

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 Hospitals
NHS Trust**

July 2017

Open and Honest Care at East Lancashire Hospitals NHS Trust : July 2017

This report is based on information from July 2017. 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.

99.9% of patients did not experience any of the four harms whilst an in patient in our hospital

99.4% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 99.7% 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	2	0
Trust Improvement target (year to date)	10	0
Actual to date	11	1

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 3 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 1 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Community setting
Category 2	3	1
Category 3	0	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: 0.10 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: 0.02 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 6 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	2
Severe	4
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: 0.21

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

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	82

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 *	98.00%	This is based on 2458 patients asked
A&E FFT % recommended*	75.00%	This is based on 1503 patients asked

We also asked 540 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?	96	
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?	95	
During your stay were you treated with compassion by hospital staff?	99	
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?	98	

We also asked 310 patients the following questions about their care in the community setting:

Were the staff respectful of your home and belongings?	99
Did the health professional you saw listen fully to what you had to say?	100
Did you agree your plan of care together?	97
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	96
Did you feel supported during the visit?	98
Do you feel staff treated you with kindness and empathy?	100
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	100

A patient's story

The staff on Ward C22 recently welcomed Mr Smith to their ward meeting where he shared his family's experience of his father's admission to the ward and described the impact this experience had on his father and the family.

His father had been admitted to Ward C22 in February 2017 with a diagnosis of sepsis and was an inpatient there for 3 weeks.

The family had some concerns about his care and met with Matron Julie Jones and Ward Manager Jeanette Ryde. The family felt the meeting was constructive and felt reassured that their complaint had been taken seriously and their reflections would create an action plan for the ward.

Mr Smith offered to share his experiences personally with the ward staff and was very pleased when this was accepted.

Mr Smith says "I was pleased to have the opportunity to explain to the staff in person what they had done well and what I felt they could do better."

"I personally found it very useful to be able to explain in person some of my experiences directly to your ward team. Those present seemed to acknowledge and understand my thoughts which I hope I presented in a supportive and constructive manner to encourage further reflection and learning."

"Hearing about the experiences of our patients first-hand gives the staff a very powerful message," says Ward Manager, Jeanette Ryde.

"This was a new experience and the staff were unsure what to expect. However, Mr Smith had a lot of positive feedback for the staff as well as helping them identify areas where they could make improvements and develop. Mr Smith being there in person helped the staff see things from the patient's and family's perspective, and I would like to thank him for attending the meeting."

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

ELHT staff are supporting a campaign to raise awareness of the importance of getting patients out of their pyjamas.

A number of Health Care Assistants, Nurses and Doctors from ward B18 donned their PJs to highlight and experience how wearing them for the whole day can impact on a person's physical and mental wellbeing.

Research has shown that 10 days of hospital bed rest is the equivalent of 10 years of muscle ageing for people aged 80+. Getting up and dressed helps patients to recover quicker, so that they can go home to their loved ones earlier.

HCA Sharon Skelton was one of those who took part and had to actually move around the hospital in her pyjamas. She said: "The campaign is to encourage and remind patients to get dressed and get up out of bed where possible as this makes them feel better about themselves and assists a faster recovery. As a result, it also means patients are able to go home sooner."