

# Open and Honest Care at East Lancashire Hospitals NHS Trust : October 2019

This report is based on information from October 2019. 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.

**98.4% of patients did not experience any of the four harms whilst an in patient in our hospital**

**100.0% of patients did not experience any of the four harms whilst we were providing their care in the community setting**

**Overall 98.9% 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>	0	0
<b>Actual to date</b>	0	0

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 3 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	3	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: 0.11 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.



### Staff experience

Between July - September 2019 we asked 1339 staff in the Trust the following questions:

I would recommend this ward/unit as a place to work

% recommended

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

### 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>98.79%</b>	This is based on 2323 patients asked
<b>A&amp;E</b> FFT % recommended*	<b>83.79%</b>	This is based on 1987 patients asked

We also asked 569 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?	96	
Were you given enough privacy when discussing your condition or treatment?	98	
During your stay were you treated with compassion by hospital staff?	100	
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?	99	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	99	

We also asked 300 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?	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?	96
Did you feel supported during the visit?	100
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

### Minor Injuries Unit - Accrington Victoria Hospital.

#### Anonymous patient comments received via NHS Website

##### Outstanding

I had to visit today with my son, who has broken a bone in his hand. The staff were amazing and friendly as well as professional and kind. The speedy service meant we were sorted within the hour. Above all what stood out to me was the nursing staff's manner and kindness which really put myself and my son at ease. Thankyou.

##### Efficient and Friendly

After falling from a ladder, I thought I'd better get checked out. From entering the hospital to leaving after x-rays, broken bone diagnosis, aftercare fracture clinic appointment made, it took only 30 minutes. Great service, really friendly staff, I cannot praise them enough. I have no plans to fall from the top of ladders again, but if I do, I know where to go for the best care. Thank you to all the team there.

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

### Rapid Diagnosis... at a Stroke!

ELHT's Stroke Services Team, in partnership with Virgin Media Business, has introduced a Telestroke service which provides consultant-led out-of-hours stroke care to reduce disability and death among Cumbria and Lancashire's 2.2 million population.

Prior to the implementation of the innovative Telestroke service, ELHT and seven other North West trusts had an existing 9am - 5pm, Monday to Friday stroke thrombolysis service available. ELHT turned to Virgin Media Business to help establish and implement an out-of-hours Telestroke service so that care was available 24/7.

"80% of strokes are caused by a blood clot blocking an artery that feeds the brain," explains Nurse Consultant Cath Curley. "Patients with this type of stroke need rapid access to the blood clot busting agent, thrombolysis, which can reduce the symptoms of strokes and improve the rate of survival."

Already over 500 advice calls and patient assessments have been handled by the doctors since its launch and, as a result, more than 200 patients have been given the lifesaving treatment.

"Telestroke transforms the way we deliver patient care. By harnessing the power of technology we've removed geographic obstacles to allow our staff to bring our patients cutting edge medical care. By taking the stroke specialists to the patient rather than vice versa, we're saving critical – sometimes lifesaving – time, and giving the right treatment sooner," says Clinical Director of Medicine for Older People, Dr Nick Roberts.

With the support of Dr Roberts, Cath Curley and Stroke Specialist Nurse Lucy Clayton, our partners at Virgin Media Business have released a short Telestroke film to explain this lifesaving technology in detail [https://www.youtube.com/watch?v=4Dds3H\\_IBU8](https://www.youtube.com/watch?v=4Dds3H_IBU8)