

Open and Honest Care in your Local Hospital



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:

**East Lancashire Hospital
NHS 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 East Lancashire 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.

99.0% of patients did not experience any of the four harms whilst an in patient in our hospital

99.9% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 99.4% 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	4	0
Trust Improvement target (year to date)	12	0
Actual to date	11	0

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 5 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 0 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Community Community setting
Category 2	5	0
Category 3	0	1
Category 4	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: 0.18 Hospital Setting
The pressure ulcer numbers include all pressure ulcers that occurred from hours after admission to this Trust

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 10,000 Population: 0.00 Community

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.

Severity	Number of falls
Moderate	1
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: 0.04

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 % recommended *	98.71%	This is based on 2400 patients asked
A&E FFT % recommended*	84.66%	This is based on 2106 patients asked

* Currently the Friends and Family Test is in development for community services, but we use similar questions to help us understand our patients' experience.

We also asked 603 patients the following questions about their care in the hospital:

	Score	Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	94	
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	98	
Were you given enough privacy when discussing your condition or treatment?	99	
During your stay were you treated with compassion by hospital staff?	98	
Did you always have access to the call bell when you needed it?	98	
Did you get the care you felt you required when you needed it most?	98	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	94	

We also asked 353 patients the following questions about their care in the community setting:

Were the staff respectful of your home and belongings?	98
Did the health professional you saw listen fully to what you had to say?	97
Did you agree your plan of care together?	92
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	91
Did you feel supported during the visit?	96
Do you feel staff treated you with kindness and empathy?	98
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	100

A patient's story

My 3 year old daughter never normally gets ill, however, in the early hours of 14th July 2015 I found her fitting in bed, she was completely unresponsive. It was terrifying. My husband, who is a paramedic, came in, cleared her mouth, put her on her side and rang for an ambulance. The operator stayed on the phone the whole time speaking to my husband and the crew arrived in no time at all. They were really good, great with me, brilliant with our daughter, and even though she was unresponsive they were really kind to her and kept speaking to her. Every now and again she would wake up and cry. Her eyes were rolling back and she was really twitchy and she looked like she was going to start fitting again. They checked her temperature and said it was probably Febrile convulsions but we still didn't know what was wrong with her because when we had put her to bed she wasn't poorly. I work for the Trust and I see people fitting all the time and I know in context Febrile convulsions aren't that dangerous but when it's your baby it is terrifying and I couldn't make it better. The ambulance crew were really good. They were really calm, they explained everything to me every step of the way and made small talk, to diffuse the situation.

When we arrived at the Emergency Department there was a full team of people waiting for us including an anaesthetist, a couple of ED Doctors, a couple of ED Nurses, and a paediatrician. It was a little overwhelming but very reassuring and the paediatrician was really good and the anaesthetist, who I knew, was also really good. She explained that from the point of view of an Intensivist she could take a step back but was there if I needed her, which was nice.

The paediatrician in ED was great, explaining to me that she was fine and all she needed was to sleep it off. He examined her and looked for any dangerous signs and he was really thorough. She had a bit of an inflamed throat and had had a Febrile convulsion because her temperature had gone up too fast but all she needed to do was rest. It would have been really easy for him to say that they would do bloods and all of the things that would have really distressed her, but it wouldn't have been the right thing for her, and it was really good of him to say she didn't need it.

We then went up to Childrens Observation Unit and again the staff were there straight away, talking to us, taking our details. Whilst we were there, my daughter started to get bit twitchy again and I was worried that she might start fitting again. Her eyes were kind of rolling back all over the place and she was completely unresponsive again. They got the doctor back to see her and again, he was really calm. He had a look at her and didn't have any concerns. It was nice that whoever we spoke to listened to us and reassured us. My son had come up to hospital with us, and when we were on the Childrens ward, the staff were happy for him to go off and play with the toys and they gave him some juice, looking after him as much as us. Also, I wasn't expecting to have a camp bed next to my daughter's bed and that was really nice. The staff were really accommodating.

She had started to settle down at this point, the periods of waking up and screaming had settled down and she was sleeping more in-between but she was still not quite herself. Every now and then she'd have twitchy episodes and she was quite clingy as well but they monitored her really closely. There was one point where she really screamed and shouted out and the nurses just appeared from nowhere.

I was concerned because it was taking her a long time to wake up, she had had her fit about 1 o'clock in the morning and this was getting on for 6 o'clock but then at about 6.45am she opened her eyes a bit and looked around as if to say this isn't my bedroom. From that point she started coming round and getting back to her normal self again. The staff and nurses were really kind and the consultant came to see her and examined her. She had started to notice by this point that there were toys around and other children to play with.

Every single person that we met from start to finish was really really calming and reassuring and they were everything that me, as an anxious mum, needed them to be. They were all great, really thorough. They examined her as much as they needed to but no more and I appreciated that because sometimes watching is the best thing to do. Sometimes it is the easiest thing in the world to do something but it wouldn't have been the right thing to do. She needed to sleep it off and she did and by about 8 o'clock the following morning she was back to her normal self again and you would never have known she'd been poorly. Even arranging the discharge was straight forward, they were just lovely and the paediatrician I saw in ED and again on the assessment unit was really really calm and just what I wanted a doctor to be.

Staff experience

Between April - June 2015 we asked 1759 staff in the hospital the following questions:

I would recommend this ward/unit as a place to work	% recommended 70
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	80

3. IMPROVEMENT

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

'Just checking' is an easy to use online monitoring system that helps people who are becoming forgetful, to stay independent in their own homes. The device monitors movement and provides a clear picture of activity for families and carers that a person is getting on with their daily life without losing their privacy.

The device is easy to install and is set up and activated by a simple telephone call.

As a result of comments and feedback made by carers in the Community, the CCG arranged a 3 year pilot of this system involving 3 key providers. East Lancashire Hospitals NHS Trust is one of these providers and the system was introduced about 12 months ago. The pilot is led by the Trust's Community Dementia Lead, who will discuss the system with families / carers who are looking after someone who has memory loss which has impacted on their independence with activities of daily living. It is also particularly useful in providing reassurance for families who work or may live some distance from their loved one, that they can check on their activity remotely and that they are safe at home.

'Just checking' compliments the holistic assessments provided by health and social care and allows the opportunity for bespoke individualised packages of care to be designed and implemented thus enabling the person to continue to live independently with efficient use of available support.

Following its introduction the Trust has received some extremely positive feedback from families regarding the benefits of the system, including:

- Being able to check on their relative throughout the day and see when their door opens, identifying that carers have been as planned or there has been a visitor.
- It has allowed assessment of overnight activity and sleeping patterns
- Provides an alert when the front door is open for an extended period of time which allows families the opportunity to telephone and check their relative is still at home and give them a reminder to shut the door to prevent anyone entering the house.
- Sends an email alert if the person's door opens after a given time in the evenings
- Provides peace of mind and reassurance without having to constantly telephone which can cause agitation.
- Allowed their relative to live independently at their home and prevented admission to residential care.
- Reduced the stress and anxiety felt by family members.
- It has prevented unnecessary visits by paid carers. Without the equipment more carer visits would have been necessary.
- Prevented probable readmission to hospital
- Enables the person to be safer at home and highlights when routine is changing.

Supporting information

