



The Pennine Acute Hospitals NHS Trust

Open and Honest Care in your Local Hospital

March 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 – March 2016

This report is based on information from March 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 94.2 % 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	4	0
Trust Improvement target (year to date)	55	0
Actual to date	56	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	23	17
Category 3	0	1
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:	0.51
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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:	0.04
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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.

This month we reported 8 fall(s) that caused at least 'moderate' harm and 5 fall(s) that caused 'severe' harm.

Severity	Number of falls
Moderate	8
Severe	5
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:	0.29
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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*	92%	This is based on 11359 patients asked
A&E FFT score*	78%	This is based on 24384 patients asked

We also asked 139 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?	94
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?	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 here on our website

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

Staff Experience

We asked 132 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.	97
I recommend the standard of care on this ward/unit to a friend or relative if they needed treatment.	100
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

Listening to what patients and relatives want with new open visiting policy

PATIENTS, relatives and staff at Pennine Acute Hospitals have given the thumbs up to extended visiting hours.

Following a successful trial at The Royal Oldham Hospital, an open visiting policy has been implemented at the Trust.

The new policy forms part of the Trust's aim to make our hospitals more carer and dementia friendly by giving relatives, friends and carers the chance to spend more time with their loved one at a time that suits them and have an active role in their care while they are in hospital.

Traditionally visitors were only allowed on the wards to visit their relatives at set times in the afternoon and evening. Now however, access is available at any time of the day through discussion with ward staff.

There will be occasions when, for clinical reasons, visitors may be asked to come back later or move to another area of the ward for a short period of time.

A visitors' code has been developed which sets out guidelines that visitors will be asked to adhere to and will cover areas such as numbers around a patient's bed, preventing the spread of infection and protected mealtimes.

Charlotte Dent, quality matron for medicine at The Royal Oldham Hospital, said: "Open visiting allows families easier access to medical staff, and to participate in care if the patients and families wish to do so. It has opened up channels of communication further between nurses and their patients and families, which for me, is a great thing.

"This is particularly pertinent in relation to caring for patients with dementia. As a Trust we are busy making our for the carers of patients with dementia to remain with their loved one, where appropriate, and be actively involved in their care during what can be a stressful and confusing time.

"Families can see care and deliver care alongside nurses by supporting feeding if assistance is required. It has encouraged staff to be pro-active in working in partnership with families who have cared for their relatives at home, because we recognise that families are often the experts in their relative's care.

"We understand how stressful being in hospital can be both for the patient and their loved ones and know how much of a boost to a patient's morale and recovery, visits from friends and relatives can be. Therefore we are excited to be taking this step forward as a Trust to give more flexibility to visitors as to when they can visit and to the role they can play in the care of their loved ones."

Carol Chadwick from High Crompton, who received care on ward F2 at The Royal Oldham Hospital, said: "Visiting used to be between 2pm and 4pm and then 7pm until 8pm when I have previously been in hospital. When it was restricted visiting, my visitors which include my husband, daughter and son-in-law, felt that they had to stay the whole time, whereas my husband now feels he can just pop in on his way to work. It is now flexible around my family's jobs and finding a parking space is easier as not all visitors are arriving at the same time."

Visitor Linda McCulloch is pictured below with Sister Sandra Taylor on ward F9.

"...valuable to patient care and morale"

Linda McCulloch who was visiting a patient on ward 9 at The Royal Oldham Hospital explained how she viewed the new open visiting policy.

She said: "Open visiting is valuable to patient care and morale. It helps with families travelling long distances and stops too many visitors attending in one sitting. It aids communication with hospital staff and the visitors can help with feeding, reading and listening."



Ward F9 Sister Sandra Taylor said: "Open visiting helps the whole multi-disciplinary team. Families can assist with meals and are able to complete the dementia document 'This is me' with staff. This document is used for patients living with dementia in all clinical environments. It helps build an individual picture up of the patient so that healthcare workers have a better understanding of the patient and know their particular likes and dislikes or routines that are important to them. It allows families to be more involved in providing care, and for doctors to discuss management plans with relatives during ward rounds."

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>