

## 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.

Report for:

**East Lancashire Hospitals  
NHS Trust**

February 2019

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

This report is based on information from February 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

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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.

**99.0% of patients did not experience any of the four harms whilst an in patient in our hospital**

**100.0% of patients did not experience any of the four harms whilst we were providing their care in the community setting**

**Overall 99.4% 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>	2	0
<b>Trust Improvement target (year to date)</b>	0	0
<b>Actual to date</b>	0	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 1 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Community setting
Category 2	4	1
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: 0.20 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: 0.02 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 2 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
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: 0.08

## 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	80
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	88

#### 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>97.89%</b>	This is based on 2128 patients asked
<b>A&amp;E</b> FFT % recommended*	<b>86.12%</b>	This is based on 1779 patients asked

We also asked 415 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?	96	
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?	97	

We also asked 216 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?	98
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	99
Did you feel supported during the visit?	100
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

I have an ongoing back problem and had visited the Physiotherapy Department's Drop-in Back Clinic at Pendle Community Hospital for advice. The Physiotherapist arranged for me to have an MRI scan at Royal Blackburn Hospital - she told me that there is a larger scanner there which is less worrying for a patient with claustrophobia.

I received an appointment for an MRI scan at Royal Blackburn Hospital and visited my GP who prescribed one Diazepam tablet to take to help with claustrophobia.

My husband drove me to the hospital and we found a parking space easily. There are plenty of notices in the hospital giving directions and we had no trouble finding the X ray Department. Royal Blackburn Hospital seemed very clean and well lit. The X ray Department was also very clean and well lit. There were changing rooms available if patients need to change into a hospital gown and plenty of chairs in the waiting area.

This was my fourth MRI scan and I was nervous about it. The staff member on reception was friendly and helpful, explaining where we needed to go. I then spoke with another staff member who was equally as welcoming.

The Radiographer was kind and reassuring from when I first met him until after the scan, talking to me throughout, explaining what was happening and checking I was feeling alright. He reminded me to keep my eyes shut which was good advice.

I found the staff I spoke with and the Radiographer doing the MRI scan to be friendly, professional, welcoming and reassuring. This made a worrying situation much easier. I also valued being spoken with rather than spoken at which I have experienced in the past from some clinicians. There seems to be a change from the way patients were dealt with in the past which, in my experience, can only be a good thing.

Nobody made me feel awkward or embarrassed about having claustrophobia and therefore being nervous about having an MRI scan. I was reassured that it's not unusual for patients to feel nervous. Communication was good and I was treated with kindness, professionalism and dignity.

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

### Mums Give Maternity Services 'Best Ever' Ratings

Maternity services at the Trust have achieved their best ever scores in the Care Quality Commission (CQC) Maternity Survey 2018.

The independent CQC Maternity Survey asks mums who gave birth in East Lancashire during February 2018 a wide range of questions about their maternity services experience before, during and after birth.

In comparison to the previous survey in 2017, scores for ELHT improved for 39 of the 51 questions.

Chief Executive Kevin McGee, said: "We are delighted to be so well thought of by mothers and their families in the latest CQC Maternity Survey.

"This is a wonderful achievement for the Trust and a true reflection of the excellent service provided by the maternity staff at our birth centres, hospitals and in the community.

Among the overwhelmingly positive responses from East Lancashire mums were that:

98 per cent were positive about their antenatal care

97 per cent had skin-to-skin contact with their baby shortly after birth

97 per cent felt they were involved enough in decisions about their care

99 per cent said their birthing partner was involved as much as they wanted

98 per cent said midwives respected their infant feeding decisions

92 per cent said they received enough information to help decide where to give birth.

Head of Midwifery Angela O'Toole, said: "We welcome the 2018 CQC Maternity Survey of women's experience of our maternity services. Overall, these are excellent results for the service and our staff.

"When a woman gives birth in East Lancashire, the positive experience of other mums give her reassurance that the maternity services we offer are both high quality and as good as any in the country."

From the responses submitted from East Lancashire mums, survey results show:-

24 per cent chose a water birth / birthing pool for delivery

11 per cent had a planned caesarean delivery

77 per cent of babies begin life being breastfed.

"We take on board people's opinions and we'll be looking closely at areas where mums tell us our service can be better," added Angela O'Toole.

Compared to 128 other hospital Trusts in England, mums rated ELHT maternity services significantly higher than the national average for:

Quality and choice of antenatal check-ups

Having skin-to-skin contact with their baby shortly after the birth

Receiving help and advice from health professionals in the six weeks after the baby's birth.