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.

East Lancashire Hospital NHS Trust

April 2016

Open and Honest Care at East Lancashire Hospital NHS Trust : April 2016

This report is based on information from April 2016. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about East Lancashire Hospital 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.

99.7% **of patients did not experience any of the four harms whilst an in patient in our hospital**

99.8% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 99.7% **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	1	0
Trust Improvement target (year to date)	3	0
Actual to date	1	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/unavoidable 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 2 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Community setting
Category 2	2	2
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 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:	0.04	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 5 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	4
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:	0.17

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 January - March 2016 we asked 1579 staff in the Trust the following questions:

	% recommended
I would recommend this organisation to friends and family as a place to work	68
I would recommend this organisation to friends and family if they needed treatment	78

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 *	98.63%	This is based on 2260 patients asked
A&E FFT % recommended*	80.44%	This is based on 1743 patients asked

We also asked 682 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?	94	
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?	96	
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?	97	

We also asked 354 patients the following questions about their care in the community setting:

Were the staff repectful 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?	98
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

On 12th November 2015 I experienced sudden and severe lower back pain together with loss of bladder control. I had spinal surgery in 2007 and knew that these symptoms were red flag indicators and needed medical attention. I telephoned for an ambulance and was initially treated by a paramedic prior to the ambulance arriving. The ambulance staff were very kind, cheery and reassuring. I was given gas and air and then Morphine via a cannula which eased the pain.

I was taken to Royal Blackburn Hospital's A&E Department and seen by a doctor fairly quickly. I was admitted to AMU. The ambulance, A&E Department and MAU wards were very clean and the staff kind, caring, reassuring and professional.

I was initially admitted to AMU A and then moved to AMU B. I was then moved to Reedyford Ward at Pendle Community Hospital.

Both at Royal Blackburn Hospital and Pendle Community Hospital I was greeted, settled in bed and reassured regarding needing to use the nurse call buzzer, i.e. that I would not be perceived as being a bother.

Although the staff in AMU were great and the ward clean and seemed well run it was worrying that I was confined to bed (including meals and toileting) near to some patients who were quite vocal about their violent tendencies. I appreciate that it can't be easy for anyone and I didn't have any problem with these ladies but it made me feel vulnerable as I would not have been able to get up and move away from them if the need had arisen.

I had an MRI scan whilst in Royal Blackburn Hospital. I have had two previously and didn't know I suffered from claustrophobia until the first one and was very worried about having another. The staff at Royal Blackburn Hospital were so kind. Each time I've been given Diazepam but have still been very frightened. This time a member of staff held my hand throughout and between him and the radiographers I felt reassured which made the experience so much less frightening.

When I left Royal Blackburn Hospital I was moved by ambulance to Pendle Community Hospital. The staff were kind and the ambulance was clean and warm (it was a cold evening).

However, I was not told that Pendle Community Hospital is a rehabilitation hospital and it was not until a nurse on Reedyford Ward remarked that I should have clothes brought in as it was expected on a rehabilitation ward that I found this out. She apologised and gave me an explanatory leaflet.

Reedyford Ward was also very clean and the staff caring. The ward was light and airy although the temperature is very high which other patients remarked on too. Perhaps it could be turned down a little.

Perhaps due to the other patients on Reedyford Ward being older and some suffering from dementia there were a few occasions when I was spoken to as if I was hard of hearing and/or lacked cognition. This was a little disconcerting.

Unfortunately obtaining gluten and lactose free food whilst in hospital was not easy - I have Coeliac and am also lactose intolerant so have to follow a strict gluten and lactose free diet. I supplied my own breakfast cereal which I receive on prescription and the hospital supplied soya milk to go with it. At lunchtime it was eventually agreed that I would have salad with cooked meat or egg each day with crackers I supplied. The evening meal proved to be such a problem that my husband brought something for me every day. I made a complaint about this in the spirit of learning and moving forward and it has been dealt with by one of the Catering Managers

I was initially asked by a nurse what I did when "my carers came in", the assumption being that I needed carers and was therefore far less able than I am. Surely I should have been asked how able I usually am? It was also implied by one nurse that I was not willing to make an effort to aid my own recovery. I appreciate that she did not know me and some of the other patients did appear to be reluctant to make an effort to help themselves but I was upset that she had made this assumption. My husband spoke to staff about this and it was cleared up easily and did not arise again.

I found all the staff involved in my care to be kind, caring and professional. I was treated as an individual and my enthusiasm to be involved in my own healthcare was respected. I found having an assisted shower and needing help initially with bedpans then getting to the toilet and also with dressing embarrassing but the nurses involved were very matter of fact which made it feel less awkward. The Physiotherapist on Reedyford Ward was very good and gradually helped me to become more mobile again. Likewise the Occupational Therapists on the ward were positive and worked towards enabling me to gain independence with the relevant aids and adaptations.

Baking (with assistance) with two Occupational Therapists in Pendle Community Hospital was a fun way to spend some time and a welcome respite from boredom.

I felt sorry that some of the older ladies on Reedyford Ward spent many hours sat by their beds with no stimulation. When I asked I was told that the only activity on the ward was the twice weekly seated exercise class held in the dayroom. I attended this and found it to be useful physically and gave the opportunity for some welcome social interaction. Would it be possible for any other activities to be offered? My husband and I played Trivial Pursuit with one lady, we all enjoyed the game and each other's company.

Being much younger than the other patients I had my IPad and mobile phone as well as books and magazines to keep me occupied and in touch with the outside world. I suspect that I could have become quite miserable without this.

I was gradually more mobile at Pendle Community Hospital and found that the bathroom, day room, corridor and quiet rooms were also clean and well maintained.

Whilst on Reedyford Ward I was allocated a place at Rakehead Rehabilitation Centre but there wasn't a bed available. It was agreed between clinicians and I that I would return home and be seen on an outreach basis instead. I was subsequently seen a number of times by an Occupational Therapist at home and also by a Physiotherapist at Pendle Community Hospital. Both these clinicians were friendly, professional and listened to and talked with me (not at). I am keen to be involved in my own healthcare, to take advice and act upon it to the best of my ability and they respected this. The OT remarked that I am "a breath of fresh air" due to my attitude.

When the Occupational Therapists visited our home prior to my discharge my husband met with them and used FaceTime so I could join in the conversation from my hospital bed and see where they were proposing to put rails etc. I was thus part of the process as opposed to some of the other patients who expressed concern regarding their own homes as they felt strangers were going in and putting up rails etc. without having any involvement themselves. I feel it is important for patients to be included in decisions as much as possible rather than processes taking place as they would if the patient was a child.

If possible giving patients the opportunity to speak to a staff member in private would be good. Closing the curtains around a hospital bed does not stop everyone around hearing and I would have appreciated being asked personal questions in private.

I was impressed that the Butterfly Scheme had been adopted by Reedyford Ward. Both my late Grandmother and more recently my late Father suffered from vascular dementia. Had this scheme been in existence a few years ago it would have made life a little easier for them and our family as well as ensuring hospital staff were informed of their diagnosis.

There was some confusion and lack of communication when I left Reedyford Ward. I had been told, unambiguously, that I was going home later that day by some staff and then told I wasn't by other staff. The situation was initially quite awkward and, as it was Friday, I could have remained in hospital until the following week. It was eventually resolved quite easily and I returned home late that afternoon.

The process itself was easy but, as above, was initially confusing and caused some degree of annoyance more to my husband and family than myself. Perhaps there needs to be more effective communication between staff so everyone is giving patients the same message.

I was pleased at the kindness, professionalism and caring of the doctors, nurses, occupational therapists, physiotherapists involved in my care. The handyman on Reedyford Ward was also very cheery. I was mostly listened to and treated as an individual. My enthusiasm to be involved in my own healthcare and take as much ownership as I could was respected. One doctor remarked that my attitude was "admirable".

3. IMPROVEMENT

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

Thanks to four support workers from the East Lancashire Child Development Team, a special Sleep Management Clinic has started at the Rainbows Centre at Burnley General Hospital.

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After completing a 3 day Sleep Practitioner s training course run by the The Children s Sleep Charity, the sleep specialists are now ready to help parents and children with additional needs aged 12months to 5 years (pre-school) who attend local Child Development Centres to sleep better .

Typically 30 percent of children will experience sleep problems which increases to between 40 and 80 percent for children with additional needs. There are many different reasons why a child is not sleeping - possibly a medical reason or problems with the room they sleep in - can help to improve the situation.

After being referred by a Community Neurodevelopment Paediatric Consultant, the sleep practitioners can offer professional advice and support to help families with their sleep problems, as well as create a sleep programme designed especially for that families needs.