

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**

February 2018

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

This report is based on information from February 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

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.

99.1% of patients did not experience any of the four harms whilst an in patient in our hospital

99.6% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 99.3% 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	3	0
Trust Improvement target (year to date)	26	0
Actual to date	32	2

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 1 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	1	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: 0.04 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

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 4 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
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: 0.16

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	74
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	81

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 *	98.08%	This is based on 2139 patients asked
A&E FFT % recommended*	80.42%	This is based on 1527 patients asked

We also asked 550 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?	90	
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?	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?	97	

We also asked 347 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?	97
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	98
Did you feel supported during the visit?	99
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

Hip and Knee school

If you are going to have a knee or hip replacement I would strongly recommend that you attend the hip and Knee school.

There is a nurse there and a physio therapist to answer any questions or concerns that you may have before you have your operation.

The class lasts for about an hour and a half and step by step you will be guided through what will happen ,before during and after your operation.

There will be questions and answers between all who attend which can be very helpful plus you will get information about the hip or knee joint replacement which ever is relevant to you .

I found it really helpful myself and was so glad that I did go, at least you go into Hospital knowing what to expect .

And you can pick up lots of useful tips from other people and going can help ease your mind .The nurse and physio are extremely helpful and will be able to help with any worries or concerns you may have .

So please go you will take home some useful information which will help you have a good recovery from your operation

Follow up post surgery

I went onto ward 15 on the 1st February 2018 for a total Knee replacement operation.

I found the ward to be exceptionally clean and the staff were all very welcoming ,and not just the odd nurse All the staff were the same All were welcoming and friendly.

I happened to be the first on the list for my operation, the anethesist came and had a chat with you as did the surgeon to explain what would happen and to put you at your ease.

All went well, operation went great, no complications at all .

From the minute you were back on the ward after your operation you had the most excellent care, nothing was too much trouble,very professional and caring staff each and every one of them alike.

The food was good too in all the days of my stay I did not have one bad meal the menu was varied, plenty of choice, and tasty.

Thank you to all of WARD 15 for all the excellent level of nursing and care you gave me. This ward and all of the staff working on it at this time are a credit to Burnley General Teaching Hospital .

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

Placenta Clinic Shortlisted for Innovation Award

What better way to start the year than with an award nomination? ELHT's Placenta Clinic, based at Lancashire Women and Newborn Centre, was shortlisted for an iNetwork Healthcare Innovation Award.

The team made the final four in the Healthcare category for their exceptional work in detecting growth restrictions during pregnancy.

The clinic which was set up by Mr Martin Maher, Consultant Obstetrician, aims to reduce stillbirths by diagnosing growth restrictions which can be caused by problems with the placenta.

Conventionally women would stop receiving scans at 36 weeks which meant that many small babies were left undiagnosed. However, problems with the placenta can occur at any point during pregnancy and so women at risk are monitored closely. Careful surveillance helps consultants and midwives time a small baby's delivery perfectly so that when they enter the world they are given the best opportunity to grow to be healthy happy babies.

"For every day Baby is in the womb, the chance of survival increases by 2% so timing and balance is really crucial here" said Martin. "Previously women would have had to travel to Manchester and some would even face the devastating reality of losing their little one."

A recent audit has shown that stillbirth rate at the Trust is at its lowest level for years, seeing a 20% decrease since the clinic commenced and a huge reduction in the number of babies born with undiagnosed growth problems. Results from the eight- month audit have also revealed that the detection rate for foetal growth restriction has gone from approximately 50% to 98%.

ELHT is currently one of only two Trusts in the North West to offer this service to high risk mothers. The clinic sees around 100 women a month, performing around 1200 scans a year and this number is increasing. The clinic has received funding for two midwives to train to perform scans which will detect women with placenta problems. One of these midwives sonographers is already in post.

The ceremony for the iNetwork awards took place on 30 January. Unfortunately the accolade will not be coming home to East Lancashire this time but we congratulate Martin and his team on being shortlisted.