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

August 2015

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

This report is based on information from August 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.

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

98.7% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 98.8% **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)	10	0
Actual to date	7	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 0 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 3 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	3
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 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:	0.06	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 4 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
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:	0.14

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 *	98.59%	This is based on 2628 patients asked
A&E FFT % recommended*	84.42%	This is based on 2343 patients asked

We also asked 644 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?	92	
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?	97	
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?	97	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	92	

We also asked 328 patients the following questions about their care in the community setting:

Were the staff repectful of your home and belongings?	94	
Did the health professional you saw listen fully to what you had to say?	97	
Did you agree your plan of care together?	97	
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?	96	
Do you feel staff treated you with kindness and empathy?	97	
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	97	

A patient's story

My late husband, age 54 years, was admitted to the District Nursing caseload in June 2014, following a new diagnosis of adenocarcinoma lung cancer. His treatment plan was for chemotherapy and the referral was to support him with the diagnosis and the plurex drain to manage the constant pleural effusions that he was suffering.

His prognosis at this point was positive and he commenced chemotherapy and he had a very positive outlook. As an independent couple, we accepted District Nurse input initially only to change the drain and asked to be taught how to manage this ourselves to allow us to get on with our lives. My husband continued to be seen monthly by District Nurses for supportive care but did not really want to discuss his diagnosis and the future.

In January 2015 my husband began feeling poorly and was seen by the Oncologist. A CT scan was arranged and in February 2015 he was diagnosed with brain and bone metastasis with a poor prognosis. We were still very independent and positive at this time preferring to self-manage as much as possible.

His condition continued to deteriorate and following long and at times very difficult discussions with the District Nurses we agreed to having input from carers to support my husband with his needs as I was still working at this point. The District Nurses recognised the deterioration and the implications for our family and fast tracked my husband for CHC funding and a care package was commenced.

We built up a very good relationship with the two nurses involved in his care which allowed them to be open and honest with us and have very difficult conversations which were at times very upsetting. They discussed DNAR, end of life care, and preferred priorities of care with us both. I decided to work in the mornings and work from home in the afternoon as I knew time was precious with my husband. On the Friday before he passed away I knew it wouldn't be long as the syringe driver was put in. I spent all weekend next to my husband and he died peacefully on the 9th March 2015 in my arms.

The day after his funeral I went to see the staff involved in his care and took chocolates for the whole team and sent some flowers and a card for the two staff nurses who had mainly been involved in my husband's care. I was so grateful for all the care and support we had received and especially grateful for the conversation on carers to help, 'planting the seed'.

The District Nurses are still in contact with me and visit me to have a chat and provide support. I know I can always contact them if I need any support. All the nurses have been extremely good.

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 Enhanced Recovery Programme is a modern, evidence based approach* that helps patients who are undergoing surgery to recover more quickly.

As a result of patients requesting information on what enchanced recovery meant to them, the Trust developed an Enhanced Recovery diary. The diary was written with the help of patients so that the terminology was understood. The diary not only gives patients basic information about how they can be involved in their care and recovery but has a section that encourages patients to document their day to day progress. This is utilised by the patient and the staff, mainly to monitor progress but can also be useful in highlighting deterioration.

The diaries are initiated in the Pre-operative Assessment Clinic and are now becoming embedded practice and proving to be really useful for some patients. Feedback has recently been received from a patient who has reported they found the diary really useful.

* Evidence based approach means any concept or strategy that is derived from or informed by objective evidence.

Supporting information