

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.

**East Lancashire Hospitals
NHS Trust**

April 2019

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

This report is based on information from April 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.

98.2% of patients did not experience any of the four harms whilst an in patient in our hospital

99.5% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 98.7% 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)	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 4 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	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: 0.15 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 2 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	2
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: 0.07

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	79
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	87

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 *	98.71%	This is based on 2326 patients asked
A&E FFT % recommended*	81.32%	This is based on 1499 patients asked

We also asked 479 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?	95	
Were you given enough privacy when discussing your condition or treatment?	98	
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 217 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?	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?	98

A patient's story

I had my first hip replacement 7 years ago at Wrightington. At the time my other hip was deemed to be "moderate". I have been seen regularly at Wrightington and my other hip hadn't been too bad up until this last year, the last 6 months really. I had been to Wrightington in January and then went back in August, when it was agreed that I would go on the list for an operation because it was getting worse. Wrightington then notified the Integrated Therapy Team that I was on the list for a hip replacement and they contacted me straight away to arrange an appointment. The treatment I have received from the Integrated Therapy Team has been fabulous.

Following the referral by Wrightington somebody from the Integrated Therapy Team rang me up and made an appointment for me with Paula. I then received a letter confirming when she would be visiting. The first appointment was 20th September so they were pretty quick, which is good isn't it.

Paula came to see me on the 20th September and she was really good and explained everything to me. When I had my first hip replacement 7 years ago my circumstances were different because I had my husband. However, he died 2 years ago so the information and help I received was more important as I am now on my own.

Paula explained about all the equipment I could have some of which I already knew about, but she also told me about a trolley I could have for my kitchen, and that's been wonderful, and there was something for the side of the bed to help me get in and out. She measured all the chairs and the bed, checking that everything was the right height, and explained about getting in and out of bed and going up and down stairs, which you forget. She was absolutely brilliant and she ordered all the equipment which came the following week.

The equipment arrived on 24th September and Paula rang me the day after to ask if it had arrived and said she would come that afternoon to set it all up for me.

At that time I hadn't got a date for my operation but Paula said she would come and adjust everything so it was ready for me which she did and she explained everything to me. She was really good and it helped a lot. Funnily enough that afternoon whilst she was here the telephone rang and it was Wrightington and they had a date for me, 20th October. They were adding another list on Saturday's. The consultant did mention that they might do this when I went to see him as the waiting list was quite long. Paula said that she would book me in for an appointment on the 18th. She came to see me on the 18th and put all the equipment in place and went through everything again with me, such as how I had to get on and off the bed. She also gave me a crutch so I could practice going up and down stairs.

She was really good. She said that would ring me a week or so after I had come home from hospital and she did do. She then came on to see me on 8th November to see if everything was alright and to check if there was anything I needed to know. She was so helpful and that helped me a lot. She came again the following week and then she discharged me.

When I had my first operation my husband was doing everything and taking me out and about but when you are on your own, you have to do everything yourself. After about 3 days I had to start making my own meals and cooking again, and the trolley was brilliant, so I've actually just rung them up today to return the trolley which goes back to somewhere in Preston where it can be cleaned and re-used.

Paula is a really nice person as well, easy to get on with and the rest of the team were also very good. If I had to ring up for some reason they were very helpful as well. I did have to change one of the appointments because of a funeral and they got hold of Paula for me who then managed to change the appointment.

After I had my operation I was told I would need some physiotherapy and it was Paula who came and gave me some exercises to do. She also walked me up the road and back. It wasn't far but I needed someone with me. She came the following week and gave me some more exercises and walked with me a bit further up the road and back. I was then discharged but told that I could ring if I had any problems. It was a very good service. I feel that Paula really helped me with my recovery.

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

ELCAS Rated 'Outstanding'

The NHS East Lancashire Child and Adolescent Service (ELCAS), which provides specialist mental health services for children and young people, has achieved an 'Outstanding' rating following their CQC inspection.

Highly positive feedback from patients and relatives, encouragement of innovation to improve patient care, and strong external work with partners were some of the reasons why BGH-based ELCAS service earned its 'Outstanding' rating.

The CQC report also praised ELCAS for outstanding mental health practice with bi-lingual courses to meet the needs of the local community and a partnership with the University of Central Lancashire to offer a six-month placement for trainee GPs.

Chief Executive Kevin McGee, said: "It is great news to know that ELCAS is one of the very few mental health services in England to provide 'outstanding' care for the children, young people and families that we serve.

"The bar for 'outstanding' is a high one and we couldn't have achieved this positive outcome without the hard work and dedication of our ELCAS staff who work tirelessly to improve the lives of our patients."

ELCAS provides a mental health service for young people up to their 16th birthday who may be experiencing a range of severe and complex difficulties with their mental health. ELCAS will accept referrals from schools or any health professional but most referrals come from GPs.

At a time when access to NHS mental health services is under increasing pressure, patients referred to ELCAS wait on average a little over three weeks to meet a mental health professional.

In addition, ELCAS is one of only seven services in the country to be accredited by the quality network for community child and adolescent mental health services.

Jo Weller, ELCAS Head of Service and Clinical Director, said the service was delighted to be rated 'Outstanding' following its very first CQC inspection.

"We're absolutely delighted to have our team acknowledged nationally by the CQC's independent experts. All our staff are committed to provide the highest standard of care to the young people and their families that we serve."