NHS England

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

December 2018

Open and Honest Care at East Lancashire Hospitals NHS Trust : December 2018

This report is based on information from December 2018. 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.

98.4% **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 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	0	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 1 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	1	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:	0.04	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 1 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	0
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:	0.04

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	74
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	81

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 *	97.00%	This is based on 2031 patients asked
A&E FFT % recommended*	83.00%	This is based on 1733 patients asked

We also asked 321 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?	87	
Were you given enough privacy when discussing your condition or treatment?	98	
During your stay were you treated with compassion by hospital staff?	97	
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?	99	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	97	

We also asked 229 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?	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?	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

We live on a 156 acre farm, I have been a farmer most of my life and I enjoy having horses. Over the last few years I have suffered with breathing difficulties. I went to my GP several times but he did not treat me for anything, saying it was all in my head and there was nothing wrong with me.
For almost six months I could not walk about anywhere and was basically living in my armchair. I could not work on the farm or tend to my horses.
Eventually, one morning, Saturday 3rd March 2018 I collapsed at home on the farm, an ambulance was called and I was taken to Royal Blackburn Hospital.
I was on the Acute Medical Unit B (AMU B) and they got down to the basics of drips in, drips out and within 4 or 5 hours I was feeling a lot better. The next day I was admitted to Ward D1 and the Doctor came to speak with me and diagnosed a long term urine infection, which I had a good idea I had, and also a chronic chest problem called Chronic Obstructive Pulmonary Disease (COPD).
The Doctor on the ward reviewed all the medication that I was on. They threw most of it away and put me on different medication. Half of the stuff I was on, I didn't need. I was wrongly prescribed, and they couldn't understand why it had been so long for me not to be admitted or referred to them for treatment. I told them my GP would not do anything, even when my wife came 7 or 8 times with me to my GP appointments.
When I had been to my GP so many times we got to the point where we came out and thought there is nothing we can do. I started to believe it must be me, I've got this condition and I've got to live with it. In fact, one locum doctor at the GP practice asked if I smoked. I told him that I did smoke. He then asked if I enjoyed smoking, which I replied 'actually, yes'. The GP said 'well every cigarette you had that's why, and that's why you've got to live with it, it's a lifestyle choice and that's your problem'.
After that GP appointment I felt totally disgruntled and that there was nothing that could be done, but once I was admitted to hospital and they got on top of the situation, within 4 days I was back home walking about.

I have never been in hospital before and during my stay I did spend quite a bit of time on the corridor as I quite enjoyed seeing what was going on and what problems arose. It was massively busy, the nurses were run off their feet, the corridors were jammed, there were more people in there from what I could see with minor little wounds, a scratch that should never have been there, they should have been stopped at the door and sent home with a plaster. The workload was immense and for most of it, well realistically to my way of thinking it wasn't needed. They were diverted onto other things.
I must admit the nurses were fantastic, fabulous you know, everything you wanted. They sorted you when they said they would. Everything was as it says. The treatment was so good, the night nurses were nice, the day staff were nice, and after 5 days I came home, I was well impressed with them.

As part of my treatment plan and on-going care they put me on to the Intensive Home Support Service (IHSS) whilst I was in the hospital and from there on I have only used them.
I refer myself to the IHSS every time I need help. If I have a problem with my tablets I ring IHSS and they will sort something out today or tomorrow, I have every confidence that they will because they can also prescribe.
I have had quite a few problems after I came home with issues reoccurring. I would ring the IHSS and they are here within an hour, morning noon or night and sometimes I've rung up and two people from the service have arrived. It's been such a fabulous service, their treatment and their expertise and the care and attention is fantastic.
Since being discharged from hospital in March 2018 I think I have had them out about 10 times.
On one of the home visits I mentioned to the nurse that I had what I can only describe as a chilblain gone wrong on my toe and it had started to swell up. She looked at my toe and arranged for the Podiatrist to come. The Podiatrist is still coming out dressing it, and that is all again because of the IHSS, they are amazing and I cannot speak highly enough of them.
Sometimes they have told me off for not ringing soon enough but I don't like to keep bothering folk. The IHSS are so good and every one of them is an expert in their field, they have all got their own little niche and opinion, they put their heads together and they come up with something. They must discuss your case at length as they have a thorough treatment plan for me.
Since leaving hospital I have been back for several appointments and I have been seen literally within 10 mins of every appointment time, whether it has been early morning, afternoon or teatime, they're spot on and they are run of their feet. I feel they get a lot of bad press and people are griping over nothing.
Since being an inpatient at Royal Blackburn and being provided with treatment from the IHSS, I have never looked back, they are marvellous.
There has been a massive improvement from where I was at the beginning of 2018, they have been fantastic. I honestly think that I would not be 'knocking about' now if it wasn't for them. They are so thorough, like when they asked if I had any sores anywhere and I said my toes, the very next day somebody's here.
When they do come to the house they are not here long. I have offered them a brew many times and they never have one. They never stop because they don't have time; they just get their job done, make sure you are alright and they are off.
They did put be back in hospital once. They came to the farm and said 'you've left it too long again, and we cannot leave you here on a Friday night and over the weekend'. I was taken to hospital but I was only in until about 4 o'clock and then they let me back home.
Recently, as part of the IHSS someone came out and installed a new application on my mobile phone. There are several options on the app, one of them is a breathing app, and I have used this several times. I know how bad I am on a daily basis when I wake up, when I get out of breath. I think a lot of the time it is just the weather, the time (of year), whether you've had a cold or you catch a cold. Obviously it's a condition and colds etc. make it worse, and the breathing app is good; I still do the regular breathing. I've cut down on the Ventolin inhalers to two and I've felt a lot better this week, when I took the inhalers they were making me feel a bit shaky.
As I do not feel much different on a day to day basis I do not use the app daily. I have used it for the breathing and there are instructions for the different inhalers. The fact that you can have the app and do the exercises, the nurses have also been through so many breathing programmes with me, I work at it all the time.

I went into hospital, they sorted it and from there on in I sailed on. It's absolutely marvellous, I have no complaints, I couldn't be better.
Certainly knowing that you can ring IHSS and someone is here within a couple of hours is wonderful, but of course I don't ring unless I really need to.
I don't not do anything; I get up early in the morning, run one lad down to the bus station for 7 o clock because he is at college and he goes out. I come back home and I take the other to school. Come back, do a few jobs, do a few errands. You have got to keep going although sometimes I get out of breath.
I am definitely getting the benefits of the service. They are total professionals and are amazing.
Mrs W commented: since March after being in hospital the IHSS have really helped. Week, after week after week they came out. It is now December and it has only been the last three or four weeks that my husband has been okay. On one visit a mental health nurse from IHSS advised that it was the anxiety that was making things a lot worse with the breathing. She really helped and the difference, he's been able to get out and about and were he hasn't he has been able to get off the settee. If it wasn't for IHSS I honestly do not think he would be here now.
The difference in my husband since he's been on the new medication and helped by the IHSS is unbelievable and he now has some quality of life whereas before he couldn't even get out of the front door. The tablets are helping to keep the anxiety down, and so when he does get breathless he can realise, he can sit, take some deep breaths, and calm down, whereas before it was a vicious circle, he would start with getting breathless then he'd come to the point where he could not breathe at all and it could take 45 minutes to go to the toilet.
Now he can go out, come back, if he gets a bit breathless, he sits down, you get your breath back but that's because of the medication that IHSS said he needed.

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

A trio of talented ELHT surgeons last month performed what is believed to be the first combined renal and bowel cancer surgery in the North West using robotic assisted surgery.
Consultant Colorectal Surgeons Mr Adnan Sheikh and Mr Colin Harris along with Consultant Urological Surgeon Mr Iain Campbell completed the complex seven-and-a-half hour operation at the Royal Blackburn, assisted by Da Vinci™ robotic technology.
"Minimal invasive surgery using the Da Vinci™ robot has a number of benefits, most importantly for the patient," said
Mr Iain Campbell. "They lose less blood, experience less pain, recover quicker and consequently leave hospital sooner."
The pioneering combined procedure – a partial nephrectomy and anterior resection to remove tumours and parts of the patient's kidney and bowel – is significantly more accurate than conventional surgery.
"The traditional approach would be to do what we call an 'open' operation," said Mr Colin Harris. "It involves two large incisions to access and remove the tumour and would have taken a substantial amount of time, and is hugely invasive, leading to longer recovery and substantial scarring for the patient."
The patient, who needed just paracetamol pain relief during post-operative recovery, was discharged home just six days later. Standard recovery time from a non-robotic operation of this complexity could typically be two weeks or more.
ELHT has the largest and most comprehensive programme of robotic surgery in Lancashire, with the region's leading surgeons performing robotic assisted surgery to remove head and neck, urological and colorectal cancers.

“Mr Harris, Mr Campbell and myself wish to acknowledge the fantastic effort by all the staff involved,” said Mr Sheikh. “Good planning, a very good anaesthetist and excellent support from the theatre and critical care teams were vital in ensuring the best outcome for our patient.”

“In the last three years, ELHT has greatly expanded the use of robotic assisted surgery to benefit more people with cancer, both local patients and from across the Lancashire and South Cumbria area.”