



## **The Pennine Acute Hospitals NHS Trust**

### **Open and Honest Care in your Local Hospital**

### **MAY 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 – May 2016

This report is based on information from May 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

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### 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 95.7 % 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/>

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### 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)	10	0
Actual to date	14	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	Number of Pressure Ulcers in our Acute Hospital setting
Category 2	11
Category 3	1
Category 4	0

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

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

Rate per 1,000 bed days:	0.43
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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	Number of pressure ulcers in our Community setting
Category 2	8
Category 3	1
Category 4	1

**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:	0.05
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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.

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

Severity	Number of falls
Moderate	1
Severe	1
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:	0.07
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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*	<b>95%</b>	This is based on <b>12253</b> patients asked
A&E FFT score*	<b>82%</b>	This is based on <b>24116</b> patients asked

The Trust conducts monthly local patient surveys and we asked 158 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?	<b>96</b>
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	<b>94</b>
Were you given enough privacy when discussing your condition or treatment?	<b>100</b>
During your stay were you treated with compassion by hospital staff?	<b>99</b>
Did you always have access to the call bell when you needed it?	<b>100</b>
Did you get the care you felt you required when you needed it most?	<b>98</b>
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	<b>96</b>

#### 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

The Trust conducts monthly surveys of ward staff asking the following 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.	100
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.	95

## 3. Improvement

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

### New bedside pressure monitoring system on trial

The Royal Oldham Hospital is trialling a new bedside pressure monitoring device which has the potential to significantly reduce the incidence of pressure ulcers (bed sores) in patients.

*Pictured: Pauline Abraham, ward manager at The Royal Oldham Hospital*



The system on trial at ward F10 general medicine at The Royal Oldham Hospital, uses a pressure sensing mat filled with thousands of tiny sensors to show where patients are experiencing areas of high pressure when resting in bed.

This information is sent to a monitor attached to the mat which shows areas of high pressure as red and orange, and lower pressure areas as green and blue.

Carers can reposition the patient using small 'micro-movements' to reduce pressures dramatically, which is particularly effective for people where full body repositioning or even turning may be restricted.

Alarms can also be set as reminders for carers to check if a patient needs repositioning or not.

The Monitor Alert Protect (M.A.P) system on trial is produced by Sidhil and costs in the region of £5,000. Only two other Trusts in the country use the system at present. The open-ended trial is initially running for two months, during which time the Trust will assess its effectiveness

If the Trust does decide to purchase the equipment, it would be used for training purposes and on high risk patients.

Reducing the incidence of pressure ulcers plays a vital role in improving outcomes for individuals as well as reducing the costs associated with treatment

Charlotte Dent, quality matron for medicine at Pennine Acute, said: "Trialling this new high tech piece of equipment is exciting and highlights our team approach at The Royal Oldham Hospital to consistently use best practice to improve patient care. We are continually striving to reduce hospital harms to our patients and this is seen in the enthusiasm the team on ward F10 have by showing their commitment to reducing pressure ulcers and embracing the evaluation of the MAP system."

Figures from Health Service Monitor in 2013 suggest that the prevalence rate of pressure ulcers in healthcare environments is 4.7%. Quite apart from the unnecessary suffering caused, the daily costs of treating a pressure ulcer are estimated to range from £43 to £374.

**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>