

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

December 2015

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

This report is based on information from December 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.

99.1% 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 csare in the community setting

Overall 99.2% 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)	21	0
Actual to date	23	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 5 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	2	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: 0.17 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: 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 7 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	6
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: 0.24

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 *

98.77%

 This is based on 2606 patients asked

A&E FFT % recommended*

85.14%

 This is based on 1952 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 661 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?	97	
Were you given enough privacy when discussing your condition or treatment?	99	
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?	98	
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?	96	

We also asked 320 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?	98	
Did you feel supported during the visit?	99	
Do you feel staff treated you with kindness and empathy?	98	
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	99	

A patient's story

The day of my admission to hospital I had been playing golf, after which I went shopping and had a coffee. When we went home I went for a bath and it was at this point I began to feel uncomfortable and unwell. I called for my wife and then went for a lie down. However, I began to feel unwell again and my wife rang for an ambulance. The paramedics arrived and were brilliant and I was taken to the Emergency Department of Royal Blackburn Hospital.

When I arrived at the Emergency Department the staff were waiting for me. They got me settled and then I was taken to Resus where I was looked after before I was transferred to the Coronary Care Unit. The staff were very attentive, helpful and everything was so easy.

During my stay I had 3 stents inserted into my arteries and was sent home after only 4 nights in hospital. The procedure that I had was explained in great detail to me both before and during the operation.

The care and attention on the Coronary Care Unit was first class and every question I raised was answered clearly in plain language. The ward was wonderful, clean, spacious and comfortable. I don't like being in hospital and had enquired about a side room but they were all occupied. However, I had acres of space and it was great. I could see everything that was going on. A wonderful, peaceful, quiet environment. Also, the food was good, with enough choice. All this was happening whilst the BBC films crews were on the corridors making news reports about the NHS.

The Consultant was brilliant. I have another heart condition that I have had for 25 years – he discovered it again and wrote to me and suggested I had close relatives checked. My sons had previously been checked and I asked the consultant if they should be checked again and he sent a further letter back to me regarding this.

After my discharge I was given a 6 week cardiac rehabilitation programme to follow and this was monitored from my local hospital in Clitheroe. I was given a booklet which not only guided me through an exercise programme but it contained ideas about life style and answered many questions that both me and my wife had about my heart attack and how to cope in the future. It was very supportive and helpful for both me and my wife. It is a wonderful system and there was always someone at the end of the phone.

Following the 6 weeks of gentle rehabilitation I was moved onto 3 months of gym activities which were closely monitored. They were very good.

I feel so wonderful about what they did. I never had to wait, appointments were on time and still are. The staff were wonderful and light hearted, which I like. Not one thing caused distress or was wrong – it was brilliant.

Now I feel fine, life is normal. In fact I feel better than I did before the heart attack. I cannot speak highly enough of the treatment and care I received from everyone involved. It was an amazing experience.

Staff experience

Between July-September 2015 we asked 2007 staff in the Trust the following questions:

I would recommend this ward/unit as a place to work

% recommended

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 mentioned in our November report, one of the themes arising from patients' feedback is waiting times in the Emergency Department and Urgent Care Centre at Royal Blackburn Hospital. Whilst patients may be happy with the care and treatment they receive, they are concerned about the length of time they have to wait

The length of time patients have to wait is affected by the numbers of patients attending the department. During the winter period, pressure on the service can increase dramatically. Increased admissions during this time can challenge even the most well prepared wards and departments.

The Trust has recently launched a project called "Helping Hands". This is aimed at helping with the winter pressures by asking non-clinical staff to volunteer up to a maximum of 3 hours of their working week to support front-line staff in time of demand. However, these staff are not expected to give up their time if it will impact on their own workload. Some of the duties these staff will assist with include: making tea and coffee for patients, handing out meals, running errands for the department, answering telephones, filing and photocopying and liaising with portering staff for transport around the hospital.

This project, which has already been implemented in the Emergency Department, is of huge benefit to front-line staff and patients by providing support with general day to day tasks thus allowing staff more time to provide safe, personal and effective care to patients.

Supporting information