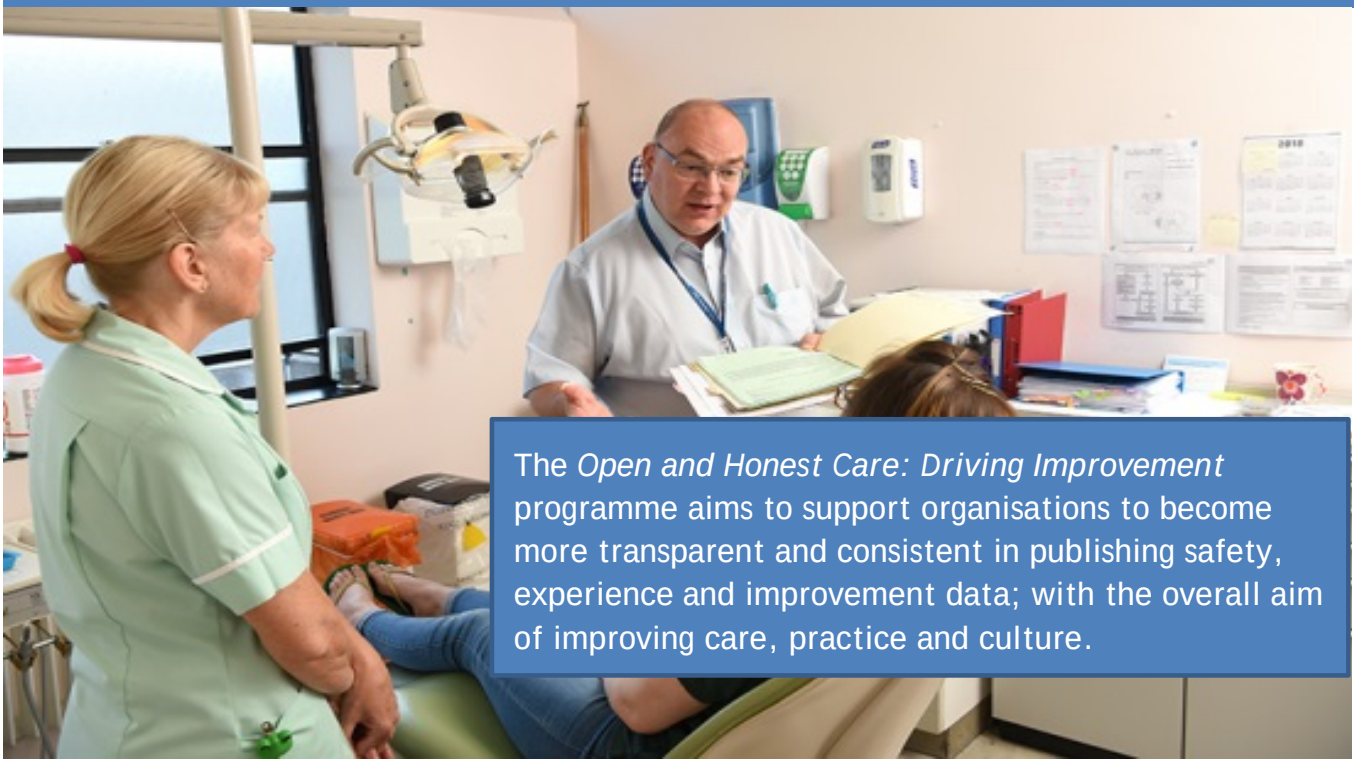
Open and Honest Care in your Local Hospital



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

August 2017

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

This report is based on information from August 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.

98.7% **of patients did not experience any of the four harms whilst an in patient in our hospital**

99.7% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 99.1% **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	5	0
Trust Improvement target (year to date)	12	0
Actual to date	16	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 1 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	1	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:	0.04	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 1 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	0
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:	0.04

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	73
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	82

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 2276 patients asked
A&E FFT % recommended*	81.00%	This is based on 1384 patients asked

We also asked 472 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?	96	
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?	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?	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 273 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?	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?	100

A patient's story

I can only give praise and thanks to the Consultant, Doctors and Nurses of ward 15 at Burnley General Hospital who were involved in my care whilst having my total knee replacement.

During my outpatient appointment the Consultant concerned explained in depth the risks, complications and benefits of knee replacement surgery and added me to his waiting list. At this appointment I was sent for a pre-op assessment and again the staff involved were excellent .

I received a telephone call from the hospital a week later with an admission date for my surgery (which was two days later).

On the day of admission I was greeted onto ward 15 by pleasant and caring nursing staff. As part of the admission process I had a visit from the Anaesthetist who explained about the spinal anaesthetic procedure .

The day following my surgery I was wheeled down to the X-Ray department by the friendly portering staff and shortly after was seen on the ward by the Consultant Surgeon to tell me all went well.

From day one the physiotherapist was in attendance and had me walking firstly with a walking frame, by day two I had progressed to crutches and before my discharge I was able to ascend and descend stairs.

In total I was an inpatient for four days and was treated with the upmost dignity and respect by truly caring and professional staff.

Unfortunately after I was discharged to the care of my local GP and Practice nurse a small part of my wound became infected, and therefore I suggest that all patients having replacement surgery be referred to the District Nursing Service as I understand that they have the expertise in post-opp wound care.

I now attend physiotherapy as an outpatient which I believe is a must because it's very difficult to be motivated at home. It's now Seven weeks post- opp, I have had my review by the consultant and all is well, I am able to walk pain free and without aids.

According to statistics from January 2017 to date there are 65 responses on this site of which 44 are complementing the service, a pretty good result as people usually only find time to complain and rarely give praise.

Once again thank you all at Burnley General Hospital

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

ELHT's Dermatology Team took pride of place at the recent 97th Annual Meeting of the British Association of Dermatologists in Liverpool.

The biggest event of the year for NHS dermatology specialists saw Dr Caroline Owen, Dr Tashmeeta Ahad, Mrs Liz Martindale, Dr Beate von Bremen and Dr Anna Riley win the 'Best Clinico-pathological Case' prize.

Under the theme of developing a more joined up clinical approach to caring for patients for skin disease, Dr Manu Shah displayed a poster presentation with current ST3 trainees Dr Dina Ismail and Dr Firas Kreeshan, 'Factors in predicting patient preferences for skin cancer notification.'

Dr Ismail also gave an excellent presentation in the Education Section 'Survey of general practitioner trainee confidence in meeting learning outcomes in the dermatology curriculum.'

In addition, Dr Ian Coulson was honoured to be invited to chair the Plenary session for medical dermatology and submitted papers.

"It was an excellent meeting and I am delighted that ELHT was so well represented," said Dr Owen. "All submissions are peer reviewed and published and it is a very competitive process to get papers accepted for the annual meeting. There were many highlights at the meeting, including the arrival of biologic therapies for eczema which some of our patients desperately need."

Dr Owen was also moved by a live performance of "The skin I'm in". "I would urge everyone to view it to get a glimpse of the profound impact of skin disease."