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.

East Lancashire Hospitals NHS Trust

June 2016

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

This report is based on information from June 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.

99.4% **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 99.4% **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	3	0
Trust Improvement target (year to date)	7	0
Actual to date	6	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 0 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	0	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:	0.00	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:	0.02	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 4 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	2
Severe	2
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:	0.14

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 January - March 2016 we asked 1579 staff in the Trust the following questions:

	% recommended
I would recommend this ward/unit as a place to work	67
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	78

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 *	98.64%	This is based on 2654 patients asked
A&E FFT % recommended*	76.25%	This is based on 1646 patients asked

We also asked 642 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?	97	
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?	99	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	99	

We also asked 423 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?	98
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

My parents have over the past 10 years, regularly used the services of the Royal Blackburn Hospital entailing, I estimate, well over 100 visits by myself. Thus I feel well qualified to comment on the care and facilities provided by the hospital.

Like all modern hospitals, Royal Blackburn appears vast and impersonal at first glance. The long corridors and 'sameness' of each floor can be confusing although the signage is very good. Being purpose built and on the edge of town means that parking availability is excellent. The shops on the first floor are very good for visitors who may have to stay more than an hour - although the availability of coffee machines on each floor would improve facilities for those who are in the hospital when the shops are closed. A & E is a long way to go for a coffee at 2 am. I have never had any complaint about the maintenance or cleanliness of the hospital - although the smokers at the entrance are not the most welcoming of sights - perhaps a designated area under cover would remove this eyesore.

This review has been sent as an appreciation of the care and treatment my parents have received over the past ten years. From door to ward, staff have been at pains to do their best for them. On a number of occasions, one or other of my parents has required an emergency ambulance to get to the hospital. The paramedics have been excellent in making sure my parents were comfortable - my mother broke her hip in Sept 2013 and had a heart attack in Sept 2014. On other occasions the system whereby a doctor can ensure that their patient goes direct to a ward is thoughtful and means that they by-pass A & E. Once the patient is on the ward, the hospital loses its impersonal feel and staff do their utmost to be warm and friendly to their charges, (although calling the older generation by their first name may still grate with the more traditional).

At times, I feel the doctors are too intent on finding the cause of the admission to hospital since it prolongs the stay in hospital - but that is no bad thing. The diagnosis and explanation of treatment has been clear and delivered in a humane way – e.g. when the doctor explained that my father would not recover from his coma and I questioned the removal of intravenous liquid, he clearly understood my concern and explained that it would not cause him distress, quite the opposite.

My main reason for writing a review was to praise the staff. At no time have I found them less than professional. They are the ones who make an impersonal edifice into a warm, caring environment. They treat their patients with great care and respect and do their utmost to make the stay, which for many is a stressful and unpleasant experience, as comfortable and friendly as possible. The staff deserve our thanks which are gratefully given.

Two examples exemplify the best of the staff's work:
In August 2011 my father died at Royal Blackburn. He was in a coma and we knew he would not be leaving hospital alive. Around 11 pm I received a telephone call from the nurse on the ward (Ward C6) telling me that my father's breathing was getting shallower by the minute. I live about an hour away and dashed to the hospital. I arrived on the ward shortly after midnight to find the nurse holding my dad's hand. I asked her how long she had been there and was told that she had been there since putting the telephone down. When I asked why, she said, “I did not want him to die on his own". This is an outstanding example of the care and humanity of the staff at Blackburn but, I hope and suspect not unusual.

Another example that happened during my mother's most recent admission involved a Bed Manager. My mother telephoned to say that she was being taken to an assessment unit and was waiting for an ambulance. I left it for an hour before setting off. On arrival at approximately 10 pm I was told by a nurse on the assessment unit that there was no 'episode' for my mother. She was, in fact, still in transit. I was looking for a way to A & E through the inside of the hospital but had reached a dead-end when I 'bumped into' a Bed Manager who asked if he could help. He spent half-an-hour tracing my mother and directing me to the appropriate ward. Again, I was impressed by his concern and his willingness to take the time to help a member of the public.

Overall, I am impressed by the service provided by the Royal Blackburn Hospital. The one major 'gripe' I had has been dealt with. On one occasion my mother was dressed ready to return home for three hours. The reason for the delay was the prescription from the pharmacy had not arrived. On the last occasion I went to collect my mother, I stressed to the nurse that I did not want my mother 'hanging around' as before and there was no problem.

On behalf of myself and my parents I would like to thank the staff at the Royal Blackburn for their professionalism, care and most, importantly, their humanity.

3. IMPROVEMENT

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

In May’s Open & Honest report we described the launch of a new midwifery-led sonography service at the Lancashire Women and Newborn Centre at Burnley General Hospital that aims to quickly detect fetal growth problems in mums-to-be and reduce stillbirths.

The Family Care Division has commissioned the installation of the MedaPhor ScanTrainer at Burnley General Hospital to simulate carrying out a scan on an expectant mum.

The ScanTrainer will help train more of our doctors and nurses to perform much needed growth scans which are in great demand as part of the local and national Saving Babies Lives campaign.

The new equipment brings huge benefits for patients such as:

Allowing improved scan outcomes as staff will have the opportunity to refine their skills in a non-clinical setting; and
Encouraging quick and accurate scans of women, meaning patients will not have to wait as long for scans and potentially worrying about their babies’ growth.

Having the ScanTrainer will help pick up those babies who are not growing as they should, and allow them to be monitored more closely and be delivered early. It will also help reassure women when the growth is normal and enable them to return to low-risk midwifery care.