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:

**Northern Lincolnshire and Goole NHS Foundation Trust**

January 2015
Open and Honest Care at Northern Lincolnshire and Goole NHS Foundation Trust: January 2015

This report is based on information from January 2015. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about Northern Lincolnshire and Goole NHS Foundation Trust’s performance.

1. SAFETY

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 NHS 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.

91.5% 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.

<table>
<thead>
<tr>
<th></th>
<th>C.difficile</th>
<th>MRSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>This month</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Improvement target (year to date)</td>
<td>28</td>
<td>0</td>
</tr>
<tr>
<td>Actual to date</td>
<td>17</td>
<td>0</td>
</tr>
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</table>

For more information please visit:
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 grades, with one being the least severe and four being the most severe.

This month 50 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

<table>
<thead>
<tr>
<th>Severity</th>
<th>Number of pressure ulcers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 2</td>
<td>35</td>
</tr>
<tr>
<td>Grade 3</td>
<td>13</td>
</tr>
<tr>
<td>Grade 4</td>
<td>2</td>
</tr>
</tbody>
</table>

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 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 1000 bed days: 2.24

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.

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

<table>
<thead>
<tr>
<th>Severity</th>
<th>Number of falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate</td>
<td>0</td>
</tr>
<tr>
<td>Severe</td>
<td>0</td>
</tr>
<tr>
<td>Death</td>
<td>1</td>
</tr>
</tbody>
</table>

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: 0.04
2. EXPERIENCE

To measure patient and staff experience we use a Net Promoter Score.

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.

From the answers given 3 groups of people can be distinguished:
Detractors - people who would probably not recommend you based on their experience, or couldn’t say.
Passive - people who may recommend you but not strongly.
Promoters - people who have had an experience which they would definitely recommend to others.

This gives a score of between -100 and +100, with +100 being the best possible result.

Patient experience

The Friends and Family Test

The Friends and Family Test (FFT) requires all patients, after discharge, 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* 95
A&E FFT score* 88

This is based on 943 responses.
This is based on 917 responses.

*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 306 patients the following questions about their care:

Were you involved as much as you wanted to be in the decisions about your care and treatment? 42
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to? 35
Were you given enough privacy when discussing your condition or treatment? 34
During your stay were you treated with compassion by hospital staff? 35
Did you always have access to the call bell when you needed it? 43
Did you get the care you felt you required when you needed it most? 34
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment? 35
A patient's story

A lady had been in the oncology ward for six weeks when she was visited by a nurse undertaking an audit. Conversation was started by the nurse by asking “Is everything alright?” and it became apparent the lady had a malignant spinal issue restricting her to bed since admission. She had no complaints about her care and felt staff were looking after her well. Her risk assessments were all up to date and there was nothing the nurse could help her with at this stage.

The nurse chatted with her and offered to take her breakfast tray away as she was almost ready to leave. The nurse noticed that not much had been eaten, so she asked about the food and the lady said she was struggling with the food being offered. This was for several reasons; the menu choice was repeated in fortnightly cycles and because of her chemotherapy sometimes just couldn’t face the menu on offer. The lady knew she needed to eat to help her progress but was in the hands of what was available, she was asking relatives to bring in food to help but this was not always possible.

The nurse spoke to the ward staff, who were very busy, but they said they would ring the dietician later. The nurse made contact with the dietician who said she would come and speak with the lady. The Trust also offers a snack system which can help patients who may have issues with appetite or be at nutritional risk. She gave the lady a copy of the snack list and explained how it worked, she liked this idea.

A simple call to the catering manager gave the lady access to an extended menu and, with notice they would obtain and cook anything she fancied. This was from immediate effect, so a printed copy of the new menu was given to the lady. She was very excited to have the additional options at mealtimes, and duly started to pick her lunch. She was also very grateful.

The nurse ensured the staff on the ward were fully informed of the plans and options available and this promoted increased knowledge for the future.

Staff experience

We asked 289 staff the following questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Net Promoter Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would recommend this ward/unit as a place to work</td>
<td>4</td>
</tr>
<tr>
<td>I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment</td>
<td>10</td>
</tr>
<tr>
<td>I am satisfied with the quality of care I give to the patients, carers and their families</td>
<td>-1</td>
</tr>
</tbody>
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3. IMPROVEMENT

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

“Is everything alright?” How many people ask that of each patient daily? Equally, when it’s asked do we all consider we all may need to do something with the response?

Our patient story shows how important it is to provide person-centred care. It also emphasises how important it is to patients for staff to really listen and then follow through when able with actions that will help to improve the patient experience and ultimately their clinical outcomes.

In relation to nutrition and hydration, the Trust has a Lead Quality Matron who is working hard with the Catering Managers to ensure that food and drink provided to patients are of a high quality and that assistance is provided where needed. We have introduced a "red tray system" and a prompt on the menu card to identify those in need of assistance. The menu itself is under review in order to develop seasonal variation to suit patient’s preferences in addition to the increased availability of fresh fruit. The team have also been undertaking a detailed review of the menu in relation to allergens in accordance with national guidance.

To raise awareness of good nutrition, there are a number of innovative activities planned for national Nutrition & Hydration week which commences on Monday 16th March 2015.

The commitment to improved nutrition in hospital is truly evident and continued raising the profile of this remains a priority.

Action remains everyones responsibility whenever they ask “Is everything alright?”

Supporting information