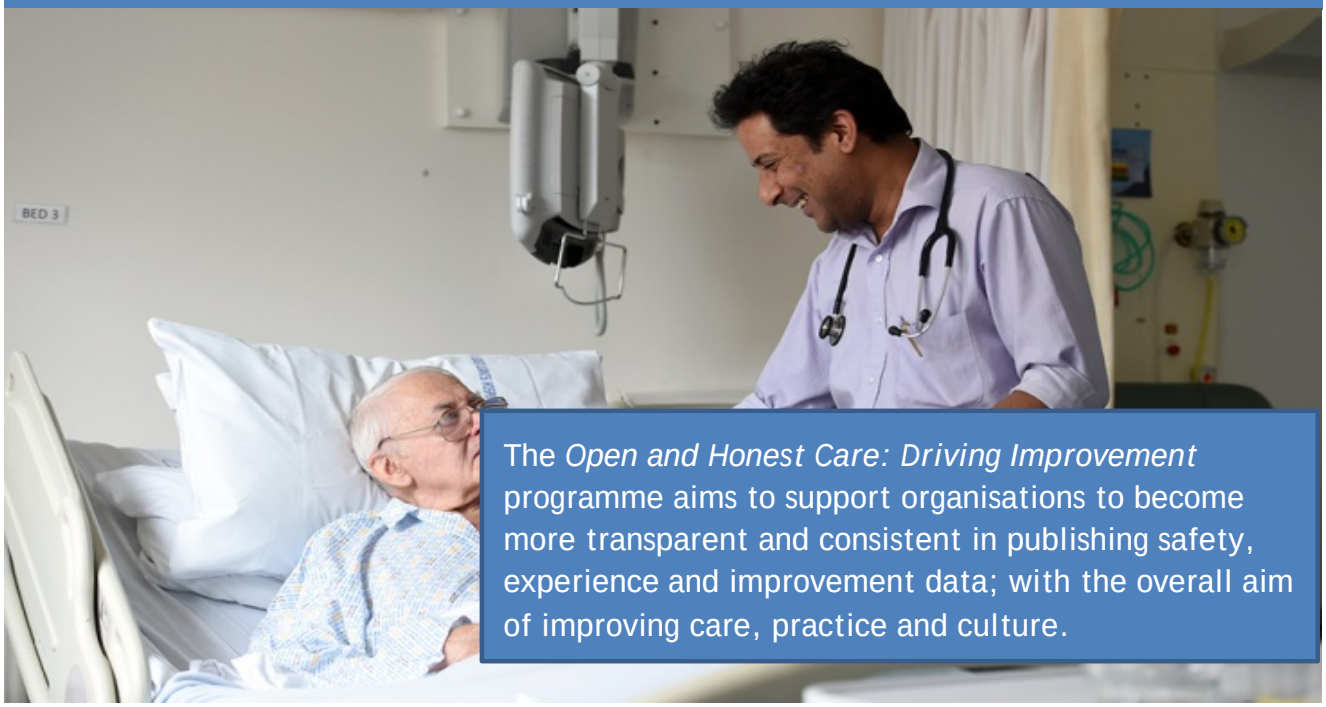
Open and Honest Care in your Local Hospital



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 Hospital NHS Trust

March 2016

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

This report is based on information from March 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.

99.3% **of patients did not experience any of the four harms whilst an in patient in our hospital**

98.8% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 99.1% **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)	28	0
Actual to date	29	1

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 4 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 3 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Community setting
Category 2	3	3
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:	0.13	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:	0.06	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	2
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:	0.10

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 2015 we asked 2007 staff in the Trust the following questions:

	% recommended
I would recommend this ward/unit as a place to work	68
I would recommend the standard of care on this ward/unit to a friend or relative 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 *	98.42%	This is based on 2717 patients asked
A&E FFT % recommended*	76.52%	This is based on 1938 patients asked

We also asked 651 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?	97	
Were you given enough privacy when discussing your condition or treatment?	97	
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?	98	
Did you get the care you felt you required when you needed it most?	97	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	93	

We also asked 276 patients the following questions about their care in the community setting:

Were the staff repectful of your home and belongings?	96
Did the health professional you saw listen fully to what you had to say?	100
Did you agree your plan of care together?	99
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?	97
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 hadn't been to the doctors in 40 years apart from undergoing medicals for my driving. My symptoms started about 6 years ago. I was on holiday and I walked to the top of a path and couldn't breathe. It was like I'd gone purple and I realised that there was something not right. I had also started to lose my bottle whilst driving for work and couldn't understand the reasoning behind it.

The GP I saw at my practice, a new one that I had joined when I gave up smoking 2 years previously, was out of this world, she kept me calm and she was the one that pushed me to see a specialist. It all happened in less than two weeks, they'd seen a shadow on my lung.

I went to see a Consultant Respiratory Physician, and he got the ball rolling for me, he was brilliant. He gave me a diagnosis of non-specific interstitial fibrosis, although my condition has now progressed to IPF (Idiopathic Pulmonary Fibrosis).

After about 6 months I was put on oxygen and once this happened it was like I could understand what had been happening.

I was also referred to Wythenshawe Hospital and the consultant there and here work really well together; The consultant at East Lancashire is very good in that he respects everything my consultant at Wythenshawe, who is a specialist in this field, says. If it hadn't have been for Burnley General Hospital and the NHS in general I wouldn't be here, I know I wouldn't. I was really poorly to start with. I had a good doctor that put me on the right medication, at the right time. If I hadn't got the medication as soon as I did I might not be here now.

The only issue that I have is that they changed the system for follow-up appointments, and the system doesn't work. The consultant might want to see you every five months but you end up waiting 7/8/9 months. That can be the difference between you being fine and being critical. For example, I didn't know my tablets had stopped working because I hadn't seen him. It was a bit worrying. But like I say that is the only thing.

One time they gave me an appointment at Blackburn and that was a nightmare because the x-ray department is so far away from the Chest Clinic, whereas at Burnley it's all in one. At Blackburn you are sat there with everyone who has a cold or chest infection. At Burnley they have their own x-ray. It is the same with bloods, you had to take a ticket and wait with everyone to have your bloods taken. I asked why I had been sent to Blackburn and they didn't really know. I was asked if Burnley was better for me which it obviously is because it's closer. It was a bit daunting at Blackburn. Also we have got to know the nurses at Burnley.

From the information my wife and I read it says that not many patients with IPF live for more than 5 years after the diagnosis, so that in itself is a shock. It's a life changing thing, and we both had to learn to live with it, one of you has the illness but you both have to deal with it as a partnership. But you have to find the funny side of it and work together. When you're looking at the bad side of things you're not living. Sometimes I get down but there are other days when I am more my normal self.

People forget that this condition affects the whole family, that's one of the things that we miss, going out as a family. When we go to visit my son who lives near the sea and go for a walk I have a scooter but the trouble is then my wife has to walk really fast to keep up with me or we're going at snail's pace! Also, we can't just go into a shop to have a look round because you have to be thinking about if you can get through with the scooter and how much oxygen you have. It's all the little things you have to think about.

The care overall, not just with me, is getting better. I have Janine (Advanced Practitioner – Integrated Respiratory Service) at Burnley who runs the IPF Support Group and it's surprising how much you learn. To start with there was a fear of asking for help but the further along we go the more we accept it. First of all when the Physio's came I dismissed everything now I'll accept it.

When we go to see the consultant it is good because he has a sense of humour. At the beginning he was quiet and softly spoken but now we have a laugh. I'm back on monthly appointments at the Chest Clinic. The IPF Support Group is great because if you were own your own you would deteriorate really quickly, you need people to take your mind off the illness and also for their partners so they can understand the illness.

Other people may have bad experiences but I can't say I have, the NHS has done me proud.

*With regard to the booking of follow-up appointments, the reason follow-up appointments for patients for respiratory are not booked as they leave clinic now is because the appointments for this group of patients were frequently being cancelled, not only due to taking annual leave, but because of the doctors on-call/on the wards pattern which changes. Therefore, patients are added to a "holding" list and they are booked as close to the date as the clinician indicated as they can be, but due to the nature of the on-call/on the ward pattern, the date due could fall during a month when the clinician doesn't have an outpatient clinic at all, therefore, they are booked slightly over the 6 month date. With the previous system, it was found that some patients were being cancelled and rearranged several times and were not seen for quite some time after they expected to be. With the current system, there is a greater chance for patients not to have their appointment cancelled by the hospital.

3. IMPROVEMENT

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

Two new state of the art radiological machines are now benefiting patients at Royal Blackburn Hospital and Burnley General Hospital. They produce the highest quality digital images much more quickly which are available for radiology staff and consultant radiologists to review within seconds. They provide excellent image quality and a large clear screen to process the images. They are also fully mobile and have proved beneficial on wards including Critical Care and Neonatal ICU.

These are the Trust's first mobile direct radiography machines and ideal for the least mobile patients. They deliver instant high quality images and image validation at the patient's bedside.

The new machines increase efficiency of the service as well as the quality of care received by patients.