

## 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 Hospitals  
NHS Trust

August 2018

# Open and Honest Care at East Lancashire Hospitals NHS Trust : August 2018

This report is based on information from August 2018. 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**

**99.5% 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>	5	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 5 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	5	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: 0.18 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 1 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
Severe	0
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: 0.04

## 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	76
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	85

#### 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>95.59%</b>	This is based on 2380 patients asked
<b>A&amp;E</b> FFT % recommended*	<b>82.69%</b>	This is based on 1756 patients asked

We also asked 428 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?	94	
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	89	
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 271 patients the following questions about their care in the community setting:

Were the staff respectful of your home and belongings?	98
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?	96
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?	99

## A patient's story

My son has been looked after by various professionals at Royal Blackburn Teaching Hospital since being born at 27 weeks and being in the Neonatal Intensive Care Unit (NICU). Most recently he has had his tonsillitis and adenoids removed.

I can truly say pre and post op his care has been exceptional. Before his operation he was shown around the children's ward, told about the operation and met the play therapist. On the day the doctor's, anaesthetist and nurses introduced themselves and asked his thoughts and if he had any questions when he became anxious. He was promptly taken to theatre and when he returned he had received a gift from the play therapist and was promptly given medication and asked what he would like to eat as an incentive to eat and a really kind nurse gave daddy a sausage butty. This care continued through the night with a nurse giving us extra blankets to keep warm (me and daddy), not our son who was already cosy.

The next morning again he received medication and food promptly so he was always comfortable and when he became anxious he was given a thorough check up before being discharged. So my point is!

What could have been a very difficult situation was flawless due to the staff who initially listened and kept our child at the forefront of their care so thank you so very much NHS and Royal Blackburn

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

### ELHT the Best 'PLACE' for Patients

Top marks for food, cleanliness, hygiene and disability friendly environment have been awarded to ELHT in the Patient-Led Assessment of the Care Environment (PLACE) report for 2018. Compiled from reports by 85 independent inspectors during spring 2018, the Trust's food rating rose to 84.88%, a significant boost on the previous year's score of 81.94%. A major factor in this improvement was ELHT's new hydration and nutrition strategy, which has improved the nutritional value of food served at each of our five hospitals.

ELHT also achieved high scores for cleanliness and condition, appearance and maintenance, which remain over 90% (94.40% and 91.86% respectively).

"We welcome the 2018 PLACE inspections which gave patients and local people the opportunity to view for themselves our facilities and score them against national standards," says Chief Executive, Kevin McGee.

"We are pleased with the results which are proof that our staff work hard to provide the highest standards possible, although we know there is more work to be done to improve the physical environment of our hospitals for our patients."

PLACE inspectors also increased the Trust's ratings for disability domain (88.45%) and dementia friendly domain (85.38%), both of which scored well above the national averages.

"The PLACE results are an excellent indicator of how we continuously improve the hospital environment," added Kevin McGee. "We thank the independent inspectors for their opinions which will help us to make further improvements to things that really matter to patients, families and carers."

PLACE assessments take place across the country and patient assessors (local people) go into hospitals to assess how well NHS organisations are meeting the needs of patients, and identify where improvements can be made.