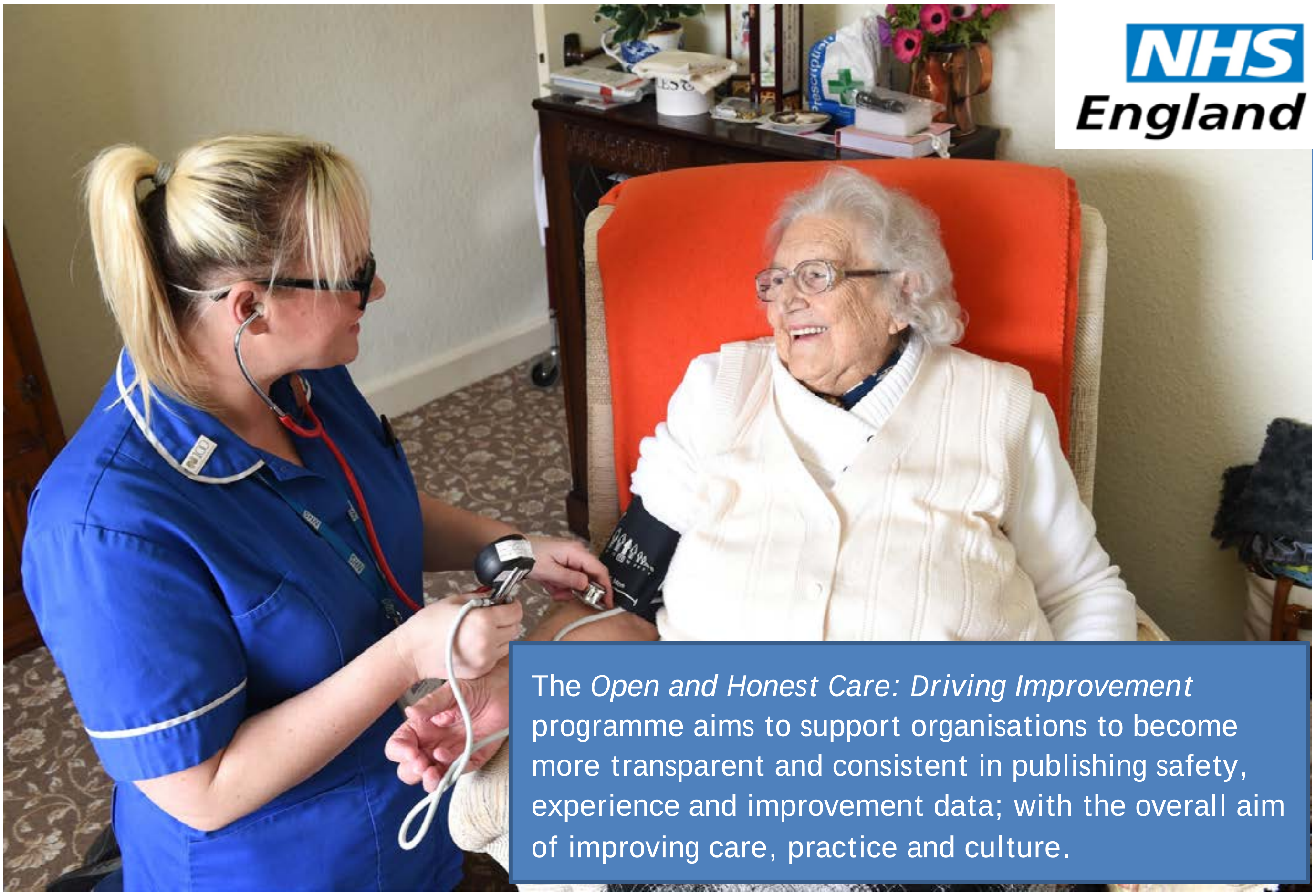

The *Open and Honest Care: Driving Improvement* programme aims to support organisations to become more transparent and consistent in publishing safety, experience and improvement data; with the overall aim of improving care, practice and culture.

Report for:

East Lancashire Hospitals NHS Trust

October 2016

Open and Honest Care at East Lancashire Hospitals NHS Trust : October 2016

This report is based on information from October 2016. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about East Lancashire Hospitals 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.

99.1% **of patients did not experience any of the four harms whilst an in patient in our hospital**

99.6% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 99.3% **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)	17	0
Actual to date	21	0

For more information please visit:
www.website.com

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 pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.**

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

Severity	**Number of Pressure Ulcers in our Acute Hospital setting**	**Number of pressure ulcers in our Community setting**
Category 2	1	2
Category 3	1	0
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:	0.07	Hospital Setting

The pressure ulcer numbers include all pressure ulcers that occured 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:	0.04	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 0 fall(s) that caused at least 'moderate' harm.

Severity	**Number of falls**
Moderate	0
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:	0.00

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.

Staff experience

Between July - September 2016 we asked 1766 staff in the Trust the following questions:

	% recommended
I would recommend this ward/unit as a place to work	73
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	80

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 Acccident & Emergency (A&E). Both scores (if applicable) are below;*

In-patient FFT % recommended *	99.00%	This is based on 2153 patients asked
A&E FFT % recommended*	77.00%	This is based on 1715 patients asked

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?	95	
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	94	
Were you given enough privacy when discussing your condition or treatment?	97	
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?	99	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	97	

We also asked 331 patients the following questions about their care in the community setting:

Were the staff repectful of your home and belongings?	99
Did the health professional you saw listen fully to what you had to say?	99
Did you agree your plan of care together?	98
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	97
Did you feel supported during the visit?	98
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?	99

A patient's story

My first contact with East Lancashire Hospitals NHS Trust was in 2010. When I was between the ages of 8 and 11 my mum took me to the GP as I was having accidents during the day, and I can remember having both stress incontinence and unexplained urge incontinence. A pain sensation test was carried out and I can also remember having an ultrasound test and either a CT or an MRI scan, I can't remember which. The scan identified that my bladder was 2-3 years smaller than what it should have been, so it wasn't stretching like it should. However, because my mum was disabled and had her own problems, she didn't ask how we could fix it, so it went on to effect all my school life

In 2004 I had my first child, and after the birth, my incontinence situation became much worse, so I asked for a referral. I was referred to a Physiotherapist who diagnosed urge incontinence. She then requested some medication and helped me work on my pelvic floor muscles. She said I had the strongest muscles that she had ever come across and that she could tell that I had been working hard not just recently but for many years to keep my pelvic floor strong. I needed to have an operation but the hospital wouldn't do it unless I could confirm I had had all my children.

Then I moved to Lancashire and in 2010 had my second child. I knew that I wasn't going to have any more children so I referred myself to the Incontinence Team in East Lancashire. I was seen in clinic where I was finally given incontinence pads. No-one had ever offered me any before so I was so grateful. Then when they realised how serious my bladder situation was they referred me to a Consultant Urogynacologist, who carried out several tests and in 2011 I had my first Botox operation. The Botox basically freezes my bladder which is in spasm all the time when it has any liquid it. This then trains my bladder to hold more liquid which is the normal amount of liquid that people would hold.

During my next Botox treatment I also had a TVT procedure (tension-free vaginal tape surgery), to help stabilise the spasms before my bladder could be moved to where it should be. They kept me awake during this operation and they said that was so they could tighten it up and ask me how it felt but the consultant said mine was so severe that he just tightened it as much as possible. After that operation I had a few more Botox treatments, but unfortunately this means I have to catheterise afterwards, however I'm perfectly fine with that as it means I don't need to worry about having accidents in front of everyone in public.

My consultant has been brilliant. Obviously it involves having an operation every year, which is an expense that could have been avoided if it had been fixed in my early years.

My only issue with the service is that once you've had your Botox, they discharge you and then I have to refer myself to get back on the list. However, things can happen after the operation and I might need to ring the hospital for advice and to have a quick chat with someone. When you ring up because they have discharged you they don't have your notes and you are told that you have to go back through your GP and be re-referred. That can take months when answers are needed there and then. Even if it was just a five minute telephone conversation after 6 months to check if everything is still fine and to advise the patient that their Pre-Op for the next treatment will start in the next few months, then that's not wasting lots of money or causing extra appointments. I would firmly recommend that they have another look at the way they discharge people because for me in the past two years it has caused some problems.

My children have also experienced problems and have been seen by the Bladder and Bowel Service. My son was born with ASD (Autism Spectrum Disorder) and severe sensory needs. I tried really hard to get him potty trained before he went to nursery and he would pass water but nothing else and he would just scream and scream until he got his nappy on, I also noticed that he was able to go for 2 or 3 days without going to the toilet. It was so stressful for me so I started doing some research and found that in America laxatives were used and seemed to help. I mentioned this to the Paediatrician during one of my son's appointments and he looked horrified and said he had not heard anything like that before. A few weeks later a Paediatric Bladder and Bowel Specialist Nurse, came to the ASD Centre to talk to the parents that were interested in incontinence. I told her about my son and that I had read the research on laxatives. She explained that they used them in East Lancashire and it was totally normal. I was so relived I'd found someone that knew about treatments for children. She referred me to the Bladder and Bowel Service in Accrington and also gave me some advice on keeping positive and not putting myself under pressure. I got a lot of really good advice. Normally children use less sachets of laxatives than what my son needed; I had to give him a high dose, before he realised that it wasn't going to hurt and that he could go on the toilet. We eventually reduced the sachets down so he now goes on his own without any medication because he knows it's not going to hurt him which is brilliant.

The Paediatric Bladder and Bowel Specialist Nurse has been so supportive and we stay in contact and she rings up and carries out a review over the telephone. She has been wonderful, has given us the right amount of advice at the right time and she knew exactly what to do with my son and how to explain it, so my experience though Accrington Bladder and Bowel Service has been brilliant. He has been discharged now.

My daughter was diagnosed with ASD. She is older so is a lot more sociable but she still has some problems. I knew that she was wetting as a child like me so I mentioned both children to the Paediatric Bladder and Bowel Specialist Nurse at the ASD Meeting. However, I knew it was the wrong time for my daughter to be investigated so I waited until my son was nearly fixed and then my daughter agreed to go and see her and talk about her own problems. Her bladder was also having spasms and I was concerned that she might have stress incontinence as well. The Paediatric Bladder and Bowel Specialist Nurse arranged some ultra sound scans, and made my daughter feel really comfortable to talk about it. Following that my daughter started on some medication which she took for about three months. We have recently been back and my daughter is now doing a trial with no medication to see if she still needs to be on it or not.

The whole team has been brilliant with us and the treatment we have received has really helped.

East Lancashire Hospitals NHS Trust response:

Our Nationally Accredited urogynaecology team strives to avoid complications from surgery and this includes ensuring that all patients are counselled regarding potential complications, and that specific complications associated with intravesical Botox are mitigated pre-operatively. This includes being taught the technique of clean intermittent self-catheterisation.

After this procedure, patients are requested to undertake self-catheterisation for the first 7 days, but may contact the gynaecology ward should there be any issues, or indeed leave a message on the dedicated urogynaecology helpline, after which patients will be contacted within 24 hours.

After the procedure has been undertaken for the first time, a routine 3 month follow up appointment will be given to assess the efficacy, and if appropriate, further follow up appointments made. In the vast majority of cases, patients are extremely satisfied with the outcome, but recognise that Botox will wear off after a while, and to streamline the patient journey as best possible, the GP is advised to write directly to the Consultant, so that the patient may be relisted without the need for a further out-patient appointment. This process is of course shared with the patient at the time of her initial follow up visit, and reinforced on readmission.

3. IMPROVEMENT

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

Some of East Lancashire Hospital's most seriously injured patients will now benefit from the opening of a specially adapted apartment at Burnley General Hospital's Rakehead Centre.

The stylish one-bed apartment helps patients with serious neurological problems to live independently in the days before they leave Rakehead Rehabilitation Centre and return to the real world.

The Rakehead apartment features a spacious living area, bathroom, bedroom and specially modified kitchen where patients can cook their own food using height adjustable worktops and retractable cupboard shelving.

Helping neuro rehab patients adapt to independent living before discharge, Rakehead Centre staff also encourage patients staying in the apartment to live as close to their 'normal' life as possible, which includes doing their own shopping, washing and having friends and family visit them.