



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

December 2016

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

This report is based on information from December 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.

98.2% of patients did not experience any of the four harms whilst an in patient in our hospital

99.7% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 98.8% 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	1
Trust Improvement target (year to date)	21	0
Actual to date	27	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 2 in the community.

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

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

In-patient FFT % recommended *	98.00%	This is based on 2461 patients asked
A&E FFT % recommended*	76.00%	This is based on 1522 patients asked

We also asked 602 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?	91	
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?	97	
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?	97	

We also asked 197 patients the following questions about their care in the community setting:

Were the staff respectful of your home and belongings?	100
Did the health professional you saw listen fully to what you had to say?	98
Did you agree your plan of care together?	95
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?	96

A patient's story

The following comments were received via NHS Choices from a patient who attended the Day Case Surgery Unit.

I had an open repair of inguinal hernia at the day case surgery unit at Burnley General Hospital on 15th December 2016. I would like to commend all the staff at the hospital for the excellent care I received, including the pre-operation team who put me completely at ease.

No one could have done more for me to ensure I had everything I needed; I was kept fully informed at all times of every procedure. On leaving I was given all the necessary advice and reassurance that a telephone call help is available.

I really appreciate everything that was done for me. I could not have asked for a higher standard of care. Please make sure that all involved in my care get some recognition for their work and kindness. The department is a credit to the NHS.

Many thanks again to all concerned.

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

Burnley General Hospital this month launched its Hip and Knee School to educate the 800 patients who receive joint replacements each year.

In partnership with leading medical technology company Stryker, the idea for the Hip and Knee School is to give patients a better understanding of what to expect from their operation and how they can work with the staff to ensure a rapid return to normal daily life.

Advanced Practitioner, Heather Robinson, said: "Patients are given information at their PreOp Assessment and are then invited to attend Hip and Knee School to get a lot more detail specifically about their surgery with opportunity to ask lots of questions and clarify any worries of concerns prior to their stay in hospital."

The Hip and Knee School is an important part of the Trust's Enhanced Recovery Programme which helps patients recover from surgery better and faster.

72-year-old Dave Wyatt from Feniscowles attended the first Hip and Knee School. "I think the school is an excellent idea. I learned a lot of things I didn't know before and the hospital staff painted a very clear picture of what to expect during my operation and what happens afterwards."