

Previously new born babies would have had to have been transferred to another hospital Trust if they needed a MRI scan at such an early age, but thanks to the investment in the neonatal MRI compatible monitoring, babies can now be scanned in the radiology department at The Royal Oldham Hospital.

As the hospital cares for high risk infants who are transferred to the level three neonatal unit, for therapeutic cooling to reduce the risk of brain injury, MRI scanning is helpful to assess the risk of any long term problems.

MRI imaging of babies is a more complex procedure than the imaging performed in adults. The scanning parameters need to be optimised to enable detailed imaging of the small and newly developing brain and extra protection must also be provided to the infant to protect their developing organs.

Baby Minnie paved the way and underwent a scan modelling the aptly named mini-muff ear protectors which protect the ears from the loud noise that the scanner makes

Dr Bowden said: "The new service for scanning neonatal patients will greatly improve our assessment of babies at high risk of brain injury, and allow more detailed imaging for early diagnosis of problems without the need for a transfer to a different hospital."

"Staff commented on what a model patient Minnie was. She did not need sedation as she slept soundly throughout following a feed.

" Dr Kandise Jackson, consultant radiologist at The Royal Oldham Hospital, said: "There are unique issues that must be addressed to develop an effective quantitative neonatal MRI technique, but through careful collaboration between the radiology department and neonatal unit we are now able to offer this procedure to those new born babies who need it.

"We were very impressed with the images obtained and we hope to be able to offer MRI imaging to our neonatal patients who require this.

" Minnie's parents, Sophie and Adam, said: "It was such a relief for Minnie to be able to undergo this scanning procedure at The Royal Oldham Hospital rather than her have to be taken somewhere else in the north west for this procedure to take place. Being in the hospital we were familiar with, alongside the neonatal team who were directly involved with Minnie's care was a great comfort to us."

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>