

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.

Report for:

**East Lancashire Hospitals
NHS Trust**

September 2019

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

This report is based on information from September 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.

98.5% of patients did not experience any of the four harms whilst an in patient in our hospital

99.7% 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	7	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 2 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	2	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: 0.08 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 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 2019 we asked 1339 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	83

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 *	98.49%	This is based on 2380 patients asked
A&E FFT % recommended*	85.63%	This is based on 1830 patients asked

We also asked 497 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?	97	
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	95	
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?	99	
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?	99	

We also asked 269 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?	98
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?	95
Did you feel supported during the visit?	98
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?	99

A patient's story

Ward C22 for the excellent care of my Grandfather

I can't express the how grateful we are as a family to have the most excellent care of my Grandfather .

My Grandfather came into Blackburn Royal hospital as an outpatient for a prostate operation to remove his catheter bag. The operation was a risk at the age of 87 but he was adamant he wanted to give it a go. My Grandfather came through the operation unfortunately he caught aspiration phenomena and sepsis a few days after the operation. The doctors explored every single avenue to help him make a recovery from intensive care doctor, acute medical team within night to help him. They had taken various blood tests and the results had come back very fast. On Wednesday after exploring every avenue to help him before he started Palliative Care a wonderful nurse came to see us and explained everything with such detail and respect as we have never been through this as a family before.

After 5 days of my Grandfather on Palliative Care we had the most respectful and compassionate care as a family by the health care assistants one in particular a lady had sat with my grandfather while we had gone for a break. Another lady went above and beyond to get us a bed from the children's ward so we could stay with my grandfather her compassion was phenomenal. On the night my Grandfather passed away the same lady was working and she explained she would look after him we felt comfort in that. The nurses on C22 have been amazing, two especially as nothing was too much regular checks on us as a family and my grandfather. He was moved regularly to prevent him getting sore and nothing was too much for these amazing people! You are truly an inspiration!

My grandfather took his last breath with all his family members around him at 22:32. We are heartbroken but the care the NHS have given to our family has been phenomenal! We can not thank you enough!

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

Supporting Public Participation

The Trust is committed to working in partnership with patients, their families and carers, the public and other external groups to help improve services and has recently established a Public Participation Panel (PPP).

The Trust's Patient, Carer and Family Experience Strategy launched in April 2018 outlines how our staff, patients, families and carers and stakeholders can all work together to ensure that patients have the best possible experience when using our services.

Christine Pearson, Executive Director of Nursing says: "One of the main priorities of the strategy is to have patients and public actively involved by the introduction of a Public Participation Panel. The aim is that members of the panel will be involved in quality improvement projects using a co-design approach to ensure that the views of patients and carers are always considered and our services meet the needs and perspectives of service users".

An open event held last January was well attended and expressions of interest received from members of the public with wide-ranging experience including previous experience of working in healthcare, former ELHT non-executive directors, links to GP PPGs and third sector organisations such as the Carers Service, Healthwatch and Age UK. Most importantly, however, all had experience of using ELHT services as a patient and/or carer.

The Patient Experience Team are being supported with the PPP by Sarah Johns, Project Manager at Healthwatch Blackburn with Darwen. "Healthwatch is really excited about the development and ongoing work of the PPP and is keen to work with their members to ensure that the patients' voice is at the heart of shaping ELHT's services."

The PPP has now been established for six months and meets regularly. Ian Woolley MBE, former Chair of Blackburn, Hyndburn and Ribble Valley Trust has been elected Chair of the panel. Ian says: "I am delighted to be back helping the Trust improve patient care and, in particular, to pursue its ambition to achieve an "outstanding" CQC rating."

We have got off to a marvellous start with members already becoming involved in a number of projects for the Trust including working with Healthwatch to support a project to understand why young diabetic patients fail to attend appointments, and the Transition Safely Project, a multidisciplinary and multi-organisational improvement activity looking at safe transition from ward to destination.

The PPP has been given a great opportunity and we need to make full use of that opportunity and do everything we can to help improve patient care".

It is also planned for PPP members to become involved in the Quality Walk Rounds undertaken by the Executive Directors. This will give them the opportunity to visit wards and departments, meet with staff and engage with patients