

## 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.

Report for:

**East Lancashire Hospitals  
NHS Trust**

September 2017

# Open and Honest Care at East Lancashire Hospitals NHS Trust : September 2017

This report is based on information from September 2017. 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

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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.

**98.7% of patients did not experience any of the four harms whilst an in patient in our hospital**

**99.0% 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)

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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
<b>This month</b>	2	0
<b>Trust Improvement target (year to date)</b>	14	0
<b>Actual to date</b>	18	1

For more information please visit:

[www.website.com](http://www.website.com)

## Pressure ulcers

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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	4	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: 0.14 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: 0.00 Community

## Falls

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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	0
Severe	2
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.



### 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	73
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	82

#### 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;*

<b>In-patient</b> FFT % recommended *	<b>98.00%</b>	This is based on 2551 patients asked
<b>A&amp;E</b> FFT % recommended*	<b>83.00%</b>	This is based on 1261 patients asked

We also asked 517 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?	93	
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?	94	
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?	96	
Did you get the care you felt you required when you needed it most?	96	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	96	

We also asked 227 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?	100
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?	94
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?	99

## A patient's story

A dad who suffered 50 cardiac arrests during the space of 10 days today spoke of his overwhelming gratitude to the medical teams who saved his life. Mr. S, 52, from Burnley, was suddenly struck by a cardiac arrest while sleeping and says he owes his life to the prompt treatment and dedicated care he received at Royal Blackburn Teaching Hospital (RBTH). He went on to suffer another 50 cardiac arrests while in hospital but has now made an amazing recovery and been fitted with an internal heart defibrillator. It was his wife who first realised something wasn't right when she was woken up by Mr. S snoring.

Mrs S. 43 explains: "Stephen is known for his snoring and normally I just nudge him and he turns over and stops snoring. "On this particular occasion, what I thought was Stephen's snoring woke me up at about 5.30am so I nudged him, but he did not respond. "I nudged him three or four times but he did not respond. I started shaking him hard to wake him and realised his body was limp. "I switched the light on and realised Stephen was basically dead. It was terrifying. I later discovered that what I thought was snoring was actually him trying to breathe as he was having his heart attack at the time."

A distraught Kate screamed for eldest son and they called 999 and their son was given instructions on performing CPR on his dad until paramedics arrived. Mr. S was taken by NHS ambulance to RBTH where doctors confirmed he had suffered a cardiac arrest and was in a critical condition. Mr. S was later taken to the Cardiac Catheter Lab where consultant Scot Garg unblocked two of his main arteries with stents and transferred him to critical care. Mr. S's cardiac arrest occurred on December 9 last year and during the next 10 days he suffered another 50 cardiac arrests and each time, he needed shocks to get his heart going again. Mrs S explains: "Stephen was intubated and when they tried to take him off life support, he would come round but then get agitated and have another cardiac arrest. "It was all so frightening as it was so sudden. Before that, Stephen had been healthy and well and there were no signs of heart problems. "Within those 10 days, Stephen suffered all sorts of other complications because of the cardiac arrests. "Doctors did a scan and found he was suffering from hypoxic brain injury because of the lack of oxygen to the brain. They were concerned about brain damage when he woke up and I was told to prepare for the worst."

Mr. S was in intensive care all over Christmas but after turning a corner and becoming stable, he was moved to coronary care and improved day-by-day. Towards the end of January this year, he went to Wythenshawe Hospital in Manchester where he had a mini defibrillator fitted on his heart. Mr. S is now home and rehabilitating, building his strength back up. Mrs S says: "When Stephen first came home, he was very weak and had lost a lot of weight and gone down to eight-and-a-half stones. "But he is now absolutely fine and having regular check-ups. He is also undergoing cardiac rehabilitation at Burnley Hospital. "Stephen had a heart scan and it showed his heart had significantly improved. That, together with having the defibrillator fitted, has given us peace of mind." The couple have praised the hospital staff who cared for Mr. S and nursed him back to health and say they went over and beyond in their dedication. "The Critical Care staff were outstanding," says Mrs S. "Some of the nurses wouldn't even go for their lunch break as they didn't want to leave Stephen. "If it wasn't for all the staff being so caring and supportive, we wouldn't have got through it."

Mr. S, an operations manager at a security firm, has just returned to work and says his recovery has been so great, he feels better than he did before going into hospital. His recollections of what happened are hazy, particularly his time in Critical Care. But what does stand out in his mind is the unwavering care of the NHS staff who looked after him. Mr. S says: "To me, it is as if it all happened to someone else as I was not there. "I have been up to Critical Care and spoken to some of the staff and the matron joked with me that I was like a training aid for the staff as I needed so many shocks! "I had absolutely fantastic care. Nursing and medicine is a vocation and I have a lot of time and respect for anyone within that profession. "The doctors and nurses who looked after me gave it their all and were brilliant. I can never repay them for what they did for me. They are lifesavers."

Mr. S now encourages people not to dismiss anything unusual as he says a couple of weeks before his cardiac arrests, he thought he had indigestion. He says: "I thought it was just heartburn or indigestion. Maybe if I'd gone to the doctors at that stage, things might not have got as serious as they did. "I feel great now and even better than I did before I went into hospital."

Mrs S adds: "We are just glad Stephen has made such a wonderful recovery and lived to tell the tale."

Dr Ravi Singh, cardiac consultant said: "I think it is remarkable that Stephen has made such a great recovery and we all need stories like Stephen's to motivate ourselves and remind ourselves that what we do at the trust is life changing, not just for the patient, but also their family. "Stephen has been to visit the units where he was cared for and it has been uplifting for staff to see such a happy ending."

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

Multi-disciplinary teams across the Trust are working together to improve the patient experience and reduce the length of time people spend in hospital.

Ward B4 was the first to implement Red2Green on 29 August and a weekly roll-out programme for all wards is now in place.

The brainchild of NHS Improvement Senior Clinical Improvement Adviser, Dr Ian Sturgess, the concept of a 'Red2Green' (or red-versus-green day) approach is based on a simple method used to reduce unnecessary waiting for patients.

Each day a patient spends in hospital should contribute towards their recovery and discharge. Days where no recovery-enhancing treatment is given are classed as 'red days', whereas days that add value and move a patient closer to discharge are 'green days'.

The concept is complemented with the work to end 'PJ paralysis', a national campaign the Trust has embraced which focuses on encouraging patients to be more mobile by changing out of their pyjamas into day-time clothes.

The Trust is also actively taking part in the social media campaign for both initiatives. Join the movement by following us on twitter @EastLancsHosp or using the hashtags #red2green #endpjaralysis.