

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**

December 2017

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

This report is based on information from December 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

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

99.2% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 99.0% 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	3	0
Trust Improvement target (year to date)	21	0
Actual to date	27	2

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	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

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	1
Severe	1
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	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 *	98.52%	This is based on 2498 patients asked
A&E FFT % recommended*	82.32%	This is based on 1612 patients asked

We also asked 507 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?	93	
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?	98	
Did you get the care you felt you required when you needed it most?	98	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	98	

We also asked 268 patients the following questions about their care in the community setting:

Were the staff respectful of your home and belongings?	100
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?	98
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

About 12 months ago, quite suddenly, I experienced a loss of energy. I didn't know it at the time, but I thought I might be having a heart attack. I didn't do anything about it because to me it wasn't severe enough. However, about three weeks later I was walking up the same hill with my wife, joking that I would be alright if I had another one as they had a defibrillator in the pub in Higham, and it happened again. Again I didn't do anything about it but after a couple of months I started to get pains from my waist down to my feet. They became quite severe one night and I didn't get a wink of sleep so the next day I went to see my doctor. He didn't know what it was but he did an ECG and confirmed that I had had a heart attack. He said he would refer me to hospital so they could get to the bottom of it.

Episode of care

First of all I was referred to Burnley General Teaching Hospital for a treadmill test. However, when I had the test instead of my blood pressure going up it went down. They weren't too sure what the problem was so took me off the treadmill and treated me for angina. Meanwhile they sent me to Blackburn for an angiogram and various other tests to be carried out. The angiogram established that stents were not needed which is what I was hoping for really. During this time I had been getting weaker and weaker and losing energy to the point where I was exhausted following any decent walk. Dr Garg was sure that my heart wasn't pumping properly because the muscle was tight, so he arranged for me to have an MRI scan. The results revealed that I could have amyloidosis.

Amyloidosis is quite a rare disease apparently where your body produces too many proteins. Your body can't absorb all these proteins and they become amyloids and stick to your organs and stop them functioning properly. I have got grade 3 amyloidosis of the heart which is as bad as you can get and that is why my heart is not functioning properly.

Unfortunately Amyloidosis isn't treatable. I went down to the National Amyloid Centre at the Royal Free Hospital in London for tests and they explained what it was and told me the prognosis, and explained that whilst it isn't treatable there is treatment to stop it getting worse which is chemotherapy.

I have to have chemotherapy for 6 months. I come into Royal Blackburn Teaching Hospital, Ward B18 for the treatment every week for 4 weeks and then I have a week off. When I have the treatment they have to monitor me so I come in on a Wednesday, have my chemotherapy right away and then they attach me to a monitor which I have in my pocket and then after a couple of days if everything is clear and there have been no problems with my heart they send me home.

A couple of times I have experienced abnormal rhythms so they have had to keep me in hospital for a little bit longer which is fine because you get well treated.

So in 6 months, in April 2018 I will be going back to the National Amyloid Centre for more tests and to see how it has progressed. Amyloidosis is very much like cancer in a way because the treatment is similar but I also have bone cancer as well – myeloma. The two are pretty closely connected apparently and the Myeloma Trust fund the National Amyloid Centre.

I am pretty upbeat about it. It is just one of those things where you have just got to bite the bullet and do it. I am a positive person and I have friends who have cancer and they don't give up, they fight it, and that is about the best that you can ask for. But most of all the people at Blackburn Hospital have been absolutely marvellous. I have been made to feel like I am somebody special when I am not. They are just a brilliant team.

I have this problem where I become dizzy and pass out and I have had 4 falls up to now. Unfortunately one of them was on the morning I was coming in for my chemotherapy but I collapsed at home and they had to send for the ambulance and I was taken into the Emergency Department. They are very keen on making sure that I don't have any more falls which is fine because I don't want any either.

I would say from walking in the front door past the reception and getting inside the hospital, the help I have been given has been wonderful.

When I had to go up to the Chemotherapy Unit for a bone marrow extraction, I didn't know what to expect and I believed it was a nasty little procedure but it wasn't. The lady who carried out the procedure treated me with kid gloves and it was all done before I knew it. After the procedure I sat down and had a brew and a chat with people coming in and out and I read the notice board and saw all the letters and cards that had been left. That gave me a lot of confidence as well. I know some people can be really bad following chemotherapy but I have been very lucky and two months down the line I have done very well.

That is my experience up to now and everybody at Royal Blackburn and Burnley when I have been in there has been wonderful. I can't knock it all, even the food is alright.

I cannot fault the care one bit, it has been marvellous. There have been occasions where I have had a little blip but they are normal things you would expect. But the staff are unbelievable. It is not just the way they treat you it is the way they uphold your dignity as well and treat you as if you are somebody special.

I know all the staff on first name terms as I have been coming that often. I have another few months of it yet so I will get to know them even more. What you feel more than anything is the dedication. You don't find anybody grumbling or moaning and I am sure there are a lot of things they could complain about but they just get on with their work, are so pleasant and I haven't seen one person yet who is negative about anything. If you have got a good leader and your team works with that leader everything just clicks, and Christine Slater, the ward manager is wonderful. Everything clicks, everybody is devoted and everybody does their job properly and they are unbelievably kind and professional. I have never seen anything like this place for that, it's perfect.

When I went up to the Chemotherapy Unit for the bone marrow extraction I was treated so well I thought that I needed to write a letter however, I wanted to do something a bit different so I wrote a story for the staff and when I moved into Ward B18 for this ongoing treatment it inspired me to do another one. It was like a thank you really for what they had done for me and it went down well and the staff have put it up in the staff room. I am on my third one now, a sequel. I am in the ward for 3 days at a time so rather than just sit around watching television I thought I would give them something back as they deserve it.

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

Trust to Host Centre of Excellence

ELHT Consultant Physician Professor Iqbal Singh has been commissioned by Health Education England to lead on a programme to provide training for safety in the care of older people. The Centre of Excellence for Safety in the Care of Older People will be hosted by ELHT and based at the Acorn Primary Health Care Centre in Accrington. With input from national and international experts the Centre will devise teaching programmes and modules that will be widely accessible.

There is an ambitious plan to act as a regional, national and global leader creating an evidence base to continue and spread the work and patient safety knowledge through innovation, teaching and education.

Prof Singh said: "This is a great opportunity to help build a culture of professionalism which recognises the importance of safety, dignity and compassion in the care of older people, and facilitates a sharing of knowledge, skill and innovation. "With the help of eminent colleagues and experts from this region and far beyond we will enhance the learning experience of our workforce and improve the care experience of many older people".

The Centre aims to make a major contribution to the training and education of the health and social care sector workforce empowering individuals, teams and organisations to innovate and develop a culture of continuous learning, professionalism and improvement.

Chief Executive Kevin McGee, said: "Older people are a growing population and the numbers of people aged 85 and over is set to rise significantly. I am delighted that ELHT is able to play its part in highlighting the importance of safety in care by hosting this exciting project and we fully support Professor Singh and his colleagues in their pursuit of excellence."

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