

Open and Honest Care in your local hospitals



Report for:

**East Lancashire Hospitals
NHS Trust**

June 2019

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

This report is based on information from June 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.

97.8% of patients did not experience any of the four harms whilst an in patient in our hospital

99.9% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 98.8% 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)	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 8 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	8	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: 0.30 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 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 *	98.38%	This is based on 2464 patients asked
A&E FFT % recommended*	84.67%	This is based on 2140 patients asked

We also asked 491 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?	92	
Were you given enough privacy when discussing your condition or treatment?	95	
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?	96	
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 267 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?	98
Did you feel supported during the visit?	98
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

Two stories about the Breast Care Unit at Burnley General teaching Hospital

Following an urgent referral from my GP for a small lump under my armpit/breast I received an appointment at the Primrose suite , Burnley within 2 weeks.

Following my consultation which included a scan , mammogram and biopsy I had a further consultation 10 days later to discuss the findings which were not conclusive , but I was kept informed at all times by the Care Nurses.

I had surgery 2 days later to remove the lesion. When the final results arrived back with GOOD news of a benign tumour the consultant recommended further surgery to ensure the margins of the lesion were clear and again the surgery was scheduled within 7 days.

As we all know the waiting for answers is the anxious time but I can assure anyone reading this that the Consultants and staff at Burnley are fully aware of this and exercise the utmost professionalism in resolving patients issues.

Thank you to EVERYONE at the Burnley Breast Care Unit , keep up the good work.

I was admitted earlier this week to the Breast Care Surgical Unit at Burnley General Hospital and underwent surgery. I was in hospital for a day.

I have had the misfortune to have been admitted to hospital 3 times in 4 and a half months, including my admission this week. I have also had surgery during 2 of these admissions.

Both admissions prior to this week were in a different hospital in different area.

I am grateful for all the care I have received over the last several months but I would like particularly to say that my admission to Burnley Breast Care Unit this week was absolutely the best experience I have had.

Ward staff were kind, considerate, compassionate, very pleasant and extremely professional. The anaesthetist who looked after me throughout the surgery was again very kind, pleasant and approachable and reassuring. My surgeon, was equally approachable and reassuring and his manner and delivery gave me confidence to ask questions which in turn eased any anxiety I felt.

My surgery took place efficiently and I cannot fault the following care I received from ward staff during recovery.

Hospital food is often heavily criticised however the meal I was served before I was discharged was delicious and well presented.

No complaints from me. I would happily recommend this unit to family and friends if they needed a similar admission. Thank you to all the staff involved in my care this week. You are doing a wonderful job, keep doing what you are doing.

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

Faster, Easier Diagnosis Thanks to Scanner Donation

A Darwen-based charity has donated thousands of pounds to purchase a mobile bladder scanner for the benefit of the Royal Blackburn Teaching Hospital.

Representatives from the WM and BW Lloyd charity recently visited the hospital to hand over a cheque for £8,000 to purchase a portable, hand-held ultrasound device which can perform quick, easy and non-invasive scans of the bladder.

"The Trustees are pleased to have been able to help with the purchase of the scanner and hope it helps patients and staff alike with easier non-invasive bladder scans and helps with the efficiency of caring for local people," said John Jacklin, Trustee of WM and BW Lloyd charity.

The new scanner has an ultrasound probe to reflect sound waves from the patient's bladder to the scanner. Data is then transmitted to a computer in the handheld unit to automatically calculate the bladder volume.

"Thanks to WM and BW Lloyd, the hospital now has its first mobile bladder scanner and we would like to thank them for their very generous donation," says Denise Gee, Fundraising Manager for hospital charity, ELHT&Me.

"Having a mobile bladder scanner is much better for patients as the scanner can be taken to their bedside rather than the patient having to be taken to where the scanner is."