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

February 2016

Open and Honest Care at East Lancashire Hospital NHS Trust : February 2016

This report is based on information from February 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 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.

99.3% **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	1	0
Trust Improvement target (year to date)	26	0
Actual to date	27	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/unavoidable 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 1 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Community setting
Category 2	4	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:	0.14	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 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:	0.07

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 2015 we asked 2007 staff in the Trust the following questions:

	% recommended
I would recommend this ward/unit as a place to work	68
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 *	97.98%	This is based on 2476 patients asked
A&E FFT % recommended*	79.87%	This is based on 1669 patients asked

We also asked 690 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?	94	
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	96	
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?	96	
Did you get the care you felt you required when you needed it most?	96	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	94	

We also asked 267 patients the following questions about their care in the community setting:

Were the staff repectful of your home and belongings?	100
Did the health professional you saw listen fully to what you had to say?	100
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?	99
Did you feel supported during the visit?	99
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 daughter is a victim of Rubella which I had at the very beginning of pregnancy. She was born deaf, blind and with learning difficulties so she doesn't speak, she doesn't communicate so everything is guesswork with her as to what is wrong. She has been in the Care Home at Accrington for 14 years although we do bring her home every weekend because we love her and want to see to her.

Over the years we've found it quite difficult to get staff to understand the situation and how it is. Over the years we've been to many hospitals and it usually ends up, after the doctor has sent a referral, with me having to telephone the secretaries of the different consultants to ask them to do an 'MOT' *(see to everything in one go)* on her rather than just seeing to one thing. It was hard to put over as it is not easy for the hospital to do that anyway. With learning difficulties, people are more attuned to it now than they were years ago.

She needed a procedure under the care of the Gastroenterologists, and after being referred to a Social Worker, we found out about the Trust's Specialist Nurse, Learning Disabilities & Autism. She took over and organised everything which was really good as we didn't have to sit in waiting rooms, waiting forever and ever, and went to see the consultant, and some of the staff there and explained the situation. She gave us a form and ticked off all the things that my daughter does and doesn't like, to help the staff deal with her.

When we came to Burnley, for her eyes we had a similar situation, everything was set up waiting for us. The only problem we had was that they didn't have the anaesthetic to hand so we had to wait for that, but the staff were really good, very accommodating and wanted to do whatever they could. We understand that it's not easy for staff to do this as they aren't trained to deal with all the different kinds of disabilities that there are.

My daughter had previously had her retina operation at another Trust in 2000 but it wasn't successful. The consultant said that may not be successful, but he still did the operation to try and see if it would work. We were really pleased about that but she was so stressed, she was like a frightened animal, she didn't know what was going on. We had to walk round the hospital with her for 36 hours just so she would keep her hands out her eyes. We were exhausted. They then brought extra staff in to help. The surgeon then had to give her a general anaesthetic again just to examine what he had done and he came to us and told us that it hadn't worked. He offered to do it again but advised that as her eyes were delicate because of the Rubella it could be worse so we decided to leave it as we didn't want to put her through that again, and we didn't want to go through it all again. When she came home after three days the Night Care place had to get extra staff in to hold her hands 24 hours a day to try and save the eye, but it didn't work. We tried our best but the with the situation we are in with our daughter not understanding why we are doing things to her it couldn't be helped. The Specialist Nurse tries to eliminate these problems when people with learning difficulties go into theatre and she handled it really well.

The procedure under the Gastroenterologists went really well. The system that the Specialist Nurse uses is something that has been needed for years and years and it really is a big help. Initially the social workers would try and organise it but they didn't know everything . We are just so grateful that they have this system now because it is needed. We just want people to understand us, and this is what is happening now, there is more understanding of the situation. If staff know all this it just helps.

Our daughter is 52 now and she's had 7 operations in her eyes, her first operation was when she was 16 weeks old and nobody ever told you anything, we expected her to be able to see us. No-one told us that it would take more operations. Today they explain things a lot more which is so much better. What saddens me is that our daughter is really intelligent but there is no way of communicating with her to reason with her, so whilst she can reason certain things out for herself, for example making a cup of tea - with supervision, certain things she can't work out and we can't explain to her. So it's nice that we can lean on someone like the Specialist Nurse who understands the situation. If all hospitals could adopt that it would save all the staff a lot of frustration as well as the patient and the parents.

3. IMPROVEMENT

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

As a result of patient feedback, secure drawers for valuables are being trialled in 11 wards at Royal Blackburn Hospital.

Patients on specific wards have the option to store their valuable possessions with a secure drawer which only they have access to. The drawers are situated next to the patient beds so they have easy access to anything they may wish to store inside.

East Lancashire Hospitals NHS Trust is one of the first Trusts in the country to offer secure drawers to patients. So far the scheme has received a positive response from patients and, subject to a successful evaluation, the bedside cabinets will be installed on all wards where appropriate.