NHS
England

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

May 2016

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

This report is based on information from May 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.

98.7% **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 care 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	2	0
Trust Improvement target (year to date)	5	0
Actual to date	3	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 2 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Community setting
Category 2	0	2
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:	0.04	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 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 *	97.91%	This is based on 2727 patients asked
A&E FFT % recommended*	75.73%	This is based on 1714 patients asked

We also asked 700 patients the following questions about their care in the hospital:

	Score	r Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	97	
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?	98	
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?	97	
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 305 patients the following questions about their care in the community setting:

Were the staff repectful 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?	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?	100

A patient's story

My daughter was diagnosed with Cystic Fibrosis (CF) at the age of 8 ½ months and has been receiving treatment from East Lancashire Hospitals both as an inpatient and on an outpatient basis . She has always received the best care.

My daughter was first admitted to hospital just before she was 2 years of age, due to having a repeated cough. The first time, things weren't 100% but I think that was because I didn't know anybody, I'd never been into hospital before, and didn't know what to expect. I was a bit on edge as she was only little. I do think if your child is rushed in and people don't explain things then it gets a bit worrying but I think is it more important that you save that child rather than standing there explaining. She ended up having to go into theatre to have a line put in. The nurses were lovely, she was well looked after and I stayed with her all the time which was fine. I was always allowed to stay and watch what they were doing.

There was one occasion that I took her into hospital as her chest was bad. Her oxygen level was really low and the machine kept going off and each time I was panicking. The nurse said she was going to turn it down and would come in and check her, and she did. She religiously came in all night checking that she was alright. I can't fault them at all.

She then had a good run for quite a while and we were just seen in Outpatients every two months, which was fine. The consultant has always seen her whenever we've gone up, whenever she was ill and sometimes I was taking her up every week. She stayed in hospital for IV antibiotics every three months until she had a Port inserted at Alder Hey for administering her IV antibiotics so now I do them.

In November she had to stay in isolation for two weeks and whilst she was there she was always well looked after. I stayed with her, the nurses were lovely with her, and she had all the treatment she needed. We couldn't leave the room, so the play leader kept coming in to ask if we needed anything, and the nurses always came in to check everything was alright, because she was on IV antibiotics 3 times a day. They always washed their hands and cleaned the stethoscope before they dealt with her. There are some nurses who stand out like Jill, the Sister on the Childrens Ward, who will always make an effort to come and see us and check how we are, even when we are on the Observation Unit. My daughter made a card for Jill saying she was her favourite nurse. The staff are always lovely on the Observation Unit as well. She always has a room on her own, which is always ready for her to go straight in. They think about how she is feeling all the time. She can be very particular with the needle so they make sure she is happy with the placement of the needle before they put tape on. The staff always think about her and check that everything is ok. There was a procedure, introduced by the CF team at Manchester, where they put the needle in and then bleed it back to check it was in the right place. Unfortunately, on one visit to the COAU the needle had to be replaced three times but they did sort that out.

She has IV antibiotics every three months, which I now do but if I have any problems the Community Team come and help you out. But we have never really had anything go wrong. They are just good with her and when you are in hospital and you're living in a box for a week, they come in and ask my daughter if she wants anything or wants to change her toys or ask if they can do this or that, or bring her anything, food wise. If she doesn't fancy anything they will suggest getting her something off the adult menu. They always accommodate her, which is what you want.

She goes to the CF clinic every two months and sees the team, including a Physiotherapist, Respiratory Nurse, Consultant and Dietician and they go through everything, and how she has been. She does all her breathing exercises which they monitor. I sometimes felt I had the consultant on speed dial and we were never away from hospital because we couldn't get things under control, but now we've sorted that problem. Sometimes we have been there twice a week and we always saw the consultant and so had that continuity of care which I think is what you need. I've always been happy and I wouldn't say that if I genuinely didn't think that. I wouldn't praise the staff if I didn't think they were worthy of it, but I do think they are. When they're busy and sometimes they have been rushed off their feet they still let you know that they will be there shortly.

I've only ever taken my youngest child, to the Emergency Department once and they were lovely with her. She was only 5 years old and they told her exactly what they were doing and explained everything to her. It was busy as well because it was Christmas Eve. Whilst my older daughter is used to having a cannula put in my youngest isn't but they were lovely with her and patient.

If we have to go in to hospital we don't dread it, we just go in, the staff do what they have to do and then we go home, which is how it should be. I can just ring up the community nurses or anybody and say she is not well or something is not quite right, and they will offer to come and see her, or give advice on what we should do, and to ring them back if we are still not happy and they will come and see her. They bend over backwards for you. When I was learning to do her IV antibiotics about 12 months ago, they said if we had any worries they would guide me through it. Sometimes it must be very stressful for the staff but they don't show it.

I have had such a positive experience. You know you can approach them and they will try and explain what is going on and what is happening. My daughter understands what is happening as well, and now she goes skipping in to hospital and she is fine. The reason she is fine is because of the reassurance from the community team and all the nurses, and she is happy in that environment because of them.

3. IMPROVEMENT

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

An innovative new service that aims to quickly detect fetal growth problems in mums-to-be and reduce stillbirths has launched at the Lancashire Women and Newborn Centre at Burnley General Hospital.

The Midwife-led sonography service is run by midwife, Julie Dimbleby, whose role is to scan mums-to-be who are referred by community midwives following growth concerns when their bump is measured at antenatal appointments. The women are referred directly to Julie without having to wait for an ultrasound appointment

Midwife Julie has been the driving force behind the new service which was the result of a year of training at Birmingham City University in 'Third Trimester Fetal Surveillance' and clinical practice within the department – all fitted round her regular working role.

Julie is passionate about ensuring that mums-to-be with growth concerns are picked up and managed appropriately and really wanted to improve how we saw and treated these patients within the Trust. After carrying out specialist ultrasound training Julie set about getting the service up and running, converting a clinic room in the antenatal department into a one stop shop for these patients complete with a specialist scan couch, that the Friends of Serenity charity kindly purchased for the Trust, enabling her to scan women right up to their due date.

Previously, these patients would have to wait for an ultrasound scan appointment with a sonographer, but this new service cuts out any delay, and ensures they are seen within 72 hours – but with 35 slots available each week, is often much quicker. This puts their mind at rest and any growth restricted babies can be identified and a management plan put in place for a safe delivery immediately.

This service will hugely benefit women in the East Lancashire area and initial feedback from mums-to-be has been really positive – they have been really pleased that they have not had to wait for a scan and the scan provided reassurance.