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

August 2016

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

This report is based on information from August 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.

98.9% **of patients did not experience any of the four harms whilst an in patient in our hospital**

99.8% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 99.2% **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	1	0
Trust Improvement target (year to date)	12	0
Actual to date	11	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 1 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 setting
Category 2	1	0
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:	0.03	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:	0.00	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 2 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
Severe	1
Death	0

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Rate per 1,000 bed days:	0.07

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 April - June 2016 we asked 1294 staff in the Trust the following questions:

	% recommended
I would recommend this ward/unit as a place to work	72
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 *	98.16%	This is based on 2603 patients asked
A&E FFT % recommended*	73.91%	This is based on 1767 patients asked

We also asked 703 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?	94	
Were you given enough privacy when discussing your condition or treatment?	96	
During your stay were you treated with compassion by hospital staff?	97	
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?	98	

We also asked 283 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?	100
Did you agree your plan of care together?	99
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	98
Did you feel supported during the visit?	100
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?	99

A patient's story

My husband suffers from heart failure and has oxygen at home, and he is under the care of the Heart Failure Team. He is also diabetic.

On this occasion he was struggling a little bit with his breathing so I telephoned the Heart Failure Nurse and explained that he was not very good, and she said that the Heart Failure Team would see him. We have papers at home so he can go and have his bloods done before he is due to see the team and then the results can be reviewed in clinic. He had his bloods done the day before his appointment and the Heart Failure Nurse telephoned me the following morning and explained his kidneys were slightly out of sync and she was going to come out and see him. She came out on a home visit to him and said he needed to go into hospital as he was very disorientated and fluid was all backed up. She said he needed attention straight away but they couldn't get hold of his doctor so he would have to go through A&E. He was therefore taken to Royal Blackburn Hospital Emergency Department.

He was admitted into the Emergency Department at about 2.30pm and his experience there was absolutely fine. By tea time he had been moved to the Medical Assessment Unit. I stayed with him until about 8.00pm and I told him I would give him a ring and see him at visiting time the following day.

When I got home I went to bed. I wear hearing aids and didn't hear the telephone at all. The following morning a message had been left by the Critical Care Unit asking me to get in touch with them straight away. My husband had been moved into Critical Care and they wanted me to go in, sooner rather than later and take the family. My sister was off work for the day so I telephoned her. However, as I walked to the porch at the front of the house I saw a police car outside with two policemen. They said that Royal Blackburn Hospital had sent them to see if I had picked up the message. I explained I had only just picked it up and they said they would take me but I explained that I was okay and my sister was going to take me, and thanked them for coming. I thought it was absolutely wonderful for them to do this.

When we arrived at the Critical Care Unit the staff were wonderful, absolutely wonderful. First of all they said they needed to speak to me and we were taken into a room. The nurse explained that I may have a bit of a shock when I first saw my husband as he was connected to big machine. She did say that they could take it off for a moment but I said no, to leave it. The staff made us a drink and were really nice. This was on Critical Care B.

Whilst he was in Critical Care he was really agitated because he was so ill, and the staff were fantastic. Every 10 minutes someone was coming in, explaining what they were doing. They were absolutely amazing.

When he was on Critical Care the staff spoke to us about End of Life Care, and this was all done properly. You have got to face it haven't you. You are heartbroken afterwards but it is all explained to you. Nothing was too much trouble.

He was in Critical Care for a few days and he became less agitated because he was getting slightly better. On the Friday afternoon I was told he was going to be moved to Ward C6. However, Ward C6 was not appropriate for his breathing, so he was moved to Ward C8. This was a fantastic ward.

On the Saturday they said they were going to put his catheter back in. He was going backwards a little bit and on the Saturday afternoon the Sister made me a drink and came and sat with me. I knew he was not out of the woods and informed her that if anything happened and he didn't want anything doing, to just leave him to be peaceful and I would accept it.

I telephoned the ward on Sunday morning and my husband had had a bit of restless night. The nurse said I could go in to see him. When I went in the nurse took me into the day room, made me a cup of tea and explained how he was. It was first-hand information. They were very good with providing information.

So after that I went in every day all day, and it was the best thing I ever did. It helped me and it helped him.

Ward C8 is amazing. Every day when I went in I said "what is the goal today". A few days later he was slightly better and they said they were going to move him to a side ward. It was fantastic, unbelievable. Ward C8 just has that little bit extra, some wards have, haven't they.

They let me be involved in the care. Being involved was just fantastic, it was good, just really really good. It took my mind off what was happening to my husband. If you are aware of what's going on you can cope, I think, that little bit better. You can cope with it. So that is exactly what I did, I just got involved. Because I was there listening and had been so involved in his care I didn't have to keep asking the staff what was going on.

Because I got involved it left the staff, who work really hard, free to get on with other things. I would recommend it to anybody. The staff were just magnificent, they had that little edge, they were just fantastic.

But to be involved that is the most rewarding. When my husband was first admitted I used to get really upset at visiting time but when I was there with him I hadn't time to be upset, it takes your mind of it and keeps you busy. Every day we went for a walk after lunch, for a bit of fresh air, and I could see the colour coming back. The staff don't have the time to do this but I did.

Also, with it being a male bay there weren't any flowers so I went and got some flowers and put some by his bed and some on the window bottom and other patients commented that they were nice. They didn't have any flowers on the nurses' station so I went and got them some and said "there you go because you are Angels". It looked really nice when people walked in to the ward.

On the day my husband was due to be discharged from Ward C8, he had an appointment in the Eye Clinic. I said I would go in at 8.30am to take him down to the clinic but they also sent a porter as well to take him down to clinic.

They said he could go home at teatime. They needed to get his bed ready for someone else so the nurse asked us if we would go in the day room. I said this was not a problem as I knew they needed the bed for someone else. So we went in the day room and the nurse said he could have his tea before he went home and all his medication.

When we were leaving I said I would bring a chair and take him down to the door and we would get a cab, but the Sister said that one of the staff would take us to the lift.

The nurse said that because he had been so ill in hospital the District Nurses would come and see him the following day and visit until they are no longer needed. So the District Nurses did visit the day after, and because of the May Day Bank Holiday they said they would come back on the Tuesday. They did and said he was doing ok. They told us that we must contact them if anything happened, and they would come out on a home visit to us. We have never telephoned them because we haven't needed to. If we need them, we will. They have been absolutely brilliant.

When my husband left the ward I gave the staff a lovely card and some more flowers and biscuits. They just work so hard.

Since his discharge from Ward C8 my husband is doing alright. We just take things slowly, we just take our time. He has been seen in Burnley General Hospital for his cataracts and a date given for surgery. They have also been absolutely amazing.

The staff were absolutely wonderful. Three weeks after he had been admitted I was in the restaurant and a doctor, who had seen my husband on C8 said hello, and asked how he was. The staff on ward C8 were really good, no, they were absolutely amazing. It was just superb.

3. IMPROVEMENT

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

East Lancashire Hospitals NHS Trust is leading a national directive to provide personalised care for some of our most vulnerable patients.

One to One Care supports patients at risk of harm or who need someone to stay with them at specified times to maintain their safety.

After a four month trial on wards C5 and B22 at Royal Blackburn Hospital, and Ward 16 at Burnley General Hospital the results transformed the way that one to one care is provided and the learning is being shared with other wards and other hospitals in England.

One to One care has also had a positive effect on cost savings. Over recent months, the cost of bank and agency staff for One to One care has rapidly increased in hospitals across England. However, during the four month trial, our pilot wards achieved a 68% reduction in the cost of agency/bank staff needed to provide One to One Care

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