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

November 2015

Open and Honest Care at East Lancashire Hospital NHS Trust : November 2015

This report is based on information from November 2015. 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.

99.0% **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 csare 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	5	0
Trust Improvement target (year to date)	19	0
Actual to date	20	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 7 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 1 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Community Community setting
Category 2	6	1
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:	0.24	Hospital Setting

The pressure ulcer numbers include all pressure ulcers that occured from xx 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:	0.02	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 6 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
Severe	3
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:	0.20

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.

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 *	98.36%	This is based on 2319 patients asked
A&E FFT % recommended*	83.31%	This is based on 1809 patients asked

* Currently the Friends and Family Test is in development for community services, but we use similar questions to help us understand our patients' experience.

We also asked 626 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?	92	
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?	98	
During your stay were you treated with compassion by hospital staff?	96	
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?	96	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	92	

We also asked 234 patients the following questions about their care in the community setting:

Were the staff repectful of your home and belongings?	97
Did the health professional you saw listen fully to what you had to say?	99
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?	97
Did you feel supported during the visit?	96
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?	100

A patient's story

I first became unwell on the evening of 30th June 2015. My temperature was slightly raised, I had a really painful headache and I also felt very sick.

I went to bed and I woke up in the middle of the night wanting to be sick, but was heaving constantly for about 5 minutes. My husband was concerned and said that I needed to try and get some sleep and see how I felt in the morning. I did fall asleep until about 5.15am when I woke up with a really bad stomach ache in the middle of my stomach. I contacted my GP Surgery and a GP called me back and I described my symptoms to him. He said he would send a Doctor to see me as soon as possible as he wanted to make sure that it wasn't anything serious. 20 minutes later a doctor arrived and after examining me, said she was admitting me to hospital as she suspected it was appendicitis.

I was admitted initially to the Surgical Triage Unit, where I was made as comfortable as I could be. The nurses were really attentive. I had my observations taken and waited to see the doctor. The doctor examined me and said that he would like to admit me and keep me in for observation. He said he thought it could well be appendicitis but he wanted to see if the pain would settle. I was then transferred to Ward C14.

When I arrived on the ward the nurse and the nursing assistants made me very welcome. I had blood tests completed and was put on an IV drip of saline, to help me re-hydrate. The nurse and the nursing assistants were excellent, they gave me Morphine for the pain and conducted observations every couple of hours.

Ward C14 was a lovely ward, probably the only ward with a beautiful view of the reservoir. It was clean and friendly and I felt secure and confident that I would be looked after.

I received fantastic care. I couldn't eat or drink as I was nil by mouth. I was in a vast amount of pain through the night and was given Morphine to relieve the pain. Observations were carried out frequently. The results of my blood tests had shown a rise in infection and when the doctor came to examine me again at 8.00am he told me I was going to surgery as it was appendicitis. He also said that if there was anything else that shouldn't be there, he would do what he had to do, without waking me up to tell me. I agreed with him and gave him my consent. I then was seen by Anaesthetist and told what the risks of the operation could be. I then signed the consent form.

With regard to having an operation, I was so frightened because I really did begin to feel very unwell. The pain was quite intense and I was very tearful. I went to Theatre at about 8.30am, accompanied by a nurse who reassured me all the way and was so empathetic. Whilst in the room before Theatre, I had the most fantastic care, the Anaesthetist discussed details with me. There were three male nurses who were absolutely lovely and made me feel so much more at ease.

Then I was transferred in to the Anaesthetic room and once again the care was fantastic. I couldn't stop crying and they were so lovely to me. I was asked to count to 10 and don't remember anything until I woke up in the Recovery Room with a nurse at the side of me. Once fully awake, I was transferred back to the ward, where the nursing staff were waiting for me to put me back into bed. They were so caring and lovely and made me feel so much better. I was given a blood clot injection, anti-sickness injections and Oramorph. I had a drink and once fully awake I had some lunch.

I was elated, the pain had gone and the pain from the open surgery, was kept under control by pain killers. At 3.00pm I got up and walked to the toilet, with little pain. I walked quite a bit that evening. The night Sister explained to me that my appendix had turned gangrenous and the doctors said it was particularly nasty. No wonder I was in so much pain!

I was so elated to be feeling so much better, that I was up all night talking to a friend I had made in the opposite bed, and who works in the same profession. I gained more confidence in walking and felt as though I could run a marathon. The atmosphere in the ward was lovely and even though I had gone through the trauma of pain and the surgery, I enjoyed my time there.

The Consultant came round to see me before I went home to let me know that my scar was clean and that if I had any sign of infection, to inform my GP and that I would be able to return to the hospital for treatment.

I left the ward at 8.00pm on 3rd July 2015. I had asked if I could wait till that time as my husband was working and couldn't pick me up until then. I wasn't rushed, and had my lunch and tea.

All medication had been organised and ready for me at lunch time together with a discharge note. My dressing was changed and observations were taken up to my leaving the hospital.

What I remember the most is the care and attentiveness of all the staff. The doctor was really down to earth, had a good sense of humour and his care was faultless. The nursing staff, Wendy and Elizabeth, were absolutely fantastic.

Staff experience

Between July - September 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

3. IMPROVEMENT

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

One of the themes arising from the feedback we receive from patients is waiting times in the Emergency Department and Urgent Care Centre at Royal Blackburn Hospital. Whilst patients may be happy with the care and treatment they receive, they are concerned about the length of time they have to wait.

In order to ensure that patients understand how long they may have to wait, the Emergency Department has recently installed an electronic information board do display waiting times to patients. In addition a leaflet has been developed and is being used in the department to explain to patients and relatives why they may have to wait and that whilst the department may appear quiet, there may be a lot happening "behind the scenes".

Supporting information