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

July 2015

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

This report is based on information from July 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.

98.6% **of patients did not experience any of the four harms whilst an in patient in our hospital**

98.8% **of patients did not experience any of the four harms whilst we were providing their csare in the community setting**

Overall 98.7% **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)	8	0
Actual to date	5	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 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 Community setting
Category 2	0	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:	0.03	Hospital Setting

The pressure ulcer numbers include all pressure ulcers that occured from 0 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 8 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	5
Severe	3
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:	0.27

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

In-patient FFT % recommended *	98.9%	This is based on 1810 patients asked
A&E FFT % recommended*	77.4%	This is based on 1311 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 747 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?	97	
Were you given enough privacy when discussing your condition or treatment?	98	
During your stay were you treated with compassion by hospital staff?	96	
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?	98	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	95	

We also asked 245 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?	96
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

Following the launch of its OPAT (Outpatient Parental Antibiotic Therapy) Service, the Trust has received positive feedback from patients. The service was introduced so that patient who are deemed medically stable are given the opportunity of an early discharge or to avoid hospital admission altogether.

As reported in April positive feedback has been received about this service enabling the patient to avoid a hospital stay and continue with his daily activities.

Further feedback has been received regarding this service from a patient who attended the Minor Injuries Unit at Accrington and Royal Blackburn Hospital with a severe swelling of the foot. Following assessment and investigation by the Ambulatory Care Unit, an OPAT treatment plan for cellulitis was implemented.

The patient has commented that:

Many aspects of the service were outstanding and clearly "joined up" from the initial phone call asking for advice as to where to attend as it was the weekend.

The professional manner of the many staff at both hospitals and the visiting nursing team at home was excellent, being confident, competent and courteous at all times, fully explaining potential pathways.

The OPAT booklet was the main driving force in documenting the information and the visiting team over the six days of home treatment used it a reference point for their actions which were consistent, especially as the pairing of nurses sometimes differed.

From a patient perspective, this out patient service was preferable to remaining in hospital for this time and this meant that the engagement was entirely focussed on the patient's needs as each visit was consistent with regard to its daily health checks and administration of the Teicoplanin via the cannula.

Staff experience

Between April - June 2015 we asked 1759 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	70
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	80

3. IMPROVEMENT

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

The above patient also provided some very constructive feedback about the service and where improvements could be made.

The patient was concerned that the community nurses expected the initial dosage and medical materials to have been given to him by the hospital to use on Day 1 of the home treatment. It was decided on the initial roll out of the Community Cellulitis Pathway that all localities would have a stock of the medication and that the District Nurses would need to take all doses to the patient's home. Each team does hold a stock of the medication and all the District Nurses have been reminded that they need to take all doses .

The patient was concerned that no-one had an overview of his treatment. Under the Community Cellulitis Pathway, the patient's GP would have responsibility for their review at the end of treatment. The OPAT Lead Nurse will ensure that on discharge the GP is notified that the patient is on the Care Pathway for Cellulitis and is aware of the treatment plan and what is expected when the patient makes a follow-up appointment with them.

Supporting information