



Report for:

## East Lancashire Hospitals NHS Trust

September 2016

# Open and Honest Care at East Lancashire Hospitals NHS Trust : September 2016

This report is based on information from September 2016. 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

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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.

**98.9% of patients did not experience any of the four harms whilst an in patient in our hospital**

**99.3% of patients did not experience any of the four harms whilst we were providing their care in the community setting**

**Overall 99.1% 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)

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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
<b>This month</b>	5	0
<b>Trust Improvement target (year to date)</b>	14	0
<b>Actual to date</b>	16	0

For more information please visit:

[www.website.com](http://www.website.com)

## Pressure ulcers

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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 5 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	4	0
Category 3	1	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:  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:  Community

## Falls

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

Severity	Number of falls
Moderate	1
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:

## 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 April - June 2016 we asked 1294 staff in the Trust the following questions:

	% recommended
I would recommend this ward/unit as a place to work	72
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	80

### 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;*

<b>In-patient</b> FFT % recommended *	<b>98.35%</b>	This is based on 2238 patients asked
<b>A&amp;E</b> FFT % recommended*	<b>75.79%</b>	This is based on 1656 patients asked

We also asked 603 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?	95	
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?	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 372 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?	97
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?	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

My baby daughter was born at Burnley Central Birth Suite. So many of my friends have experienced negative birth experiences in hospital (not just in ELHT) so I wanted to make the Trust aware of my really positive experience.

I was admitted into the Central Birth Suite during the early hours of 25<sup>th</sup> January 2016 as I had gone into labour. I was allowed to use the birthing pool but unfortunately it didn't offer me enough pain relief. I was given Diamorphine for pain relief and in the afternoon I asked if I could have an epidural. The staff were happy for me to have an epidural and 2 anaesthetists came to carry out the procedure. One of them was a trainee and was supervised in undertaking the epidural. She did struggle a little bit to get the needle in the right place but she did it and the epidural worked well for me during labour.

All the staff were very attentive. I had 2 midwives caring for me during labour, Lindsay who was there during the morning and Anna who was there for the rest of the day (12 hours). They were really attentive and really caring and everything was explained to me.

When my baby became distressed the room immediately filled with people, midwife, doctors, and anaesthetists. I had to have a forceps delivery. I hadn't wanted this but it was fine and everything was explained to me.

Unfortunately, I suffered a third degree tear so had to go to Theatre for this to be repaired. The procedure went well and the whole process was explained to me every step of the way. After surgery, the staff from Recovery brought my husband and baby down to me which was really nice of them.

Some of my friends, who had also suffered a tear, have told me of various complications they experienced afterwards but I had nothing like that.

So many things were good, but mainly the staff, and I came into contact with so many staff.

My baby was born at the end of a long shift for the staff but they were still attentive and caring. Everything was explained and I never felt that things were "just being done to me".

Facilities in Central Birth Suite are fantastic, and I took pictures of the room for a keepsake and my friends could not believe how big and well equipped the room was.

When I went home from Burnley General they gave me a pack to inject myself to prevent clotting. I have not heard of anyone else having that and thought that was excellent that they do that at Burnley.

The aftercare was very good too. I have been back to the hospital for a check-up and everything is fine. The staff in the Gynaecology Outpatient Department were very good as well, particularly Annette, the Nurse Practitioner, who was lovely

## 3. IMPROVEMENT

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

A new 'Health and Wellbeing Passport' to help children and young people with a learning disability communicate better with doctors and other health providers has been introduced.

Developed by East Lancashire Hospitals, NHS Blackburn with Darwen and NHS East Lancashire Clinical Commissioning Groups (CCGs), the Health and Wellbeing Passport can help doctors and nurses who care for children and young people with learning disabilities and/or complex needs know more about the patient, providing a better understanding of the support they require. This makes a visit to the hospital less stressful for the child or young person with learning disabilities.

Formatted as a colourful and informative booklet, the passport is designed to offer additional information that can benefit a child's care. This includes their likes and dislikes, how they communicate and how to reassure them. The booklet will support the child or young person's clinical records and will ensure the child or young person doesn't have to repeat their history several times, making life easier for them.

Clinical staff will have to hand all the information required to care for the child/young person, especially if there is no parent or carer available.

An 'About Me' card will also be given out with the passport, that signals to anyone that comes into contact with a young person that has a learning disability that they may need further assistance. The passport and 'About Me' card can empower a young person to be more independent, and improve the communication between the patient and the carer.

The passports are currently being distributed via the local community children and young people's mental health teams, and at both Royal Blackburn and Burnley General hospitals.