

Open and Honest Care in your Local Hospital



Report for:

**East Lancashire Hospitals
NHS Trust**

April 2017

Open and Honest Care at East Lancashire Hospitals NHS Trust : April 2017

This report is based on information from April 2017. 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.

99.2% of patients did not experience any of the four harms whilst an in patient in our hospital

99.4% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 99.2% 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	2	0
Trust Improvement target (year to date)	2	0
Actual to date	2	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 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 setting
Category 2	6	0
Category 3	1	1
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: 0.25 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 0 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	0
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: 0.00

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	75
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	82

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 *	98.04%	This is based on 1640 patients asked
A&E FFT % recommended*	75.87%	This is based on 2342 patients asked

We also asked 522 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?	96	
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	93	
Were you given enough privacy when discussing your condition or treatment?	97	
During your stay were you treated with compassion by hospital staff?	99	
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 316 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?	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

Mrs M was admitted to hospital on 31st March 2016 following a fall at home and sustaining a fractured right ankle. She was given strict instructions not to weight bear on the right foot to aid faster recovery, however this instruction was complicated by the fact that Mrs M has a diagnosis of dementia and couldn't remember to follow the instruction not to attempt to stand and walk.

Prior to admission Mrs M lived at home in her bungalow in the Pendle area, she managed most personal care tasks and other activities of daily living (such as preparing meals, drinks and snacks) independently.

Mrs M was subsequently transferred to ward 16 at Burnley General Teaching Hospital and was then transferred to a nursing home for a period of recovery and rehabilitation.

Mrs M was given a weight bearing status and commenced her rehab, but as she had deconditioned whereby she had undergone prolonged immobility and lost muscle tone, she was very unsteady on her feet and certainly not safe to mobilise independently. Again it was difficult to manage this risk as Mrs M could not remember not to try to mobilise on her own which did result in her having a couple of 'near miss' falls whilst in the nursing home.

The Rossendale Integrated Therapy Team provided an enhanced goal focused rehabilitation plan; the main goal was to improve Mrs M mobility whilst at the nursing home, to a point where she could safely return to live in her own home.

When Mrs M had made good progress and was approaching ready for discharge from the nursing home a multi-disciplinary meeting was held with Mrs M and her family members, nursing home, Integrated Care Allocation Team (ICAT), and the Rossendale Integrated Therapy Team.

Because Mrs M continued to not understand her own health and social care needs due to her dementia a Best Interest Decision was made by the social worker in ICAT that Mrs M should be cared for in her own home.

A flexible care package was commissioned by ICAT, whereby the family could utilise 30 hours of social care support per week to support Mrs M as and when required to fit in around when the family were able to care for her and when they were at work or pursuing family social activities that Mrs M would not be taking part in.

Positive Outcomes

Mrs M continues to be able to rise to a stand and mobilise independently at home. Mrs M is happy at home, the thought of entering into a care home environment makes her feel anxious and upset. The family feel well supported with the commissioned care package, and there have been no further hospital admissions or requests for increase in care. Mrs M's admission to hospital and subsequent discharge from the nursing home was completely managed by East Lancashire Hospital Trust acute and community services.

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

Cancer patients will benefit from the new Chemotherapy Day Unit that opened this month at Royal Blackburn Teaching Hospital.

The new chemotherapy department, which has relocated from a small unit on the third floor to a larger expanded unit on the top floor of the hospital, comprises more treatment and consultation rooms along with a large reception and waiting area. There is now a quiet room in the unit, where patients and their families can reflect as well as be given important information in a comfortable setting.

"We needed more space in our unit as services expanded and the patient demand grew," said Chemotherapy Unit Manager, Ruth Brierley.

"The move to the bigger and better unit really will improve everything for staff and patients."

All six treatment rooms in the new unit are more spacious with en suite facilities, and one of the rooms will be equipped with games consoles and a DVD player for teenagers and young adults. Consultants now have their own room too.

Chief Executive, Kevin McGee, said: "We have first rate services and a first rate team who now have first rate accommodation to provide more effective care for our patients."