

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**

January 2016

Open and Honest Care at Northumbria Healthcare NHS Foundation Trust : January 2016

This report is based on information from January 2016. 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.

94.4% of patients did not experience any of the four harms whilst an in patient in our hospital

94.8% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 94.6% 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 (HCAs)

HCAs 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	1	1
Trust Improvement target (year to date)	<30	<3
Actual to date	20	2

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 21 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 7 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	19	1	3
Category 3	2	1	2
Category 4	0	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: 0.81 Hospital Setting

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

Rate per 10,000 population: 0.09 North Tyneside

Rate per 10,000 population: 0.16 Northumberland

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

In Jan 2016 we recorded the following ungradeable/unstageable pressure ulcers:
2 in the Acute setting

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

Severity	Number of falls
Moderate	9
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: 0.39

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	97.9	% recommended. This is based on 1441 patients asked
A&E FFT score	90.8	% recommended. This is based on 250 patients asked
Maternity FFT score	100.0	% recommended. This is based on 157 patients asked
Community FFT score	99.2	% recommended. This is based on 741 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	0%
Most of the time	0%
Some of the time	3%
Hardly ever	9%
No	88%

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

Excellent	67%
Very Good	30%
Good	3%
Fair	0%
Poor	0%

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

Yes, always	95%
Most of the time	4%
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	89%
Most of the time	7%
Some of the time	3%
Hardly ever	0%
No	0%

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

None at all	1%
Not enough	7%
The right amount	92%
Bit too much	0%
Too much	0%

Did you receive timely information about your care and treatment?

Yes, always	85%
Most of the time	11%
Some of the time	3%
Hardly ever	1%
No	0%

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

Yes, always	78%
Most of the time	3%
Some of the time	1%
Hardly ever	0%
No	0%
I had no worries or fears	17%

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

Yes, always	88%
Most of the time	4%
Some of the time	1%
Hardly ever	0%
No	0%
I had no need to ask	7%

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

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

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

Yes, always	0%
Most of the time	0%
Some of the time	2%
Hardly ever	1%
No	98%

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

Yes, always	88%
Most of the time	3%
Some of the time	1%
Hardly ever	0%
No	0%
I had no need to ask	8%

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

Yes, always	95%
Most of the time	3%
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	0%
Most of the time	0%
Some of the time	2%
Hardly ever	1%
No	97%

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

Excellent	83%
Very Good	13%
Good	4%
Fair	0%
Poor	0%

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

Excellent	83%
Very Good	13%
Good	3%
Fair	1%
Poor	0%

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

Yes, always	100%
Most of the time	0%
Some of the time	0%
Hardly ever	0%
No	0%

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	1%
Hardly ever	0%
No	0%

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

Yes, always	97%
Most of the time	2%
Some of the time	1%
Hardly ever	0%
No	0%

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

Yes, always	97%
Most of the time	1%
Some of the time	1%
Hardly ever	0%
No	0%

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

Yes, always	64%
Most of the time	3%
Some of the time	4%
Hardly ever	2%
No	27%

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

Yes, always	92%
Most of the time	3%
Some of the time	1%
Hardly ever	0%
No	4%

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

Yes, always	0%
Most of the time	0%
Some of the time	3%
Hardly ever	4%
No	92%

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

Yes, always	1%
Most of the time	3%
Some of the time	10%
Hardly ever	11%
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	85%
Likely	12%
Neither likely nor likely	1%
Unlikely	1%
Extremely unlikely	0%
Don't know	1%

A patient's story

Patient comment in January.

My child's treatment has been seamless. Some of the doctors who saw her in A&E have come through to see her on the ward too - the continuity is helpful as they can see your child at all stages and see how their condition is changing. My daughter was very poorly when she came in and the staff had to do a lot to stabilise her; outwardly they were calm and methodical, which reassured me at a time when I was so scared. Staff remained with us all of the time when we first came in and that helped too. Everything has been fully explained, including medication, and I'm now aware of the symptoms to look out for if this happens again. It's nice that they try to give everyone some privacy in their own rooms. This is my third child so I've previous experience of hospitals. This stands out as a unit where the staff, at all levels, are really good with the children and the parents - they all seem to be in a place that they should work. Sometimes you have one or two staff who aren't as dedicated, but this is the first time that I've seen such commitment from everybody involved. I'd like to thank them for all they've done.

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 Aug 2015. 2395 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

Sourced from Real Time interview process in January

During a real time interview a patient was very upset about problems with their letters for regular outpatient appointments , because they were not receiving them on time. The patient felt they did not have the capability to resolve the issue themselves, due to their difficulties around comprehension and communication.

The patient commented; *"This ward is always good - I've been on it a few times. The staff are great and know me well. They are kind - even one of the cleaners got me a cup of tea. I'm upset because I've had issues concerning letters for my out-patient appointments - they don't always reach me in time and I want to get it sorted out. I need help to do it because I'm not good at dealing with such things myself"*.

With the patient's consent, we approached the Ward Manager and she offered to contact the relevant outpatient clinics to resolve any issues , the Ward Manager was more than happy to do this, as they were a regular patient, she was familiar with them and with their needs. We were able to reassure the patient that the matter was being taken care of.