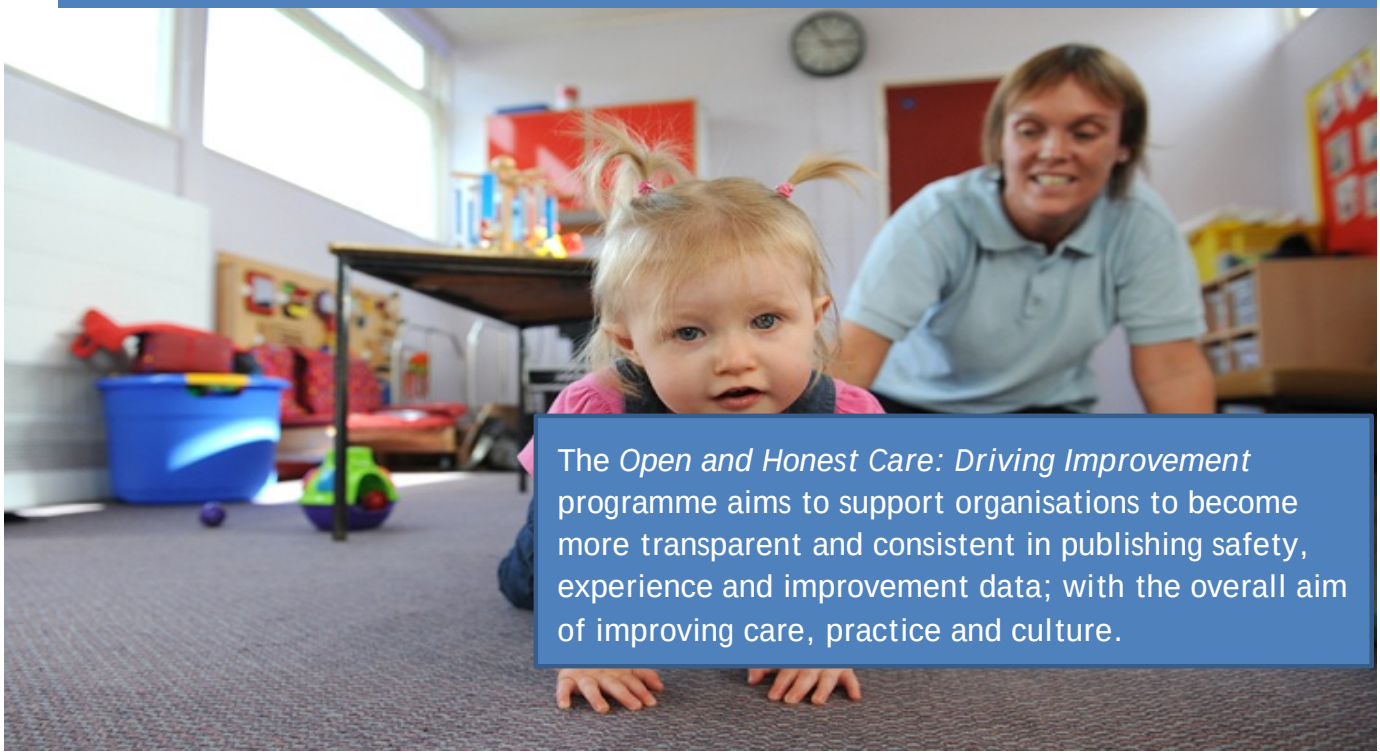
Open and Honest Care in your Local Hospital



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

July 2016

Open and Honest Care at East Lancashire Hospitals NHS Trust : July 2016

This report is based on information from July 2016. 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.

99.4% **of patients did not experience any of the four harms whilst an in patient in our hospital**

99.4% **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)

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	4	0
Trust Improvement target (year to date)	10	0
Actual to date	10	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 3 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	3	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:	0.10	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 4 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
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:	0.14

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 April - June 2016 we asked 1294 staff in the Trust the following questions:

	% recommended
I would recommend this ward/unit as a place to work	72
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	80

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 *	98.54%	This is based on 2526 patients asked
A&E FFT % recommended*	75.03%	This is based on 1718 patients asked

We also asked 617 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?	95	
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?	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?	99	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	99	

We also asked 330 patients the following questions about their care in the community setting:

Were the staff repectful of your home and belongings?	98
Did the health professional you saw listen fully to what you had to say?	99
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?	98
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	99

A patient's story

I have experienced bladder problems since the age of three and I was first referred to the Bladder and Bowel Service in East Lancashire in 2004 at the age of 18 after moving to Rossendale from Rochdale.

I was seen quite quickly by the Bladder and Bowel Service and the assessment was quick and they were professional even though I was a young and naïve eighteen year old and didn't really know what questions to ask as in the past my mum had done all the speaking. They guided me though the assessment and arranged for incontinence pads to be delivered to me within 3 days.

In 2006 I started experiencing extreme bladder problems. I didn't feel like the medication or treatment was working, and I was getting though approximately 28 pads in four days. The Service Manager / Specialist Nurse for the Bladder & Bowel Service, came out to see me and carried out another assessment to see if they could help. It was arranged for me to have a bladder scan and following this it was thought that maybe I was retaining some urine. I was then referred me to a Consultant Urologist, who is a fantastic person.

I first saw the Consultant Urologist in 2006. A urodynamic test was carried out which was a nightmare for them trying to catheterise me. Four or five weeks later I got the results and it turned out that the diagnosis I had previously been given – that I was 'a lazy child' and that my problem wasn't connected to my Cerebral Palsy, was not the case. I could only hold 200ml of urine, so I was on the loo maybe 20-30 times a day. I wasn't really very sociable as you don't want to be going out in public worrying about pads.

We then decided on Botox which was a bit novel to me, I'd never heard of it going into the bladder. My consultant explained it was only temporary, but they could try it and I would have some time to think about some of the more major procedures that I may have to undergo. So we both agreed on Botox and within about four or five weeks I had the procedure. Originally they had said it would be the end of March but they had a cancellation and could get me in by the end of January.

Before my admission I went up and spoke to a member of staff, who explained the procedure to me. I had expected that they would make cuts but she explained that it is all done though a scope and there are no external cuts. At the time I was only nineteen so it was important to me not to have any scars.

The day after I was admitted onto Ward C22 which was scary, as it was the first time I'd been on an adult ward. Before that I had only ever been on a paediatric ward so it was really nerve-racking, but everyone was brilliant. Everyone always checked I was ok and asked if there was anything they could do, and they told me who the nurse looking after me was going to be. I went down to Theatre and the procedure went smoothly. The nurse held my hand and stayed with me until I was asleep as I was afraid of needles at the time, so I wasn't on my own in a room full of strangers.

The Botox injections worked well for around 10 weeks then it started wearing off so I got back in touch with the Urology department. I was quite down in the dumps about it, because you think it's going to last ages as they had explained it could last between six to nine months. I don't think anyone was expecting it to last only 10 weeks. So in September 2007 I had a repeat dose which just didn't work. At that point I went back into the clinic and told them it wasn't working and that I thought it might be time for the major operation to be carried out.

I was booked in for the Bladder Augmentation, and in March 2008 I underwent that operation. I spent a week in the hospital and all the staff were brilliant.

There have been problems along the way, infections and things but it has been worth it and I don't think I would have been a mum without them. I wouldn't have been able to get through a pregnancy without them, and a urologist was present at the birth of both my children.

More recently the Urology Team have been there for me to support me in how I was feeling emotionally.

I have to go back in every year for a flexible cystoscopy which I hate, as they fill me with water, which has to be done, but it can get a bit messy and it reminds me of before. Up to present there haven't been any major tumours found which is a possibility. Sometimes it can scare you because you go in and you think everything is normal and then they could find something. But you have to weigh up if it is worth the risk or do you want to be using for incontinence pads for the rest of your life.

I have had issues with my little girl as well and they (Urology Team) have been brilliant as well. I have been able to tell them what the paediatrician has said and ask their advice.

I can talk to them if something is worrying me, they're brilliant, both the Bladder & Bowel Service and the Urology ward. Even now if I have any problems I can still go back to the Bladder & Bowel Service and they're able to offer me tips and advice. They are such a well-knitted team. The Trust I was seen at before coming to East Lancashire, the Bladder & Bowel Service and the Urology Service were completely at logger heads. Here they just work so well together.

I've never had any issues but if I have any concerns I can tell the staff. After having my youngest child I was sterilised which I knew had to be done for medical reasons. However, it knocked me for six, even though I made that decision. I wouldn't want to go to a difference service; my consultant knows what he's doing and I trust him. I know with complete confidence what he is saying is in my best interests. I completely trust all the staff and love them to bits. They are like one big family.

3. IMPROVEMENT

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

In June 2015 the Trust installed the Da Vinci robot in the theatres at Royal Blackburn Hospital, the first surgery robot in the county, to carry out prostatectomies (removal of the prostate gland) in June 2015. Surgeons are able to remove the prostate gland with a higher degree of precision which results in less pain, a shorter recovery period and hospital stay. Patients also benefit from improved long term outcomes for continence and potency, a quick return to normal activities and less requirement for radiotherapy.

One year on from installing the surgery robot, East Lancashire Hospitals NHS Trust was given official confirmation from NHS England Special Commissioners to be the only site to carry out robotic assisted surgery for urological cancer in Lancashire and South Cumbria.

The national incidence of prostate cancer has tripled over the past 40 years and is continuing to rise with 315 patients in East Lancashire alone being diagnosed every year. Robotic assisted surgery is becoming more common under NHS England commissioning arrangements with 48 per cent of prostatectomy procedures in 2014 performed using a surgery robot.

The urology robot is all about better outcomes and care for patients and it is right that all patients who live in this area should have access to this state-of-the-art technology and the surgeons who have been trained extensively to use it. Patients receiving care from doctors in other hospitals in Lancashire can now be treated at Royal Blackburn Hospital, either by their surgeons undergoing training to come and use the robot, or by those patients being referred to our surgeons who will undertake the surgery.