

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**

August 2019

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

This report is based on information from August 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

99.6% 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.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	5	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 3 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	3	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: 0.11 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 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 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 *	98.99%	This is based on 2379 patients asked
A&E FFT % recommended*	85.91%	This is based on 2335 patients asked

We also asked 535 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?	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 294 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?	98
Did you agree your plan of care together?	96
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?	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

Podiatry Services at Colne Health Centre

Very helpful, informative and fantastic

My Son had a partial nail removal due to an infected ingrowing toe nail.

He was talked through the options of what could be done and advised about what would happen and what to expect.

On the day of the surgery he was told again what would be done, advised about pain relief afterwards and I was advised how to dress his toe following the surgery.

The surgery was very neat and thorough so there has been no recurrent problems and it has healed quickly and looks very neat.

Many thanks to the lady Podiatrist who was so helpful and kind, she took the time to make the information easier for my son to understand and that was very helpful in making him feel relaxed and calm about everything.

Also this lady does THE BEST TOE DRESSING I've ever seen!

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

Patient Technology Innovation Scoops National Award

The digital revolution benefitting ELHT patients and staff has been recognised at the highest level with a winning performance at the national Paperless Awards 2019.

At Manchester Airport Visitor Park in the shadow of a former British Airways Concorde, Directorate Manager for Outpatient Services, Sue Elliston collected the 'Best Use of a Digital Solution' award in recognition of the trust's successful introduction of new Patient Portal technology.

Introduced in partnership with Healthcare Communications, Patient Portal transforms the experience for outpatients who can now confirm, cancel or rebook their appointment with one click of their smartphones. Once confirmed, the appointment can be added directly into the patient's digital calendar or printed to reduce the risk of forgetting the appointment. Christine Pearson, Executive Director of Nursing, said: "Congratulations to Sue, her colleagues and our partners at Healthcare Communications on this fantastic and well-deserved achievement."

"Our new digital Patient Portal technology has been welcomed by patients and staff. Overall it is a better, much smoother system that enhances the patient experience today and for many years to come."

Not only has the ELHT Patient Portal been a success with patients, it's also reduced missed appointments and delivered financial savings.

In comparison with the previous year, in the last 12 months the Patient Portal has achieved a drop in the trust's did-not-attend (DNA) appointment rate to 7.5 per cent, significantly lower than the regional average and freeing up 10,000 additional appointments that would have been wasted.

"Not only is the Patient Portal much more convenient for our patients but, as a direct result of adopting this technology, East Lancashire Hospitals is now saving £120,000 a year in postage costs," says Sue Elliston.