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

March 2017

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

This report is based on information from March 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.

99.1% **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 99.3% **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	0	0
Trust Improvement target (year to date)	28	0
Actual to date	32	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 3 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	2	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:	0.10	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 3 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
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:	0.10

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	75
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 Acccident & Emergency (A&E). Both scores (if applicable) are below;*

In-patient FFT % recommended *	97.00%	This is based on 2501 patients asked
A&E FFT % recommended*	80.00%	This is based on 1691 patients asked

We also asked 591 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?	98	
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?	96	
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?	98
Did the health professional you saw listen fully to what you had to say?	99
Did you agree your plan of care together?	96
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	95
Did you feel supported during the visit?	98
Do you feel staff treated you with kindness and empathy?	99
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	99

A patient's story

Wherever possible hospital admissions are avoided by using community services to meet patients needs.

Mr F had a hospital avoidance plan in place with the GP since Sept 2014 and at that point was referred to what was then the virtual ward / Intensive Home Support Service (IHSS).

In 2015 Mr F had 4 episodes of care from Virtual ward due to exacerbation of copd and one hospital admission.

In 2016 his condition was deteriorating and had multiple exacerbations of his symptoms of Chronic Obstructive Pulmonary Disease (COPD). The IHSS supported on 6 occasions with 3 attendances at A&E and 1 admission of 12 days where he was treated for non-infective exacerbation of COPD and hospital acquired pneumonia.

In view of the frequent hospital attendances he was commenced on a North West Ambulance care plan to facilitate good communication and prevent unnecessary hospital admission with on-going support from IHSS.

During 2016 with support of IHSS he managed to stay well enough to travel to Scarborough for his 90th birthday celebrations with his family.

Following an admission in Dec 2016 where his condition had deteriorated further he was placed on the palliative care register, with 'just in case' medication at the home and a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form was completed.

Mr F was well known to the IHSS team and had a good relationship with team members so they were able to support him during the transition home from hospital. The team were able to explain to Mr F and his wife what it meant to have a DNACPR and be on a palliative care register and allow time to spend with him to discuss any anxieties or concerns.

At this point IHSS felt it would be beneficial to Mr F's care to involve other community services such as the district nurses to support with the approach to end of life care and dietician support with his recent weight loss.

Mr F has had regular support from IHSS and the wider community team in 2017 and currently no further acute admissions.

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

East Lancashire Hospitals NHS Trust has become the first NHS Trust in Lancashire to become a recognised 'centre of excellence' for Urogynaecology.

Accreditation by the British Society of Urogynaecology means the East Lancashire service based at Burnley General Hospital meets the highest UK standards for urogynaecology; a specialist area that involves the diagnosis and treatment of urinary incontinence and female pelvic floor disorders.

"We are delighted to receive accreditation from The British Society for Urogynaecology, who set the most stringent standards for urogynaecology in the world," said Consultant Urogynaecologist and Associate Medical Director, Mr Simon Hill. "Accreditation is proof that the team are working together to provide excellent treatment and continuously improve care for all our patients; many of whom have suffered from long-standing pelvic floor conditions."

The Trust's accreditation was achieved as a result of many years' hard work by the team of specialists who include consultants, specialist urogynaecology and continence nurses, and physiotherapists.

Last summer, assessors from the British Society of Urogynaecology visited Burnley General Hospital to inspect the urogynaecology facilities, physiotherapy department, operating theatres, and other clinical areas.

Each member of the urogynaecology team was interviewed and all patient facilities individually assessed. "This achievement is a reflection of the hard work and dedication of our team in providing the best possible care for our patients," said Urogynaecology Specialist Nurse, Alison Hill. "We look forward to welcoming patients from across Lancashire and surrounding areas to the region's only accredited 'centre of excellence' for urogynaecology at Burnley General Hospital."

As part of its commitment to high quality care for all its patients, the urogynaecology service follows the latest standards set by the National Institute of Clinical Excellence, the British Society of Urogynaecology, and the Royal College of Obstetricians and Gynaecologists.