Open and Honest Care in your local hospitals

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

September 2018

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

This report is based on information from September 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.

99.8% **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)

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	0	0
Trust Improvement target (year to date)	0	0
Actual to date	0	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 2 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	2	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:	0.07	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 2 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	2
Severe	0
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.

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	76
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 *	91.23%	This is based on 2429 patients asked
A&E FFT % recommended*	83.86%	This is based on 1915 patients asked

We also asked 361 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?	94	
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?	99	
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?	98	

We also asked 254 patients the following questions about their care in the community setting:

Were the staff repectful of your home and belongings?	100
Did the health professional you saw listen fully to what you had to say?	98
Did you agree your plan of care together?	96
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?	98
Do you feel staff treated you with kindness and empathy?	98
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	98

A patient's story

Care and compassion in the NHS
I was referred to the Urology department early in March and first seen by a senior urology nurse who very courteously examined me, consulted a Dr. and, having noted that there was 'something that needed attention', offered three courses of action: regular monitoring, Biopsy or MRI scan.
I chose to have the MRI scan which took place on May 1st. As a result of this the nurse phoned to ask whether he should arrange a biopsy. I was happy with this and it took place on 12th May. I next saw a nurse on June 4th who carefully explained the results of the biopsy, arranged hormone therapy for me and requested a bone scan which was done on 26th June. This Nurse kindly phoned to tell me that I was clear. I rang the nurse who explained that I would see an oncology specialist. I saw the Dr. on 23rd July who explained my condition and spoke of radio therapy. I asked if I might take time to discuss it with my wife and my son who is a doctor.
On 20th August I returned to the Dr's clinic and requested radio therapy. I have already had a CT scan at Rosemere Cancer Centre in Preston.
I am immensely grateful to all those who have helped me and was much impressed by their patience and courteousy. There was never any impression of being hurried. I have enjoyed the expertise of so many who work together as a team and, I believe,have given me the best possible fighting chance of killing this thing before it kills me.
I feel too that the whole course of diagnosis and treatment happened quickly and I have a lasting impression of care and compassion.
Blessings on them all.

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

Surgical Success for ELHT
Royal Blackburn is one of the top performing hospitals in England for areas of surgical care, according to the results of the latest Perioperative Quality Improvement Programme (PQIP).
PQIP uses research evidence and data to improve care for surgical patients. Data is collected and fed back to hospitals in real-time to help surgical teams assess whether they're implementing best practice and where improvements can be made. To date, 200 ELHT patients have taken part in the research.
After 12 months, publication of the PQIP results show that RBTH exceeded the national average and achieved standards of care for more than 80% of patients in a number of areas:
More ELHT patients received cardiopulmonary exercise testing and more received individualised risk assessments. These support shared decision making between doctors and patients
More ELHT patients were enrolled in an enhanced recovery pathway, an approach that aims to reduce complications, the length of hospital stay and improve patient experience and outcome
The goal of DrEaMing (drinking, eating and mobilising), which is achieved with good pain management, exceeded the national average in a number of specialties

Dr Mike Pollard, Consultant Anaesthetist and Principal investigator for PQIP, said: "The results so far have been very encouraging and are a credit to the organisation. We are getting lots of valuable data which will enable us to further improve the care we provide.
"It's been a great effort recruiting and collecting the data and I'd like to thank the research nurses, pre-op nurses, anaesthetists and surgeons for their hard work. I'd also like to thank the patients who have given up their time to be part of this study."