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 Hospitals NHS Trust

October 2017

Open and Honest Care at East Lancashire Hospitals NHS Trust : October 2017

This report is based on information from October 2017. 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.

99.1% **of patients did not experience any of the four harms whilst an in patient in our hospital**

99.8% **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	3	0
Trust Improvement target (year to date)	17	0
Actual to date	21	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 pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.**

This month 3 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	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:	0.10	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:	0.00	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 1 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	0
Severe	1
Death	0

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Rate per 1,000 bed days:	0.03

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 2016 we asked 1766 staff in the Trust the following questions:

	% recommended
I would recommend this ward/unit as a place to work	74
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	81

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 *	98.00%	This is based on 2654 patients asked
A&E FFT % recommended*	82.50%	This is based on 1613 patients asked

We also asked 565 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?	93	
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?	96	
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?	98	

We also asked 288 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?	99
Do you feel staff treated you with kindness and empathy?	100
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	100

A patient's story

On or shortly before the 6th May 2017, Mr N noticed a strange sensation either in or immediately behind his left eye. Mr N had only recently felt better after a bad cold or flu-like bug and was quite run down.

Mr N noticed something quite dark in the peripheral area of his left eye which was deep red in colour, sometimes grey, with a number of black specks floating around the central part of his vision.

Mr N had a concert to perform in on the 6th May which he performed in as requested, however it was a tough call, and also had a scheduled eye sight test on the Sunday, which he was definitely going to attend.

In light of previous Cataract Operation performed on his left eye at Withington Community Hospital three years ago and subsequent YAG Laser session a year later, Mr N had a thought that it might be something as serious as a Detached Retina, which by now had caused his central vision to disappear.

The Optometrist immediately suspected a Retinal Detachment and without delay, referred Mr N electronically to Burnley General Ward 6, where no later than TEN minutes after leaving Specsavers in Blackburn, Mr N received a telephone call from Admissions asking him to come in the following day (Monday 8th May) for Initial Assessment.

On Monday 8th May, I attended the Ophthalmology Department for an initial assessment which determined that I had indeed a detached retina which has extended down to and beyond the Macula, which is the part of the Retina responsible for Central vision, this containing the most number of nerve endings. This was a very serious matter and was considered to be a medical emergency. I was advised that if nothing was done, I could lose my vision in the left eye. I was advised to come in the following day (Tuesday) with a view to when the operation could be carried out.

Upon arriving again on the Tuesday morning and seeing the main man, I must admit to feeling a sense of disbelief that I had found myself in this position, questioning 'Why me?', 'What happens now?', 'What have I done to deserve this?'. I was examined thoroughly after having my pupils dilated and advised that I had a 70% to 80% chance that an operation would be successful. There was also the possibility that the operation may result in making things worse… a risk of losing the sight completely. Needless to say I felt very depressed, uneasy, shocked, in fear and trepidation. My thoughts turned to whether or not I would ever be able to work again, drive again, live a normal life again, be happy again, get on with people again,… even LIVE again. I was then given the choice of coming in later on the same day to have the surgery, but would have to drive home and then get transport back to the hospital as I would not be allowed to drive afterwards. I asked Mr David whether I could contact my family and reach a decision, at which he said yes…. But in reality, there was NO choice. I had to go ahead with it and just drop everything else…. My eyesight comes first. There was no alternative. So transport was arranged with the fantastic help of my Mother and close family. I was to return after lunchtime.

When I returned to the hospital in the afternoon, I had come in a relative's Taxi with my Mother. I was shown into the main ward (ward 6) and seen by one of the Eye surgeons and later an Anaesthetist, because I was given a choice of whether or not I would like to be sedated throughout the procedure, which could last up to an hour. I opted for this, which proved a wise decision.

The feeling of being in hospital was not a new thing for me; I have had numerous procedures for one thing or another. I just considered it to be one of those things you just have to accept and when something needs to be done, then just get it done and over with.
The environment was like a typical hospital situation but for the most part I remember sitting in the ward on my own, as I was the last on the list for the day. I was only wearing a gown and a pair of very tight anti DVT socks which were a challenge to put on. A duty nurse did come in and take my BP and monitor heart rate. My Mother was sitting in the waiting room at this time.

The operation started by my being taken down by wheelchair or trolley to the Ophthalmology Theatres, which as one of the staff members explained, the original building dated back to the 1940's but thankfully with the addition of modern equipment. Some monitors were connected to me plus the introduction of a sedative via a cannula in my left arm. Then lots of local anaesthetic was placed in my left eye before the vast majority of my upper body and face were covered with sheets. The main thing I remember was sensing, even noticing the outline of one or more of the instruments which were inserted into my eye to perform the procedure, notably the Vitrector and Cryoprobe. Some faint lights were noticed as well as the sound produced by the Cryoprobe, as the parts of the retina which had torn, were either fused together and / or re-attached to the back of the eye.

The effect of the IV sedative was noticeable and very welcome. For a procedure lasting just under one hour, it was essential that I was made to feel as relaxed and comfortable as possible, as lying still while having a number of items being poked into one's eye is no mean feat. There was also a very friendly and patient nurse who held my right hand all through it. There were several other sounds and voices heard, mainly of machinery and the surgeons talking about increasing and decreasing pressures. A significant amount of Perfluoropropane gas (C3F8) was injected into the eye before closing to act as a Tamponade which over the next three months, would assist in keeping the retina flattened and attached to the back of the eye.

Following the operation, I was given a number of medications in the form of eye drops to help prevent the spread of infection and to keep the pressure within the eye to nominal levels. On subsequent check-up appointments I was instructed to collect these from the pharmacy. It was not a cheap deal, having to pay nearly £20 a time. The journey to Burnley and back is not a short hop down the road. It is a 60 mile round trip and involved much use of fuel. Repeated and necessary trips proved stressful, especially as I had to ask family and friends to drive me there and back.

I think the initial feeling was not being able to take in the significance and magnitude of what I was about to undergo, not only in terms of the physical aspects of the surgery, but the rollercoaster of feelings which I was to experience in the weeks and months following it. Nothing prepares you for a possible life-changing moment like this and there is nothing you can do about it except take it lying down, quite literally. Whilst waiting for the surgery in the ward, there is nothing you can do except take a deep breath, hope and pray… and be thankful that we live in a country with the best health service in the world.

Upon leaving the ward after the operation, I was given medication and advice on how to posture for the next two weeks, how to take the eye drops and how to conduct myself to assist recovery. I had to take 3 weeks off work and eventually return to part-time, going back to full time over the next month after that. Driving was problematic until the gas bubble had depleted to a level allowing sufficient vision to be interpreted correctly. There were some very challenging and frightening times when the image in the left eye was very distorted, but this was due to the fact that the gas bubble was occupying most of the space where the vitreous used to be; that space would eventually be refilled by aqueous. The pressure in the eye was initially high but was brought under control over time. This was also a time when my emotions were running high due to my being fed up with not being able to see properly. I was experiencing Frustration, Anger, Loss of Appetite, Dissociation from the rest of Society, Weight Loss (I certainly lost several pounds up to a Stone, I believe). I began to realise what was and what was not important, Who my Friends were, Who my family were. Who cared about me?... and Who did not.

My discharge process was quite straightforward. The examination involved a sight test in both eyes before dilating drops were placed in both eyes and a good luck through the slit lamp. The eye doctor who saw me was very pleased that the retina was still intact and in place, also advising me that there were one or two weak areas of retina in the right eye which may or may not pose a problem in later life. But for now, he was content enough to sign me off.
Following the vast plethora of emotions which I went through, I am not only pleased and surprised, but delighted with the end result. At all times, my care received at the hospital was excellent.

Whilst the visual acuity achieved will never be absolutely 100% as it was before the surgery, it has most certainly exceeded my best expectations, say about 90-95%, warranting a 6/6 VA measure by my Optometrist. So now in the left eye, straight lines appear to be ever so slightly wavy, with the size of objects marginally smaller than before. When reading printed material, letters appear to be 'dancing' but are discernible upon an average viewing duration. The orientation of the image is slightly rotated by a few degrees clockwise. By the use of Prism correction in my new prescription glasses (1.5 up, 1.5 down), the images of both eyes are able to be co-ordinated correctly. This is not entirely surprising as during the course of the surgery, the retina would have been moved about a bit, with holes being welded together, affecting the overall structure and orientation. But all in all, a miraculous feat of surgery, especially considering the Macula was off to begin with.

For the benefit of all patients of this Department, may I recommend a Facebook Group called Retinal Detachment and/or Vitrectomy Support Group? This consists of at least a thousand members who have had a similar experience who share useful information.

I would also like to take this opportunity to put on record my sincere thanks and appreciation of the entire medical and support staff of the department who made it possible for me to see again out of my left eye. Consultants, Anaesthetists, Doctors, Nurses, Admin, Porters, the lot - Without you it would not have happened. You are a credit to the country. Fantastic… Congratulations.

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

ELHT First to Achieve Unicef Baby Friendly 'Gold Standard'

East Lancashire has become the first area in the country to receive the prestigious Baby Friendly initiative 'Gold' standard from the United Nations Children's Fund (Unicef) UK.

This accolade recognises the excellent advice and support families with new babies in East Lancashire receive around nurturing and feeding their babies.

Families from Blackburn to Barnoldswick, the Ribble Valley down to Rossendale and every town in between benefit from 'baby friendly' standards which have been pioneered across East Lancashire during the past 20 years.

Mrs Rineke Schram, ELHT Baby Friendly Guardian and Consultant Obstetrician, said: "The 'Gold' standard – officially known as 'Achieving Sustainability' - is hugely important for the Trust and, most importantly, for the women, children and families we serve."

"Children need a healthy start in life if they are to become healthy adults. Good child's health means providing the right conditions for their growth and development and East Lancashire Hospitals and our partners have worked closely with Unicef for many years to achieve this high standard."

"In particular, I want to acknowledge the immense efforts of our Infant Feeding Coordinator Sue Henry, her team and all maternity staff in reaching a standard never before achieved."

Infant feeding staff across East Lancashire have been following Unicef Baby Friendly best practice for two decades and during that time there has been a breastfeeding revolution among local mums.

"We're over the moon that East Lancashire achieved the Unicef Baby Friendly 'Gold' standard with flying colours," says Infant Feeding Coordinator, Sue Henry.

"Becoming a 'baby friendly' region is about so much more than breastfeeding, although we cannot underestimate the effect breastfeeding has on the long term health of babies and mothers, and the public health implications."

Back in the 1970s, only 27 per cent of local mums were breastfeeding eight weeks after birth; today, the breastfeeding figure in Blackburn with Darwen is 76 per cent.

"The team have worked so hard and to hear the inspectors use phrases such as 'this is our dream', 'very little to recommend' and 'respectful towards mothers and families' was music to our ears," added Sue.