

## 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**

June 2018

# Open and Honest Care at East Lancashire Hospitals NHS Trust : June 2018

This report is based on information from June 2018. 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

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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.

**99.7% 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 99.6% 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)

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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
<b>This month</b>	4	1
<b>Trust Improvement target (year to date)</b>	2	0
<b>Actual to date</b>	9	1

For more information please visit:

[www.website.com](http://www.website.com)

## Pressure ulcers

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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 0 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Community setting
Category 2	0	0
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 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

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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.



### The Friends & Family Test

#### Staff experience

Between July - September 2016 we asked 1766 staff in the Trust the following questions:

	% recommended
I would recommend this ward/unit as a place to work	77
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	85

#### 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;*

<b>In-patient</b> FFT % recommended *	<b>98.69%</b>	This is based on 2138 patients asked
<b>A&amp;E</b> FFT % recommended*	<b>82.26%</b>	This is based on 1793 patients asked

We also asked 734 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?	91	
Were you given enough privacy when discussing your condition or treatment?	96	
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?	97	
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?	96	

We also asked 134 patients the following questions about their care in the community setting:

Were the staff respectful 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?	99
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	97
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

I am from Blackburn, and have always lived and worked in Blackburn apart from a couple of years when I worked in the North East. Due to living in Blackburn I always used the old Infirmary and now the new Royal Blackburn Teaching Hospital. I also have a private health scheme which I have used at Beardwood Hospital, Blackburn. In 2006 I had some fairly significant gastric type problems, feeling sick, heartburn, that kind of stuff, but it was the constant nausea which was the worst, and I had some pain in my shoulder. Through my private health scheme I went to Beardwood Hospital and I saw Mr Watson who is a consultant also based at East Lancashire NHS Hospital Trust. I had scans done and it worked out that I had gallstones. I went in to have the gallstones removed and afterwards I felt a bit better, the pain in my shoulder went but I still did not feel right. A few years before this a close family member had some issues and had some bowel polyps removed, and then my mum also had a fairly small cancer in the bowel. Apparently it was not the usual type of bowel cancer, so that got removed by an endoscopy; it did not require any major surgery. Therefore, in April 2007 the consultant, Mr Watson, thought it would be good to have an endoscopy, to check my colon and stomach. I had that done at Beardwood. They found small polyps in my stomach that weren't of concern, but they did find polyps in my bowel, the same type that my relative had, and when they sent them off for histology they were not massively worrying but they were polyps which could turn cancerous if they were left for too long. In 2008 I had a repeat colonoscopy at RBH and everything was fine. The staff were brilliant. I went in on a Sunday, so it was really good as you have to spend the day before preparing for the procedure, and this meant I did not have to take any time off work. The procedure all went beautifully and there was nothing there. They suggested a follow up in 2 years' time and so I went in 2010 to Royal Blackburn and had another repeat colonoscopy and also had my stomach checked at the same time. The procedure was done by the gastroenterologist (Dr Alani), I had moved on from being under Mr Watson's care at this time. I went in on a Monday, so it was not too bad as I had the prep on the Sunday. They found that I had some very tiny bowel polyps and that my stomach was fine again. I was asked to go back in 2013 for repeat procedures.

In 2013 I went back to Royal Blackburn and again saw Dr Alani. It was found that there was nothing in my bowel, but just these run of the mill polyps which I had for years so they suggested a 5 year follow up. In 2015 I started to get indigestion type symptoms and I was also having a bit of trouble swallowing, and due to this I started to suffer from a bit of health anxiety about it. I ended up going on the waiting list for a gastroscopy at the hospital but decided to fast track it and go to Beardwood to get it done quickly because I had the private medical cover. At Beardwood Hospital I saw Mr Watson again. He diagnosed that I have fundic gland polyps, but also I had developed a small amount of Barrett's oesophagus which is potentially a pre-cancerous condition. He said that we would repeat the scope procedures in 2 years and that actually worked well. This was November 2015, I had my last set of scopes at Royal Blackburn in 2013, so my next were due Jan 2018. In Jan 2018, I received a letter from my GP saying they are referring me for the scopes, but I was already on the waiting list anyway. Within a day or two of being referred by the GP I got the letter inviting me to Burnley General Hospital in February for the scopes. In February 2018 I went to Burnley General and I had both procedures done. They found a number of polyps in my bowel which they removed, these have been sent off to histology to check there is nothing sinister. The doctor didn't think there was but it is done as a matter of routine. They also found stomach polyps, so they will check those too to make sure there is nothing sinister about them, and then this small portion of Barrett's oesophagus which they took some samples of. Whenever I have been into hospital they have always been fantastic - staff from reception right up to the consultants carrying out the procedures. They know that these tests are pretty anxiety provoking, even though for me there is nothing to them to be honest, I am quite used to having them, and I have never had a bad experience. I once had an endoscopy without sedation; it was a bit uncomfortable because you want to gag when the tube is placed down your throat but nothing major. The nurses who look after you are really good, and they are very supportive and caring. They answer your questions and provide assurance. The reception staff, they see people waiting anxiously, they are really good and get people engaged in conversation. And then the doctors and people that carry out the procedures have all been really good, very thorough. You get a choice whether you have sedation or not, I tend to go for sedation because to have both procedures done at the same time, it is best to be sedated out a little bit. When I went last time I don't remember the one where they check the stomach at all, so I must have been 'out', but the one where they check the bowel I remember, it was very comfortable, I did not feel anything and I watched him do it. He talked me through it, and he was saying 'there is a little polyp there, so we are taking that off', and I could see it, you are sat actually looking at the screen and you can actually see the procedure and it was really interesting. I have had different experiences with the sedation, I have either not remembered anything, or I have remembered much of it and been comfortable, or a mixture of the two. It has never been uncomfortable or painful. When you have a colonoscopy in order to see the bowel they fill your colon with air in order to get a proper view, and so you get a bit of discomfort after the procedure until all that air goes which can be embarrassing but it is part and parcel of the process, other than that I have had nothing in terms of discomfort. They have always been really reassuring, they are very thorough, and they give you the results straight after. Staff are conscious that people who have had sedation, even though you might be talking to them, might not remember, so what they do, as well as telling you the results after the procedure, they also give you a written form. It is a very basic form. They do take photos when they carry out the procedure, and they send a much more detailed account to your GP, but to you as a patient you are given a form which tells you the basic details. So, if you don't remember when you go away, you do have something written down. In February, 2018, I went into hospital on the Saturday, and then the hospital sent the results through to the GP. Histology is not known yet as it is only a couple of weeks, it normally takes 3-6 weeks, but the GP contacted me. I got a text and they asked could we have a telephone conversation to talk through the results which I thought was a good touch. It is looking like it will be 2-3 years for my next follow up rather than 5 years because they found a number of polyps in my bowel. They do not like to leave the interval too long if they find polyps. I actually phoned a few days before to ask if there would be any chance of it being cancelled because I really do not want to take the prep on the Friday, to go on the Saturday and then be sent away because the worst bit about the procedure is the prep, it is pretty grim as you have to clear out your system. They said there would be very little chance of it being cancelled. I was very anxious when I first went for an endoscopy as it is the fear of the unknown, but I do not get anxious at all now because I am so used to having them and I have not had a bad experience. I dare say, if I was to have a bad experience, it might make me more anxious but the fact is that I haven't.

Anybody that goes for an endoscopy for the first time are going to be anxious, and I think that by telling my story, I can reassure that actually there is nothing to worry about. You might be worried that they might find something like cancer because sometimes that is why people are referred for an endoscopy. You go to the GP, you have symptoms, and then they say they are sending you for this test, I understand that anxiety, but the actual test itself should not be anxiety provoking because there is nothing to it and the staff that do them are very experienced, they are well trained. I have been at really busy times when there have been a number of doctors doing scopes in different rooms, so there have been a lot of patients there, and I have been to Burnley when there has been just one list, and it has all run like clockwork on both sites. The one thing I like about having the scopes at Blackburn and Burnley compared to the private sector. The private sector is lovely, you get a nice room etc. but you are there all day. Whereas my appointment in February I was there at 08:30am. At 08:40am they called me in, I got dressed and into a gown, I then had my blood pressure taken, I waited in a chair in the day ward for the procedure. The doctor then called me in and explained everything that they were going to do really thoroughly; explaining what will happen if they find anything. He knew my history because he had seen my records. He put a cannula in my hand for the sedation and I had the procedures. I was away at 10:40am and home just after 11am. It is very efficient. My procedures took a bit longer than normal because there were a number of polyps to remove, but if it there had been nothing to remove it would have been half the time. If you are a patient who has never had a scope you may be thinking 'this is going to be awful', and so you spend, particularly if you have to wait before your procedure, a number of weeks worrying. There really is no need to do so. The other thing I would advise any patient to do is do not go on the internet and google endoscopy experience and read what it says, because the vast majority of people talk about how grim it was, how awful it was, but it is nothing of the sort. Everybody I know who has had them, and all my family have had them because of the family history, and I know friends and work colleagues who have had them, has not had a bad experience. So, I would say do not take note of the horror stories that are on the internet, Dr Google is not a good thing to do prior to an endoscopy unless you go onto NHS websites. There is no need to worry about what is a relatively straight forward procedure. It does not hurt, there is no pain. It can be a bit uncomfortable if you do not have the sedation but nothing more than that. The staff do these scopes all the time, they are very experienced at it, and very professional. They just get on with it and reassure people, and by the time you have got there, it is very quick and before you know it you are home. The repeat scopes are very important particularly in my case because if I had not been checked in 2007 I could potentially have bowel cancer by now. What is absolutely reassuring is that you have really good professional people keeping a close eye on you. What has been explained to me, and you can probably read this on the internet, is that a bowel polyp probably takes from starting to becoming more sinister about 10 years to develop to a cancerous stage, so you know if you have nothing there and you go 3-5 years later to be checked, that even if there is something there they take it away and it will not grow into anything sinister. I am totally complimentary and full of praise for those who have been involved in my care. They have kept a really close eye on me. The outcome potentially could have been very different.

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

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### Ground Breaking Marks Phase 8 Construction Milestone

Last month saw a traditional ground breaking ceremony to mark the start of construction on the new £15.6 million 'Phase 8' development at Burnley General Teaching Hospital. NHS, Council, UCLan and MPs joined Chief Executive Kevin McGee and Chairman, Professor Eileen Fairhurst for the ceremony on the building site facing Casterton Avenue.

"I was delighted to see so many people who have been instrumental in making this exciting new development at Burnley General Hospital happen," said Chief Executive Kevin McGee.

"Phase 8 represents significant investment and commitment in the site. Not only will it provide modern, high quality facilities for our existing services but it has presented us with the opportunity to improve the way we deliver the services within it."

The ground breaking was followed by an Open Day during which staff, patients and local residents met the Phase 8 project team and representatives from construction partner Vinci-IHP and architects, Gilling Dod.

Local residents, who have been patiently watching the site preparation for the past few months, now eagerly await completion of the new facility which is scheduled for autumn 2019.

"Today signifies a massive achievement as we see the latest phase of our £60 million investment in Burnley General Teaching Hospital start to become a reality," added Kevin McGee.

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