

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**

October 2015

Open and Honest Care at East Lancashire Hospital NHS Trust : October 2015

This report is based on information from October 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.

99.3% of patients did not experience any of the four harms whilst an in patient in our hospital

98.4% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 99.0% 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) | 17 | 0 |
| Actual to date | 15 | 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/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.**

This month 4 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 | 3 | 0 |
| 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: 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 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:

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.



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 * **98.16%** This is based on 2553 patients asked

A&E FFT % recommended* **83.20%** This is based on 2155 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 612 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? | 95 | |
| Were you given enough privacy when discussing your condition or treatment? | 98 | |
| 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? | 99 | |
| Did you get the care you felt you required when you needed it most? | 97 | |
| How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment? | 95 | |

We also asked 258 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? | 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? | 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? | 100 |

A patient's story

Prior to my admission to the Royal Blackburn Hospital, I saw my GP as I had not been feeling very well and experiencing chest pains. My GP carried out an ECG and some blood tests and referred me to Burnley General Hospital. I attended on 8 April 2015 and had some tests carried out including a stress test. Following this I was to be referred to Royal Blackburn Hospital for some further tests including an angiogram. However, I woke up on 14th April, feeling really poorly, and experiencing a lot of chest pain. My wife called an ambulance and I was admitted to the Royal Blackburn Hospital at around 7:00 am.

Following my admission to the Emergency Department at the Royal Blackburn Hospital, I was placed in a side unit to be assessed and then moved into another bay opposite the reception. They gave me various pain killers to start with and then other heart drugs including an injection in my tummy and Aspirin. I was subsequently transferred to the MAU, in Room 6, where I was looked after by a very nice young staff nurse called Nick. I was still feeling quite poorly and uncertain as to what was wrong with me and I was extremely well looked after by Nick who was extremely pleasant and very welcoming. I was in a four bedded unit under his care, and during my time there a number of doctors came to see me including a cardiology doctor who asked me some questions and checked me over, and at about 7.00 or 8.00 o'clock at night I was moved to the Cardiology Ward, B18.

Following my arrival onto Ward B18 I was cared for by a staff nurse called Hannah, who welcomed me into the four bedded bay. I was still not feeling very good at all and a bit uncertain about what was going on and not really looking forward to spending a night on a ward but she was very good. I had a particularly bad night, I didn't sleep at all. Although I do suffer from high blood pressure it is generally very well controlled, but my blood pressure was particularly high for me. I spoke to Hannah who was going to contact the on-call doctor to arrange some medication, and she kept an eye on me.

The next morning a staff nurse called Chelsea came on duty. Around lunch time I was taken for an angiogram. The staff in the Cardiac Catheter Laboratory were very good, in particular the staff nurse who looked after me was excellent, and the Theatre Sister was really superb. The angiogram was undertaken and fortunately my arteries were clear so it was a big relief. I didn't get an opportunity to ask questions but equally I was relieved to find I didn't need any stenting or other procedures done. It is only afterwards you think of questions. In an ideal world I could have been given a bit more feedback but it all happened very quickly and they were very busy, and a lot of people were waiting to go in for procedures. Overall it was a very good experience and people looked after me very well and I am certainly very grateful for the way I was treated.

I was taken back to the ward. My blood pressure did come down quite considerably, which was good news and then I was discharged.

I haven't got a great deal of experience with the NHS from a hospital point of view. However, I did have a similar episode (palpitations, heart pain, very high blood pressure) about 8 years ago and I was admitted to the A&E Department at another Trust. My recollection of that admission is not nearly as good as my experience in the Royal Blackburn Hospital. I was very impressed and very grateful for the care and attention from the staff, doctors included, and especially those three young nurses who were all extremely pleasant and nice. I try and make a point of talking to people if I can and try and find out a bit about them and interact with them which I think is important. I think they were all recently qualified and this was their first full appointment. They were ideal, relating very well to the people they were dealing with especially on Ward B18, where they were able to provide reassurance and care for people and could interact with people of a different generation. I thought they were really superb.

The only real issue I had was the cleanliness in the toilet area within the Medical Assessment Unit on that day. The toilet bowl was stained and there were a number of hairs on the floor in the area where the shower unit and a hand washbasin were.

I did report it to the staff but it is a busy unit, with people coming and going all the time.

I have flagged up this important issue of hygiene and cleanliness in a constructive manner to make sure this is addressed and that there is supervision to make sure the facilities are kept clean. However, it was a good experience, and I came away with a very positive feeling about Royal Blackburn Hospital and I've been happy to pass this on to a number of colleagues and friends.

I have just one other issue which relates to my appointment at Burnley General Hospital. I received a telephone call asking if I could attend the following day which I did. It would have been helpful if I had been given some indication when I was contacted as to how long it may take for the tests to be completed, as I was there several hours and had not taken anything with me to drink or to read, and had only paid to park for 3 hours. However, the staff were very good, particularly the nurses who were very professional.

Staff experience

Between July - September we asked 2007 staff in the Trust the following questions:

| | % recommended |
|---|---------------|
| I would recommend this ward/unit as a place to work | 68 |
| I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment | 78 |

3. IMPROVEMENT

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

As part of the Trust's CQUIN (Commissioning for Quality & Innovation) for dementia, interviews with carers of people with dementia are undertaken to give them the opportunity to share their views on the care and support provided to the person with dementia. Feedback from these interviews identified that carers were concerned that when their relative comes into hospital, they do not feel involved in care planning and communication and are not able to take part in a supporting role.

"John's Campaign" is a national campaign that encourages NHS Trusts to welcome carers of people with dementia into health services to assist the person during their stay or health interventions. This campaign meets the identified needs of carers in our area and so East Lancashire Hospitals NHS Trust joined the campaign and launched the Carers Welcome Project. The Trust welcomes carers throughout all Medicine for Older People wards within the Integrated Care Group. Carers can be offered the option of overnight facilities to stay with the person at the bedside, flexible visiting times, car parking concessions and refreshments.

Supporting information

