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

April 2018

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

This report is based on information from April 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.

99.2% **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 99.3% **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	2	0
Trust Improvement target (year to date)	2	0
Actual to date	2	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 4 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	3	0
Category 3	1	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:	0.15	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 3 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
Severe	1
Death	1

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:	0.11

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.

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 *	98.48%	This is based on 2429 patients asked
A&E FFT % recommended*	84.06%	This is based on 1863 patients asked

We also asked 503 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?	95	
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	92	
Were you given enough privacy when discussing your condition or treatment?	98	
During your stay were you treated with compassion by hospital staff?	100	
Did you always have access to the call bell when you needed it?	98	
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 284 patients the following questions about their care in the community setting:

Were the staff repectful of your home and belongings?	98
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?	95
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 am 90 years of age and about 3 or 4 years ago began to experience problems with the veins in my leg. My GP referred me to the Vascular Clinic at Clitheroe where I was fitted with a stocking and for a couple of years things were going well. However, I then developed more problems – pain in my calf and pain when walking, so I was referred to the Vascular Clinic at Accrington Victoria Hospital.

I attended the clinic at Accrington where investigations were carried out including a treadmill test and I was informed that there was a blockage in the upper part of one of my legs. I was advised that there were two options available to me, either vascular surgery or exercise and medication.

I decided that I did not want to have surgery so chose the option of exercise and medication. I was advised to do as much walking and exercise as I could and I saw my GP for the medication and was prescribed a Statin.

I did exercises at home and walked as much as I possibly could. At my recent visit to the Community Vascular Clinic I was informed that things had very much improved and the staff were very pleased with the outcome.

I was so pleased that I didn't opt for surgery and tried the other method. The staff at the clinic will continue to keep an eye on me and will see me again in a years' time.

There have been no long waiting times to be seen and all the staff have been very nice, helpful and kind and I couldn't have wished for anything better. There have been no problems at all.

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

Sepsis Collaboration Achieves Major Success

Patients receiving cancer treatment at ELHT are now better protected against a potentially fatal side effect, thanks to improvements at the Trust.
Neutropenic sepsis is a potential complication of anticancer therapy which requires rapid, specialist treatment. And in the first three months of 2018, 100 per cent of patients admitted to Ambulatory Care and Acute Medical Units (A and B) were examined and, where appropriate, given medication for neutropenic sepsis within one hour.

Matron Caroline Rogers, from the Primrose Chemotherapy Unit at Burnley General Teaching Hospital, says she is delighted that the Trust has achieved such fantastic results which represent a significant improvement over a number of years.

"For patients who are currently or recently received treatment for cancer, it is vital that infections are rapidly assessed and treated urgently with antibiotics."
"These results demonstrate not only the fantastic work of the acute oncology team, but also are also a great example of collaborative working between the Acute Oncology Team and our 'front door' services, namely, Ambulatory Care, the Acute Medical Units and the Emergency Department.

Across all ELHT wards, 88 per cent of cancer patients requiring treatment for neutropenic sepsis received it in one hour or less during January, February and March.