

Open and Honest Care in your local hospitals



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 Hospitals
NHS Trust**

January 2019

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

This report is based on information from January 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

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

99.0% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 99.0% 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.safetymeter.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)	0	0
Actual to date	0	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 pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.**

This month 0 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 setting
Category 2	0	1
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: 0.00 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: 0.02 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 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: 0.11

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	80
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	88

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;*

In-patient FFT % recommended *	96.88%	This is based on 2373 patients asked
A&E FFT % recommended*	84.36%	This is based on 1726 patients asked

We also asked 436 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?	94	
Were you given enough privacy when discussing your condition or treatment?	97	
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?	97	
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 236 patients the following questions about their care in the community setting:

Were the staff respectful of your home and belongings?	99
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?	97
Did you feel supported during the visit?	99
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

I have had very, very big legs all my life which I have since learnt was Lipoedema. Lymphoedema happened after this. 4 years ago I went to the doctors because my legs were getting worse and I was referred to the Orthotics Department at Royal Blackburn Hospital to see if they could make me some special shoes to wear for winter as I was finding it difficult to find closed shoes but they said they were unable to make me any shoes due to the condition of my legs. They wrote to my GP suggesting that I be referred to the Lymphoedema clinic although I was unaware of this letter at the time. However, nothing happened. 4 years passed and then in January this year, I twisted my back or something and experienced a pinched nerve and because of this I couldn't walk or stand properly. As a result of being unable to move properly my legs got worse and worse. We then had that excessive heat wave and my legs just ballooned. I have never ever seen them that bad before and that's when I went down to the doctors again and I actually begged them to send me to the clinic as I couldn't live with them anymore. I was subsequently referred to the Lymphoedema clinic at the Acorn Primary Care Centre in Accrington.

I attended the clinic and the staff informed me that they had never seen legs as bad as mine were and if I'd attended 4 years ago I wouldn't have had the problems that I have got now.

During the heatwave, my legs had burst out in tiny little pimples which grew and just got worse and worse and it didn't matter what we tried. We have tried anti-biotic creams, we tried everything and they just would not heal. All around my calf area was absolutely just riddled with sores. Eventually, Iodine and Betadine had to be used.

I did six weeks of bandaging and then I've been fitted with compression stockings and wraps since then. I went back to the clinic last Friday and they were very happy.

The treatment definitely worked and the swelling has reduced. I lost 13 kilos in weight and I lost 10 inches overall from my legs - about 5 litres of fluid from each leg

So I was very happy with it.

They think I might lose more but they don't know. However, I have been told that they can never get my legs back to being what they classify as normal legs.

The staff are absolutely lovely. They are like a family. You don't know what to expect the first time you go. They did all the measuring of both legs and then they did the bandaging. The first time they did the bandaging, I was tears when I walked out of there because it was so tight. As you progress through the day it gets tighter and tighter and tighter but then it sort of eases off a little bit. It is very difficult to walk but you get used to it.

It was very difficult the first week, and maybe the second week but by the sixth week, it was alright. I was just glad it wasn't during the heat of the summer because that would have been very awkward, but at the moment, I would prefer to go back to the bandaging than put these compression stockings on because they are very difficult to put on.

The staff are lovely, really supportive. If I have a problem or anything, I can phone them up and talk to them... they are just like a family. After you've been there a couple of weeks, you feel like you've known them all your life. You get such a lovely welcome when you walk in, really, really nice. They are a great team.

I've been through a lot of problems and a lot of heartache but even now I can't wear shoes. I've managed to get a pair of men's shoes but they are not best for walking in. I was told that as my heels had disappeared they couldn't make a shoe that could fit against my heel. With the compression stockings on I cannot wear a normal shoe. Before bandaging and compression stockings, I was managing to get the little ballerina shoes but when purchased they were too tight so I had to wear them in the house to loosen them up a bit, but it was very awkward.

Before bandaging I went to have shoes made in Clitheroe because they advertised their shoes for people with different and difficult feet. I went there to see if I could get a pair of shoes and bless them, they tried on, I think every pair of shoes in the shop but they couldn't get one to fit me

He said that he knew the people at Blackburn Orthotics Department and would write me a letter to get me in there for them to make me a pair of shoes. When I eventually got an appointment, I went back and I saw the same woman that I had seen 4 years previously and that is when she informed me that she had written to my doctors and asked them to refer me to the Lymphoedema Clinic.

That is when I went back to my doctors and actually I just burst into tears because between my back and my legs it was just horrific to try and live. That's when they sorted out the referral. I had to wait 4 or 5 weeks before I got an appointment but what a pleasure once I had been seen. They really are lovely, we end up giving each other hugs and things like that. They are really lovely people, caring, compassionate, and professional. The make you feel at home.

GP'S don't know enough about Lymphoedema. I think all clinics, all doctors should be made to have training because then they'll understand. At the moment, they don't understand what it's all about. It's not only cancer patients that get the Lymphoedema, its too people as well even children can develop Lymphoedema. It can be hereditary, just something that is in your genes. I think that it is important that the NHS, the doctors understand the hereditary side of it.

It took an extra four years for anything to happen. If I had been treated earlier I think it would have been much, much better. Just the fact that I haven't been able to move around and just sitting, I know makes it worse.

I go back to the Lymphoedema Clinic at the end of January when the staff will measure my legs again and assess whether I need more bandaging done. They have said that they if they can reduce the fluid further then they will do it.

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

Award Winning Staff Support

ELHT has won a prestigious award from the Health Service Journal in recognition of our hugely successful 'Engage to Make a Difference' project.

On winning the category for 'Creating a Supportive Staff Culture' Kevin McGee, Chief Executive, said: "The HSJ Awards are held in extremely high esteem in the health care sector, so to win this is an absolute honour. I'd like to thank our Director of HR&OD, Kevin Moynes and his team for all their work on this, and congratulate them on this achievement."

Head of Staff Health, Well-being and Engagement, Lee Barnes said "Our 'Engage to Make a Difference' project is designed to ensure staff feel valued, appreciated and listened to. It includes the creation of a 'safe' environment for staff to communicate their worries. "We have worked tirelessly over the last few years to ensure our staff feel supported and know they have the 'freedom to speak up'. It is vitally important to us that we provide an environment in which our staff feel comfortable in raising concerns or issues without fear.

"We were one of the first Trusts in the country to appoint a Staff Guardian, Jane Butcher, and she is closely supported by our Staff Engagement and Health and Wellbeing Teams.

"The results of the latest national staff survey now show above average scores for engagement. The Trust is ranked in the top 20 per cent of organisations on 16 key measures of staff satisfaction. Staff satisfaction is proven to increase effectiveness and enhance the patient experience.

"We are delighted that surveys show 81% of staff would happily recommend the organisation for care and treatment, and 74% as a place to work."

The Trust's Home First service was also shortlisted for the category 'Improved Partnerships Between Health and Local Government'. In partnership with Lancashire County Council, Home First supports people to find the best way to support their healthcare needs and help them to be as independent as possible.