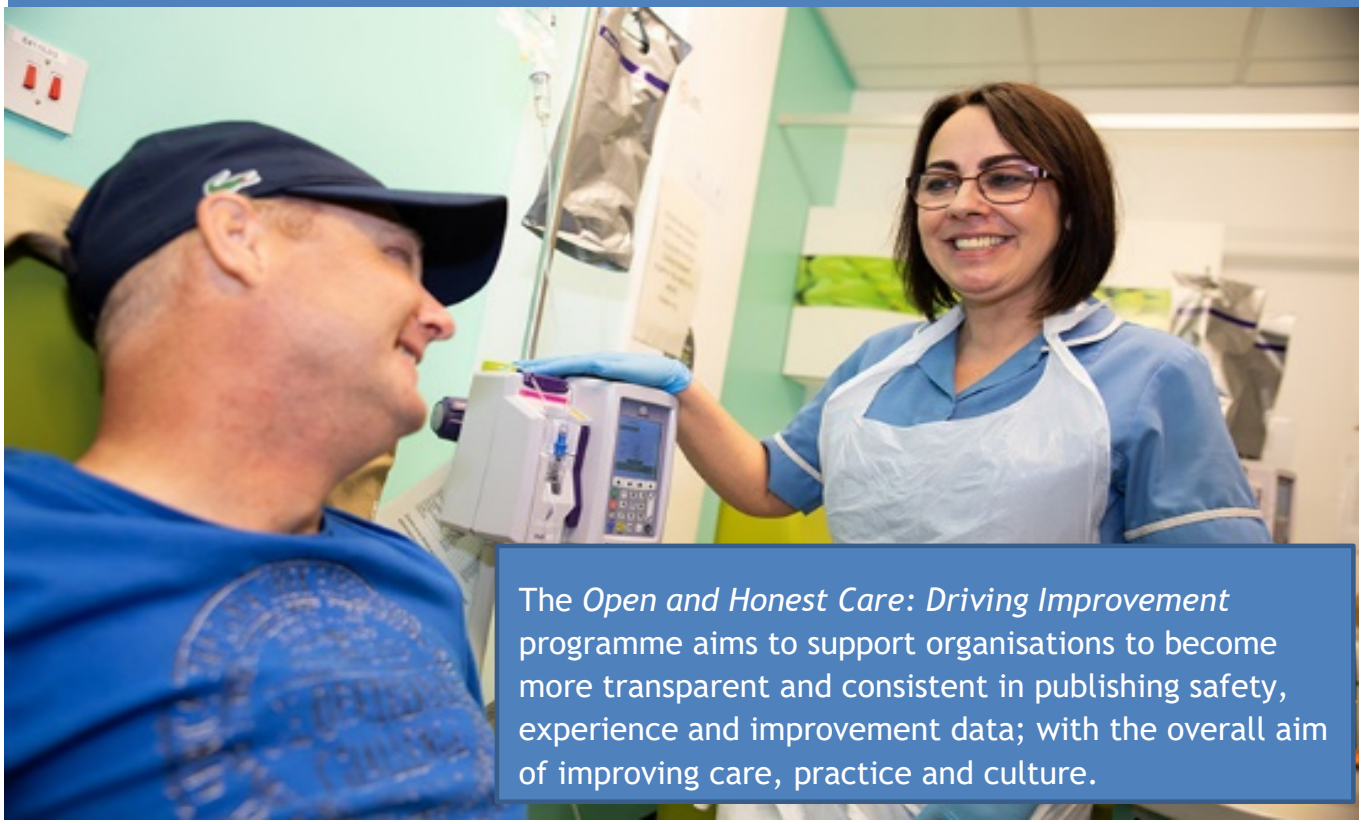
Open and Honest Care in your Local Hospitals



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

November 2018

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

This report is based on information from November 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.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 6 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	6	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:	0.21	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	1
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:	0.04

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	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 *	97.00%	This is based on 2540 patients asked
A&E FFT % recommended*	85.00%	This is based on 1676 patients asked

We also asked 366 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 327 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?	97
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	96
Did you feel supported during the visit?	100
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 the 8th October whilst in Canada I noticed a physical change in my right breast, I knew it was not normal so made arrangements to see my GP as soon as I came home.
I saw my GP on the 20th October and she could not feel a lump but said I needed to be seen as soon as possible.
On Friday 21st I received a phone call saying I had an appointment the following Thursday for a scan, mammogram, and biopsy.
At the appointment I saw Miss McNicolas and my breast care nurse Jackie Thomas. I went for the 3 tests and then I went straight back in to see Miss McNicolas. I was then told I had breast cancer and that I would come back the following week to find out the type of cancer.
At my first appointment I took my best friend with me, she was more upset than me. She went with me to most of my appointments and chemotherapy treatments, she is a star.
At this stage I had not told any of my family about my suspicions, I felt there was no point in upsetting them if it was just a lump. When I first told my husband I had cancer he sat very quiet for what felt was an age, I thought he must be angry with me. I know that is a stupid thing to feel but that is just how it was. He then turned to me and said, "Well that puts my week into perspective".
The following week I was told it was a type 2 cancer and that I needed surgery and my operation was scheduled for the 21st November.
The following day I received a telephone call asking me to go straight to the hospital for my pre-op assessment, as my operation had been brought forward to the following Monday the 7th November.
As you can imagine I was just going through the motions and my feet did not even touch the ground, from seeing my GP to having the surgery it was only 17 days.
I could not have had better care. I was kept well informed throughout and always told what could be the next step should the team think it necessary.
After surgery I then commenced chemotherapy treatment. Chemotherapy was not a walk in the park, but the chemotherapy team did everything they could to help.
I have other health issues, and have lived with neurological problems for over 14 years. I think this problem made the chemotherapy far more difficult and increased the amount of pain I had.
During chemotherapy treatment the room I was in was very clean, I could bring in as much as I wanted, i.e. radio, DVD player etc., much like a hotel. Having my own bathroom was wonderful.
Once I started the chemotherapy treatment that is when my husband started to find it hard to cope. As I said chemotherapy was no walk in the park and he felt totally useless. I had a lot of problems which he could do nothing to change or to help me through. He was still working and that was difficult for him. I was constantly answering phone calls from both him and my daughter, they love me.
During my chemotherapy treatment I did my best to be positive, dressing up and making sure I wore makeup. The nursing staff always commented on how good I looked, I can honestly say this made me feel even better.
One thing that I felt helped me was being able to call the chemotherapy help line if I had any worries. On four occasions I had a bad reaction and my temperature went up to the point where I needed to get to the hospital. They would advise me to get to Royal Blackburn and go straight to the ward; a room was waiting for me and the antibiotics ready.
I was given a room on my own, and everyone was so kind. Most of my time in hospital I was too ill to know how sick I was but I was still able to recognise kindness and respect.
My first hospital stay was just before Christmas 2016. My hair started to fall out and I felt dirty. I remember the cleaner came in; there was hair everywhere and me saying how sorry I was. She was so lovely and told me not to be sorry. She was just one of the brilliant team we call our NHS staff. On each of my stays in hospital I have received the best of care.
When in a room of your own, it is pleasant, but on an open ward you have no control of lighting, people walking in – out, and you can find it difficult sleeping. When you are on a ward with other people you don't have any privacy. A prime example is when the doctor comes to see you and closes the curtain to talk to you in private. Every word can be heard by everyone in the room. I don't know what can be done for everyone to have their own room as it is just not cost effective, and some patients would miss out on the company that the ward does bring.
I was always treated with respect. Nurses would spend time just listening to me and this was much needed at times.
When it came to my discharge I feel this is where the NHS falls down. The nurse came to tell me I was going home so I rang my husband. I had to wait hours for the discharge letter and medication that I needed to be provided. I asked if I could go and sit in another room, more than anything to free up the bed and I feel this just holds up much needed beds and causes backlogs in A&E.
After I was discharged home, I had district nurses come to our home and they were all lovely. I was lucky to have my best friend calling round every day, making sure I had everything I needed. She was a nurse and so able to show my husband how to give the injections which also took pressure off the district nurses.
What pleased me was how respectful all the nursing staff have been throughout my journey.
Once my chemotherapy treatment was over I was given 3 weeks to recover, then I started radiotherapy. Once again the treatment by staff, this time at Preston, was faultless.
It was not till after the treatment was over that my husband admitted he had not been able to sleep because he thought on several occasions I was going to die. I had no idea just how ill I had been. I just knew I was at times in a bad way, and they could see through my smiles and the stiff upper lip.
I have had regular check-ups with my breast care team and I feel like I am seeing family. They have been wonderful to me and I owe them my life.
Since my cancer treatment ended I have been given reconstruction to both breasts. This has helped my mental recovery as well as my physical. It's not perfect and never will be, but I accepted that.
This is not the end of my story, but I was and still am the luckiest woman in the world. The cancer was not a type 2 but was in fact a type 3 cancer and was very aggressive. If I had not had the surgery when I did and if it had not been for the dedication of these people I would have been dead by March. I am a cancer survivor not a victim, and I think being positive makes all the difference.
Over the past 2 years I seem to have had several occasions when I have had to call on the NHS for help, none of which are cancer related. I was always told to treat people as you would like to be treated. I must have treated them well because they have always treated me very well indeed.

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

The Neonatal Intensive Care Unit at Burnley General Teaching Hospital hosted the grand opening of brand new accommodation for bereaved parents which has been named The Forget Me Not Suite. The event took place on the unit with staff and parents invited to see the new facilities.

The Forget Me Not Suite provides families with the opportunity to spend precious time with their baby and to prepare to say goodbye to their little one in a peaceful and private environment. Set away from the main ward area, the suite is a place for families to make special memories and begin to grieve their loss whilst being supported by neonatal trained staff.

The space, which contains a double bed, facilities to ventilate a baby, cold cot and en suite, was funded by £44,000 in Capital funds and £8,000 in donations from the Trust's charity, ELHT&Me. Mark Riley, the Capital Team Project Manager, was congratulated for recreating NICU's vision for the accommodation.

Dr Sivashankar, Neonatal Consultant said: "This suite is a significant part of our service and contributes greatly to compassionate patient care. We have already seen the impact our bereavement suites have and how important they are to our patients. Thank you to everybody who donated and helped to make this possible."