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

June 2017

Open and Honest Care at East Lancashire Hospitals NHS Trust : June 2017

This report is based on information from June 2017. 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.

98.3% **of patients did not experience any of the four harms whilst an in patient in our hospital**

99.1% **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)	7	0
Actual to date	9	1

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 6 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	2	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:	0.21	Hospital Setting

The pressure ulcer numbers include all pressure ulcers that occured 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	0
Severe	3
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.

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	77
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	85

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 Acccident & Emergency (A&E). Both scores (if applicable) are below;*

In-patient FFT % recommended *	98.00%	This is based on 2165 patients asked
A&E FFT % recommended*	78.00%	This is based on 1249 patients asked

We also asked 518 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?	93	
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?	95	
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?	98	
Did you get the care you felt you required when you needed it most?	99	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	98	

We also asked 256 patients the following questions about their care in the community setting:

Were the staff repectful 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?	94
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	95
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

On Monday 8th May at around 10.30pm I took my husband to Urgent Care at the Royal Blackburn Teaching Hospital.

He was experiencing chest pains. I explained this to the receptionist and, despite how busy the department was, he was seen by the triage nurse within a couple of minutes then immediately transferred to resuscitation.

The efficiency, level of expertise, care and attention was exceptional.

The following morning he was transferred to the Coronary Care Unit where again the staff were excellent. Thankfully, my husband, following the insertion of three stents is home and recuperating.

I think and have always thought the reference to nursing staff as being 'angels' totally underestimates their ability.

The staff, of all levels and experience are competent, well trained, empathetic and attentive.

Thank you for the job you all do, our experience was the best that it could possibly have been. Well done!

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

Robotic surgery a first in Lancashire

After installing the first surgical robot in Lancashire, East Lancashire Hospitals NHS Trust leads the way once more by being the first in the region to use the equipment to carry out colorectal surgery.

The Trust installed the £1.3 million Da Vinci robot in the theatres at the Royal Blackburn Teaching Hospital in June 2015 to carry out prostatectomies (removal of the prostate gland) for prostate cancer and have continued to grow the number of procedures they can carry out using the robot.

So far, five patients have had robotic colorectal surgery at the Royal Blackburn Teaching Hospital including robotic colorectal resections for cancer.

These procedures are being undertaken by Mr Adnan Sheikh and Mr Colin Harris, both experienced colorectal surgeons within the Trust.

Mr Shahid Islam, Divisional Director for Surgery and Anaesthetics for the Trust said:

"This is a milestone achievement – with the Trust, once again, at the forefront of innovative surgery and is one of only a few across the country offering robotic colorectal surgery.

It is expected that in the first year of service, 25 patients will reap the benefits from Robotic Colorectal surgery which include a shortened hospital stay, reduced post-operative pain and reduced complications of surgery.

Due to the precision of the robot, deep pelvic tumours can be operated on in a minimally invasive fashion which would have previously needed extensive surgery.

At this stage we are focussing on bowel cancer in the pelvis but the use of the robot will continue to develop across the field of colorectal surgery in due course."

Having the robot has also allowed further development and robotic training of specialist nurses and specialists theatre staff- paving the way to them being mentors and leaders for other hospitals staff in the future.