

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.

**East Lancashire Hospitals
NHS Trust**

October 2018

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

This report is based on information from October 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.

98.4% 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 98.8% 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.safetymeter.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 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: xx 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 3 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
Severe	2
Death	0

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Rate per 1,000 bed days: 0.11

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

In-patient FFT % recommended *	95.47%	This is based on 2895 patients asked
A&E FFT % recommended*	84.22%	This is based on 1781 patients asked

We also asked 436 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?	87	
Were you given enough privacy when discussing your condition or treatment?	98	
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?	99	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	97	

We also asked 251 patients the following questions about their care in the community setting:

Were the staff respectful 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?	97
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	98
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 own a garage, employing 4 people but all my life I have raced cars and built the race cars, rally cars.

The problems with my hip probably started for me in Spain in 2005. I'd gone to watch motorbike racing and a car came down a dirt track, slammed the breaks on and hit me and two other blokes. I just got up and dusted myself off. The car shouldn't have been there, it was only for people walking and motorbikes.

I took no notice of it until 12 months later when I couldn't change gear properly on my motorbike so I stopped riding it.

I have always been frightened to death of hospitals, so I just left it until it got really bad and I slipped on a step when we were in Spain, last November 2017. It was raining heavily and my heel just slipped off a tiled step, and my hip moved.

When I came home, I went to the doctors and had an x-ray. I had already been x-rayed 3 or 4 times in 2005 when I got hit by the car.

I got to the point where I was crawling, in and out of cars. Around Easter time 2018 I went back to the doctors and a further x-ray was carried out. My doctor said to me that if I carried on as I was then I wouldn't be driving in 2019. That's when I said "get on with it, let's do it". I was then referred to Mr Shah, Consultant Orthopaedic Surgeon.

I then got an appointment to go and see Mr Shah. When I arrived I was panicking, sweating, and as white as a sheet... emotional. Two nurses calmed me down and then I saw Mr Shah, a lovely man. He said that if I did what he told me I would be alright and have no problem. He advised me to lose some weight if I could and to get as fit as I could before I was admitted.

We went away again for a week to Spain, and my pre-operative assessment was the day after we came back, on Wednesday 20th June 2018.

It wasn't a good day. I thought I would be calm having just come back off holiday. However, when I put my laptop on to see whereabouts at Burnley I was going because I hate being late, something urgent had come up at work with a member of staff that I had to deal with. So my blood pressure wasn't so clever after that.

I then went to the hospital at Burnley but there was nowhere to park. It took over an hour for us to find somewhere to park. I asked two car parking attendants that were walking around handing tickets out where I could park, and they said anywhere as long as it's legal. Anyway we found a car parking space in a corner; you couldn't see it properly because it was covered in trees and bushes.

When I went in I was 10 minutes late and my blood pressure was really high, 208 I think it was. I'm not certain, and I'm not sure of the other one, I didn't listen but I think the nurse said afterwards it was 149 although I wouldn't put money on it. So they did everything else they needed to do but the nurse said I couldn't go and that I had to stay until my blood pressure got somewhere near what it should be. It was after 4 o'clock when I could leave and we had been there at 10 o'clock.

The following day I went to the Hip and Knee School. Again, I was apprehensive to go. I went in and everything was spotless, clean, tidy and also I knew two other people who were there.

We were told that if we didn't want to listen, then we didn't have to but everything was there, all the hips, knees, and they would show us, and talk us through everything and anything we wanted to know we could ask. I thought I'm not listening and that's what I said to her. I just wanted them to get on with it and didn't want to know. As long as I could walk afterwards, I was not bothered.

I had been in there 5 minutes, had a look round, and I listened, and went and played with the hips and everything which isn't like me. I read everything that they had. I couldn't believe what they did, how they did everything, how good it was and how well they explained every single thing. When I came out my first words to my wife were that I was so confident about it and couldn't wait for them to do it and whatever they tell me to do, I'd do it.

I then went to pick my granddaughter up from school. I had just picked her up and got a call to say I needed to contact my doctor urgently. So I rang up and made an appointment. They gave me blood pressure tablets, checked my blood pressure. It was only slightly high but for them to do my operation I was told I had to take blood pressure tablets to keep it down.

I went home, went on the internet, and read what they were doing, and what I needed to do.

Mr Shah had told me that as soon as I woke up after the operation they would get me up and walk. That's what he said to me, walk. I said that's what I wanted to do, that I race cars, and I walk. I asked him if I would be able to run but he said no, and he didn't want me jumping or running. He said that I might be able to ride a push bike later on and swim but they don't recommend running, or jumping. I said that as long as I could walk and drive that was all I wanted to do as I like racing cars. He said I could do as much walking as I wanted. I thought he was a very sound bloke. The next time I met Mr Shah was at the hospital, before he did my hip. He said to me that I would be up walking round as much as I could; to get up every 3 ½ hours and walk, through the night if I could.

The anaesthetist came to see me on the ward before the operation and she was spot on. When I went to Theatre I was nervous but I was also positive, totally positive about the procedure. The anaesthetist came in and I'll be 100% honest, I never felt a thing. She told me to lie down, which I did and the next thing I know she was waking me up, asking me if I was alright. I saw the clock and it was nearly 3:10pm. When I went in I think that was 10:40 am.

I got back to the ward after the operation around half past 3 and I walked to the toilet which was across the ward using the Zimmer frame of the bloke next to me. There were 4 of us on the ward, he'd just got his crutches so I nicked his zimmer frame and went to the toilet. I got told off coming out because they needed to measure how much urine I was passing, but nobody had told me.

We had a really good laugh and I really enjoyed being on the ward, the people were so friendly, so happy, really funny. We never stopped laughing. All the time that I was there, I got up and used the Zimmer frame to walk up and down the ward outside. There is a 60 metre marker on the wall, which I didn't know about until I was coming out and they said you're supposed to walk it 5 times a day but I did it 10 times every day. I'd just carry on walking.

I went back to see Mr Shah at Burnley. It was busy so we had a two hour wait. Mr Shah couldn't believe I could lift my leg up like I could, but he had to win the day didn't he because he gave me some more exercises and more than what I could do. But now I can, yes!

For 7 weeks I walked around like he said, through the night. I can't believe how good my leg is, I can't. The hip replacement was done on the 8th August. Today is the 27th September, and is the first time that I haven't been up through the night walking. It was 6:20am when I got up and this is probably because I did so much walking yesterday. I can walk up and down stairs without anything, without sticks or using the bannisters or anything. I am not brilliant going up, probably I'd say 90% but coming down I am 200%, it's no bother at all coming down.

I'm so chuffed with what they've done and the hip itself and I'll talk to anybody about it.

I wouldn't say it is not hard work but it's about having confidence in the staff and confidence in yourself. Everybody is different, but you've got to push yourself into doing things. I'm chuffed to bits.

The only thing I can't do at the moment is put my sock on properly, unaided, without anything and tie my shoe laces. I can't do it because I can't reach but I'm not far off. I will keep pushing and I'll get there, I'll have it done.

I have to go back on 29th October to see Mr Shah and I guarantee I'll be able to put my shoes and socks on. I'll ask him does he want to run round the block but he'll probably beat me, as he is very strong bloke. A superb, superb bloke.

Once of a day, years ago, you'd have probably stopped in bed for a lot longer after you've had the operation but now you're just up straight away. You've got to work through that pain because it is painful after you've had it done but they'll give you pain relief.

We are lucky because we live next to a reservoir which is probably just under 1.4 kilometres around it. I walk it at least twice a day. When we went away we walked further. I don't know if I'll ever get back up round the Lake District or Scotland or Yorkshire Dales but we'll see. Mr Shah says I will be able to do it. So I'll do it, whatever.

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

Compassionate Care Accolade

ELHT's reputation for compassionate care has been confirmed as the maternity staff from the Lancashire Women and Newborn Centre win the NHS70 Kate Granger Award for Compassionate Care 2018.

In 2016, a multi-disciplinary team of obstetricians, midwives, theatre staff and anaesthetists introduced 'skinto-skin' caesarean births which promote immediate contact of baby and mum following elective caesarean delivery.

And now the team's commitment to involving mothers in designing the caesarean skin-to-skin option has been recognised as they stepped on stage at the NHS Expo in Manchester to receive the NHS70 Kate Granger Award for Compassionate Care 2018.

"Winning the Kate Granger Award for Compassionate Care is a fantastic achievement for the entire maternity team at East Lancashire Hospitals," says Consultant Obstetrician and UCLan Honorary Senior Lecturer, Mrs Liz Martindale.

"Dr Kate Granger was an inspiration to many, many NHS staff. To receive this award named in her honour – for an innovation which puts the birth preferences of women first – is both wonderful and an achievement we believe she would be delighted with."

The Kate Granger Compassionate Care Awards are named in honour of the late Dr Kate Granger who worked tirelessly to raise awareness around compassion in the NHS through her #hellomynameis campaign.

Many of the 1,600 mothers who give birth each year via caesarean section at the Lancashire Women and Newborn Centre say how the new option revolutionised their birth experience and made for a much more relaxing and peaceful entrance to the world for their baby.

Since introducing the skin-to-skin caesarean option, maternity staff have seen an increase in mothers-to-be and couples requesting early skin-to-skin for a caesarean birth.

Immediate skin-to-skin contact offers many benefits including an increase in breastfeeding initiation, decreased time to the first breastfeed, increased bonding and stronger maternal satisfaction.

This is the second time in three years that the Kate Granger Award for Compassionate Care has been awarded to ELHT.

Hospital porter John Jackson received the Award in 2016 at the very first ceremony.