

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

January 2017

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

This report is based on information from January 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.

98.8% of patients did not experience any of the four harms whilst an in patient in our hospital

99.6% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 99.1% 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)	24	0
Actual to date	30	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 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	4	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: 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 2 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
Severe	1
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	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 Accident & Emergency (A&E). Both scores (if applicable) are below;*

In-patient FFT % recommended *	98.00%	This is based on 2614 patients asked
A&E FFT % recommended*	76.00%	This is based on 1722 patients asked

We also asked 672 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?	96	
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?	98	

We also asked 251 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?	99
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?	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

I take a lot of medication and my leukaemia is under control now, but I'm still very tired and have to go for blood transfusions, I don't know how many I've had, probably over one hundred pints.

I started having problems with my bowels during 2011. The Parkinson's disease and all the medication I was taking were making me constipated. This lasted for a few months before improving following a change in medication.

The constipation returned approximately 2 years ago. I had many investigations, camera tests etc. and it was found I had a prolapsed rectum, caused, the doctor said, by forcing myself to go to the toilet.

I used to like going for a pint and playing pool and I kept active by going to the gym about 5 times a week and looking after the garden until I started getting weaker. When the bowel problems became a lot worse I stopped going out recreationally.

When I went out shopping or to the hospital I had to make sure I knew where all the toilets were located and it got to the point where I didn't want to go out, I'd force myself sometimes but I would end up almost in tears. Up to this day I've never had an accident, which is incredible really. I believe down to a very strong will.

I was seeing a specialist in Manchester who recommended I get a home irrigation system, so he contacted Accrington Victoria Hospital, Bladder & Bowel Service for me, as I couldn't keep traveling all the way to Manchester. A lady called Jackie from the Bladder and Bowel Service came to see me and she showed me how to use everything. She was very good. I've been using this system every day now for two years. Alongside this I take laxatives and I've experimented with these and the best ways to take them. I tried the Fermentable Oligo- Di- and Monosaccharides and Polyols (FODMAP) diet and I eat food that's good for digestion and I've cut out spicy foods now. Jackie, from the Bladder & Bowel Service will come and see me if I ask request a visit and my GP is good. If I want to try something different and experiment he will let me and Jackie says that it's good that I do this as well.

I do very little now, my wife is my carer. At times it does get hard not being able to do anything. I'm on three different tablets for depression and in the past I've seen a counsellor to help with my fears about going out but she agreed that my fears weren't in my mind they are very real physical fears. It has hit home to me recently, I'm 66 now but I've been having problems since I was 50. I've learnt to try and pick out the positives. My emotions are very much on the surface. I've always been very emotive but not to this degree.

I've always said I'm glad I don't suffer – I might have a lot of conditions and discomfort but I don't suffer. But now I do feel I do suffer, my Parkinson's has become worse and in the night I sometimes have to stick one leg out of bed or get up and go and sit in the bathroom because the cold air seems to ease it. It's like a burning sensation sometimes or very strong pins and needles.

At Christmas I got a present, a diary and at the beginning of every page is a question like 'what did you do when you were younger?', 'How are things different now than they were when you were younger?' or 'What do you know about your grandparents?'. I'm trying to fill this in with some urgency because of the Parkinson's. I try and fill it in when the Parkinson's is not too bad because my handwriting is quite legible then. When I've finished I'll give it to my granddaughter who is four years old. I never knew my grandparents and it would have been brilliant if I had had something like this.

Before I finished work we started travelling quite a bit, I was in a good job, earning good money. We went on cruises and we would normally have another holiday abroad later on in the year. We have seen quite a bit and visited lots of the capital cities. There are a lot more places I would have liked have of seen but I know I'm not going to get there now.

The treatment I've had over the years must have cost the NHS an arm and a leg. The tablets I took for leukaemia cost £2000 a month for those alone and I was probably on another 14 tablets besides that. I don't think people appreciate how much it costs. The treatment is good and the majority of staff are brilliant, I can't knock them. The Bladder & Bowel Service at Accrington have been really good, Jackie has been really good.

I am grateful to everyone who has helped me over the years and made life more bearable.

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

Hydration Mugs have been introduced to the Trust

ELHT can further help keep their patients hydrated thanks to a special mug that has been introduced in December 2016.

The Simple Measures Mug will help nurses monitor the daily intake of a patients drink so that dehydration and more serious issues can be prevented.

Durable, dishwasher-safe and lightweight, the mugs have a simple glazed 'upside down' scale on the inside of the cup which shows staff and patients how much drink they have consumed.

The pilot scheme for the mugs took place earlier in 2016 on one of the wards at Royal Blackburn Hospital, which proved successful and more mugs will now be rolled out.