

Open and Honest Care in your Local Hospitals

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.

Report for:

**Northumbria Healthcare NHS
Foundation Trust**

September 2015

Open and Honest Care at Northumbria Healthcare NHS Foundation Trust : September 2015

This report is based on information from September 2015. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about Northumbria Healthcare NHS Foundation 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.

95.2% of patients did not experience any of the four harms whilst an in patient in our hospital

97.6% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 96.5% of patients did not experience any of the four 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 most common. 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 poisoning. 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)	<30	<3
Actual to date	12	0

For more information please visit:

<https://www.northumbria.nhs.uk/quality-and-safety/keeping-patients-safe>

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.**

This month 17 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 19 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital Setting	Number of Pressure Ulcers in our North Tyneside Community Setting	Number of Pressure Ulcers in our Northumberland Community Setting
Category 2	12	8	9
Category 3	3	1	1
Category 4	2	0	0

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: 0.76 Hospital Setting

For the community setting we also calculate an average called 'rate per 10,000 CCG population.

Rate per 10,000 population: 0.42 North Tyneside

Rate per 10,000 population: 0.31 Northumberland

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

In September 2015 we recorded 1 ungradeable/unstageable pressure ulcer.

We use the term category or grading for pressure ulcers which are categorised or graded from 1-4 as per the National Institute Clinical Excellence (NICE) and European Pressure Ulcer Advisory Panel (EPUAP) guidance. Not all Pressure Ulcers can be categorised/graded and for these ulcers we use the term ungradeable/unstageable. An ungradeable ulcer cannot be graded as the base of the wound is not exposed and the true depth therefore cannot be determined. It takes time and treatment to expose the base of a wound and in some ulcers it may not be appropriate to do this. For reporting we record all ungradeable/unstageable ulcers as grade 3 until such time that the ulcer can be graded.

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 5 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	5
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: 0.22

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) or the Maternity service or in the community. All scores (if applicable) are below;*

In-patient FFT score ¹	96.9	% recommended. This is based on 1303 patients asked
A&E FFT score	94.9	% recommended. This is based on 221 patients asked
Maternity FFT score	99.5	% recommended. This is based on 197 patients asked
Community FFT score	98.0	% recommended. This is based on 684 patients asked

¹ This result may have changed since publication, for the latest score please visit:

<http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

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

Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?

Yes, always	1%
Most of the time	1%
Some of the time	4%
Hardly ever	4%
No	92%

How would you rate how well the doctors and nurses worked together?

Excellent	68%
Very Good	26%
Good	5%
Fair	0%
Poor	0%

Overall, did you feel you were treated with respect and dignity while you were in the hospital?

Yes, always	96%
Most of the time	3%
Some of the time	1%
Hardly ever	0%
No	0%

Were you involved as much as you wanted to be in decisions about your care and treatment?

Yes, always	84%
Most of the time	9%
Some of the time	5%
Hardly ever	1%
No	1%

How much information about your condition or treatment was given to you?

None at all	2%
Not enough	11%
The right amount	87%
Bit too much	0%
Too much	0%

Did you receive timely information about your care and treatment?

Yes, always	82%
Most of the time	10%
Some of the time	6%
Hardly ever	1%
No	1%

Did you find someone on the hospital staff to talk to about your worries and fears?

Yes, always	68%
Most of the time	4%
Some of the time	2%
Hardly ever	0%
No	0%
I had no worries or fears	26%

When you had important questions to ask a doctor, did you get answers that you could understand?

Yes, always	82%
Most of the time	5%
Some of the time	2%
Hardly ever	0%
No	0%
I had no need to ask	12%

Did you have confidence and trust in the doctors treating you?

Yes, always	96%
Most of the time	2%
Some of the time	1%
Hardly ever	1%
No	1%

Did the doctors talk in front of you as if you weren't there?

Yes, always	2%
Most of the time	0%
Some of the time	3%
Hardly ever	0%
No	94%

When you had important questions to ask a nurse, did you get answers that you could understand?

Yes, always	84%
Most of the time	4%
Some of the time	1%
Hardly ever	0%
No	0%
I had no need to ask	11%

Did you have confidence and trust in the nurses treating you?

Yes, always	95%
Most of the time	4%
Some of the time	1%
Hardly ever	0%
No	0%

Did nurses talk in front of you as if you weren't there?

Yes, always	2%
Most of the time	0%
Some of the time	4%
Hardly ever	2%
No	93%

In your opinion, how clean was the hospital room or ward that you were in?

Excellent	91%
Very Good	8%
Good	0%
Fair	0%
Poor	0%

How clean were the toilets and bathroom that you used while in hospital?

Excellent	93%
Very Good	6%
Good	0%
Fair	0%
Poor	1%

As far as you know, did doctors wash or clean their hands between touching patients?

Yes, always	98%
Most of the time	0%
Some of the time	1%
Hardly ever	0%
No	1%

As far as you know, did nurses wash or clean their hands between touching patients?

Yes, always	98%
Most of the time	1%
Some of the time	0%
Hardly ever	0%
No	0%

Do you think the hospital staff did everything they could to help control your pain?

Yes, always	93%
Most of the time	3%
Some of the time	3%
Hardly ever	1%
No	0%

Were you given sufficient explanation about the purpose of any new medications.

Yes, always	88%
Most of the time	5%
Some of the time	2%
Hardly ever	0%
No	5%

Did any member of staff tell you about medication side effects to watch for?

Yes, always	55%
Most of the time	5%
Some of the time	7%
Hardly ever	2%
No	31%

Were you told how to take your medication in a way you could understand?

Yes, always	83%
Most of the time	3%
Some of the time	3%
Hardly ever	0%
No	11%

Were you ever bothered by noise at night from Hospital staff?

Yes, always	2%
Most of the time	0%
Some of the time	3%
Hardly ever	4%
No	90%

Were you ever bothered by noise at night from other patients?

Yes, always	3%
Most of the time	2%
Some of the time	7%
Hardly ever	13%
No	75%

Were you treated with kindness and compassion by the staff looking after you?

Yes, always	95%
Most of the time	4%
Some of the time	1%
Hardly ever	0%
No	0%

How likely are you to recommend this ward to friends and family if they needed similar care or treatment?

Extremely Likely	82%
Likely	13%
Neither likely nor likely	2%
Unlikely	0%
Extremely unlikely	1%
Don't know	2%

A patient's story

A Patient's Experience of Maternity Services

I gave birth to our first child at Hexham 3 weeks ago and cannot rate the staff, and services at Hexham highly enough. The while experience was amazing and I cannot thank each and every member of staff enough for all the help and support provided. I was apprehensive about the birth and pain relief but the midwife who delivered our son was so professional, friendly and calm, I felt totally at ease with her. I am sure it was because of this that I had a quick, straight forward birth. We were able to stay a few nights until I was comfortable returning home and this was not a problem. All in all this unit and the staff who run it are amazing and I am so thankful for all the help and support received. I wouldn't hesitate recommending the unit to others.

Sourced from NHS Choices

Staff Experience

Every quarter we ask our staff the following two questions (quarter three, national staff survey). We ask these questions to different staff groups across the business units each quarter so all staff groups have the opportunity to respond. Staff from Clinical Support and the Emergency and Elective Care Business Units participated in the quarter two results below;

How likely are you to recommend Northumbria Healthcare NHS Foundation Trust to friends and family if they needed care or treatment? 71.5 %

How likely are you to recommend Northumbria Healthcare NHS Foundation Trust to friends and family as a place to work? 90.6 %

The staff experience questions in quarter two were collected from 20 July until 21 August 2015. 2,395 staff were invited to participate of which we had 439 staff respond with a response rate of 18%.

3. IMPROVEMENT

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

The patient experience team have also responded to the feedback that patients provide by introducing new questions to existing surveys with the aim of providing further exploration of specific themes and issues. An example of this approach includes the introduction of the noise at night questions to the real time based survey. This was in response to the 2015 national inpatient survey that showed a drop in previous performance. This regular measurement allows the trust to measure this element of the patient experience on a regular basis tracking performance as well as changes over time i.e. improvement as a result of improvement interventions.

After feedback from patients regarding noise levels at night. The ward manager raised the issue with her wider team. The team discussed how they could be more vigilant during the night and reduce levels of noise for patients on their ward. Similarly, staff in critical care replaced their bins to ones with soft close lids to reduce noise at night, to reduce any disturbance to patients.