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 2018

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

This report is based on information from May 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

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.

99.0% **of patients did not experience any of the four harms whilst an in patient in our hospital**

99.3% **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	3	0
Trust Improvement target (year to date)	2	0
Actual to date	5	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 1 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	1	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:	0.04	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:	0.00	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 4 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
Severe	3
Death	0

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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.

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 Acccident & Emergency (A&E). Both scores (if applicable) are below;*

In-patient FFT % recommended *	96.82%	This is based on 1916 patients asked
A&E FFT % recommended*	80.50%	This is based on 1518 patients asked

We also asked 1916 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?	75	
Were you given enough privacy when discussing your condition or treatment?	99	
During your stay were you treated with compassion by hospital staff?	97	
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?	98	

We also asked 551 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?	100
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	99
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?	93

A patient's story

My wife was a Magistrate for 25 years and I was a college lecturer for 38 years. We have been together 55 years, courted for 3 years and married 52 years.
My wife did everything around the home including the decorating, I never did any domesticity. I have never ironed a hanky in my life, done any cooking or cleaning except for the practical things that needed doing around the house.
She was also a crossword genius and later Sudoku with a Mensa score of 147 which put her in the top 2% intelligence rating in the UK. She had a brilliant mind and everything she took her hand to, she excelled.
In 2010 she started doing certain little things which at the time struck me as strange and insignificant. When we got up in the morning she would make toast and marmalade with a cup of tea. She would bring the toast through, usually you would cut it down the middle, but she would cut one inch and leave the rest. I thought what is that all about?
And then, a cup of tea with the saucer. She would go to place the cup on the saucer but it would miss, her spatial judgement started to diminish month on month.
I told my son and he pointed out that she is 65 years old, she is not young anymore, so I let it go and we carried on and everything was alright for a while.
Over the next 3 years things progressively got worse until in February 2013 my wife was diagnosed with Alzheimer's. The diagnosis was at Daisyfield and then we had to go to places like the Community Health Centre in Darwen, and there is also one in Accrington for further testing and to get the medication right. They were wonderful with her; Dr Arif Ackma and Dr Singh at the Mount. GP's are not experts in that area, so they refer the patients to specialists.
This carried on through 2013 into 2014 and it got steadily worse. The worst thing that anybody can do in a situation like mine, and a lot of people do this, you should never refuse help. First of all, we got the most fantastic help from social services, second to none.
I decided at the end of 2014 into beginning of 2015 things were going to be very very hard going with my wife and I wanted to give her the best shot possible, I had to do that.
I did not want carers, not that I have anything against that, but I knew that my wife would have to have people coming in every week that she knew, the same face, and through my brother, I got the most wonderful, kindest person called Tracey, who is a cleaner for want of a better word.
She has been coming now for over 3.5 years, she was here on Wednesday and she cleans for me, and she looked after my wife.
One thing that my wife did not like me doing, after 52 years of marriage, was showering her, with Tracey it was no problem. Annette, a hairdresser came every week. Also, with Annette, through social services, it is called a direct payment which went through the Rowan Organisation. I paid about £300 into it and they put £600-700 and that was to pay Annette to come. I paid for the hairdressing as that was nothing to do with that, but on a Friday Annette would come over and take her out in the car and they would go for a meal somewhere, so the money was to pay for things like that, and it worked absolutely perfectly, and it also gave me some respite as well.
My wife was also very fastidious about her appearance, and that is why I had Annette to do her hair, I also had Donna doing her nails and that carried on for a long time.
My wife also got wonderful care with the memory clinic, they were wonderful. The GP's, Dr Gavin, Dr Moody, Dr. Randal and Dr Patel who would ring regularly to see how things were.
It got bad, really bad in June/July 2017.
On 18 August 2017 it got to a point where, and I was amazed at myself, that I just could not cope anymore with it. I felt terrible about it, I felt guilty and full of self-recrimination. I thought if I could not do it, then there are not many that can because I had done it and done it for years. Cooking, washing, looking after her, making sure she was safe, all the rest of it.
That night I gave her a bath. I got her in a bath with Radox, it was a Saturday night. I managed to get her in alright, she was having a good soak and then it came to getting her out after she said she had enough, I let the water go and I could not get her out.
I took my shoes and socks off and I got in the bath. Well, I was hurting her you see trying to lift her with her arms. It was 10pm at night, and I thought I would have to get a neighbour to help me, but I did not want to do that yet as she would not like that. I managed to swing her legs over the edge of the bath and I got under her and just about managed to get her out, and I thought, no, it's no good I can't carry on like this.
On Friday 18th August, I got the GP, Dr Gavin to see my wife. She said 'Chris this is it', and she asked me if I could manage over the weekend, which I said of course I could as I had been dealing with it for 4-5 years.
I rang the social worker, Holly Byrne after the GP had gone. At this stage my wife had been going to Longworth Residential Home, Mellor for day care every Monday and Wednesday and I knew it was very very good. They have hoists and everything to help. The food was superb, the cleanliness, they have their own chiropodist (which we used) and hairdresser.
Usually with social workers they are never in, but luckily she was there. She said to leave it with her. Half an hour later she rang back and she had got her a room at Longworth House and asked if I could pack a few things and take my wife that afternoon. Again, social services were there when we needed them, they responded straight away, fantastic. Holy Byrne was superb, and also noting the financial side of things, with the home, it was Tina Almond and Shelly Richardson who did a superb job for me.
I cannot speak too highly about Longworth House, Mellor. They have 15 staff and only 24 residents, so you can tell it is lovely. It is owned by Steven and Janet Heys. It was home from home for me, and that is what you want, it was absolutely perfect.
We were there on a Monday and Wednesday and that went on for about 6 weeks which took me up to the August date when she went in permanently which was terrible and something I never thought I would have to do, but I had to.
She was at Longworth House until 3 February 2018 when she became very unwell. Longworth House could not deal with this as it is a residential home, so they got an ambulance which took her up to A&E at Royal Blackburn and they saw to her immediately. There was a consultant called Matthew, and my goodness what a magnificent job he did.
Within ¾ hour they had a bed for her on the Acute Medical Unit. She was looked after there and then she was transferred onto ward C2. The whole NHS procedure was 100%.
I had not realised, and nobody had realised, but she had a punctured bowel. She was being sick with something called faecal vomiting, which is something you never want to see or experience, but I did. It was terrible.
There was no way they could have made it right because she was so frail. I wanted to give her every chance, when she went onto the acute medical unit I said to the Consultant 'I want to give it the best shot that we can'. I would have gone to any lengths, if the Consultant at the time had told me that there was a 60% chance of losing her during the operation due to her frailty, I would have still gone ahead. However, my son and I realised this was not the best way to proceed and we decided to leave it in the hands of the medical staff to care for Edna without surgical intervention.
Eventually Edna went onto what is called, and I had never heard of this before, the End of Life Pathway, and that was it, but this was obviously the right way to go.
The bottom line in all this is that social services, second to none, NHS, second to none. What I don't like, there was a case about dementia only last week, Victoria Derbyshire on the television. They were in their late 60's, he had dementia and they did what I used to do, she used to say to her husband 'do you know my name?', and he would look at her and smile. 'Do you love me?' this sort of thing. They brought them on to the actual programme. They discussed dementia, and there is a big difference between dementia and Alzheimer's, the person with dementia has lost their memory, but they can still undress, dress, whereas with Alzheimer's they cannot do anything for themselves.
It was a good programme, and then they invited messages, and this is where the damage is done. Somebody sent in an email which said 'the social services have broken down', absolute nonsense, and that is what does the damage.
When people go on social media and millions of people are reading it, have they got the cognisance and the mental capacity to really understand. Are they intelligent enough to comprehend the problem involved with the massive problems all over the UK with social services? All over the UK with the NHS? Because the logistics are unbelievable.
All I am saying is that my wife had wonderful care, and I think I am one of many people who get that care, loving care, from the nurses. When Edna eventually ended up at Royal Blackburn they were absolutely superb.
My son and my daughter-in-law and my 2 grand-daughters visited every day and it did not matter what time we went, we could go whenever we wanted to due to the situation, they were superb.
The Sister, Debbie McNulty, there was also someone else involved from the Acute Medical Unit, Heidi I think, they were wonderful. I have been extremely lucky because from what I see there are people complaining.
All you hear about are people being on trolleys on corridors, waiting in an ambulance, I don't know whether I believe it. On the 3rd February, it was a Saturday morning, and you think Friday night, what goes on in that town, it was quiet, there were cubicles empty, and it was perfect.
The bottom line is that I cannot speak too highly about all the care my wife received from the NHS in its entirety and social services, perfect, and thank God that happened because I don't know what I would have done if that had gone wrong.
I had a very good team, but I had to architect it. I knew my wife so well. The carers, well I knew she could have a different face 2 or 3 times per week and they might not turn up on time which is very distressing to someone if they have Alzheimer's because they get used to people and needing things to be very routine, and I did not want to go down that route. I am not saying there is anything wrong with carers but I architected it so that it just suited what my wife and I wanted and it worked perfectly.
And of course my son, and my wonderful daughter-in-law and 2 grandchildren, well they have been absolutely, unbelievably wonderful about it. The way they have dealt with it, certainly the girls, they are 17 and 19 now, and they have a different way of dealing with it. They deal with it in their own way and it is very nice to see that too.
When my wife was on ward C2 she was not put on the End of Life Pathway immediately. I had never heard of it, and neither had my son. Because she had kept being sick, we ended up with this faecal vomiting which I walked in on.
It was about 9:30, the curtains were around my wife and oh God, the smell, the curtains were apart and I saw her. Well, she was covered in it, and it wasn't food, and I thought oh son, we have got it right. I rang him straight away. I suppose it was 2 days before that, that it was suggested that we look at the end of life pathway.
The staff were being very protective of me and they discussed this with my son, and then he rang me up and we talked it all through, they were very good with me that way. Not that he needed to be, but he protected me in some ways.
They kept everybody informed of everything that happened, there were no problems at all. There was never any breakdown in communication with myself or my son, none.
My wife was a fantastic lady, it has not been easy. She had a very very sharp brain, brilliant, and what a waste at 74. At least she had been able to bring her son up and look after her grand-daughters when they were babies.
I think she knew, even with Alzheimer's they have an understanding even when they don't know their own name or my name, they know it is not right, and I know that within the last 6 months she had started to give up. I had kept trying to fight that corner for her but I couldn't.
Not only did it affect her mind, it also affected her posture. At Longworth House she was walking hunched over. I thought oh God, terrible, and that is what it is, it is the condition and there was nothing she could do about it.
Royal Blackburn, the wards were fine, the staff were perfect. Consultant Matthew who we first saw in A&E, he was brilliant. He put everything so concise for us. He explained everything.
When my wife was being cared for on AMU and C2 we felt her dignity was always respected. What surprised me were the gowns that traditionally are tied around the back, no, she had a ladies nightie on which was changed daily, a nice floral nightie. And knowing my wife was always perfect with her dress, this was lovely.
The thing with these nurses, when I went in on that terrible morning when she had the violent vomiting, they just asked me to sit down, and I could hear them talking to her, and they were saying 'sweat heart', 'darling', 'come on sweetheart', 'let me help you love', the way they did it, it was exuding kindness.
It is not just a job to these nurses, it is a vocation as it is not everybody can do it, but they can and I thought they were absolutely wonderful.
I would like to speak for other hospitals, but I don't know other hospitals all over the country but I would like to think that there was some kind of standard procedure of dignity, kindness and love that permeates throughout all the hospitals in the UK. I only have the experience of this hospital Trust.

My wife was perfect except for one thing. Do you know, when she died I thought, she did not do anything wrong, she used to do everything perfectly but everybody has to have an Achilles heel don't they, well she sulked. If I did say something wrong she would sulk, and she could have an NVQ level 5 in sulking, and that was it, well I thought we have cracked it, nobody is perfect.
I tell you what makes it easier, going over the last 5-6 years which have been hard, you realise there is only going to be one outcome to it, and when it happens though it is still one heck of a shock, at least we did the best of what we could do, and it is nice to know that there were people around us to help and it was wonderful.
I have thought many times the human frame, we are all living longer. For example, you win the lottery and buy a £150k car, 10 years great, 20 years starts giving a bit of trouble and start spending some money, 30 years it's a nightmare and that is a car. We are supposed to last 70/80/90 years and expect nothing to go wrong, it is not possible.
I believe the NHS, is the finest medical institution in the world, they are head and shoulders above the rest of the world.

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

National Recognition for Falls Response Service

ELHT's ground breaking Falls Response Service, operated in partnership with North West Ambulance Service NHS Trust (NWAS), received an important seal of approval last week during a visit by Professor Keith Willett, Medical Director, Acute Care and Emergency Preparedness at NHS England.

Professor Willett's visit to RBTH followed the Royal College of Occupational Therapist's publication, 'Reducing the Pressure on Hospitals - 12 months on', in which the East Lancashire Falls Response Service was featured.

Professor Willett met with ELHT and NWAS staff who run the Falls Response Service and chatted to them about progress to date and ideas for further progression, before spending the afternoon out in the community visiting patient homes to see the team in action.

"The Professor was very interested in the reduction in the number of patients taken to hospital and how the team worked with other services in the community," said Head of Acute Therapies, Louise Davies.

"In particular, he was very impressed with the number of health, social care and voluntary services the team linked with to keep people at home and prevent them from being admitted to hospital, and the vast range of services that are available within the Pennine Lancashire footprint."

Following his visit Professor Willett said: "I'm so grateful for all the individual contributions, obvious energy and purpose your team and the ambulance service were rightly proud to show yesterday."