



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 2017

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

This report is based on information from February 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.

99.2% 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 99.3% 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)	26	0
Actual to date	32	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 4 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	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: 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: 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:

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	75
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	82

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 *	98.00%	This is based on 2187 patients asked
A&E FFT % recommended*	82.00%	This is based on 1416 patients asked

We also asked 572 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?	93	
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?	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?	98	

We also asked 228 patients the following questions about their care in the community setting:

Were the staff respectful of your home and belongings?	98
Did the health professional you saw listen fully to what you had to say?	98
Did you agree your plan of care together?	95
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?	100
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	99

A patient's story

In 2005 I was mum to 2 children aged 8 and 3. We were just like any normal happy family until in July 2005 we decided to walk to the chip shop, when on the way a van mounted the pavement and took my daughter's life. The van crushed her into a railing; it was 10 days after her 3rd birthday. After that I turned to drink every day, and my mental health was all over the place. For 10 years I didn't live, I just existed; I pushed all my friends and family away until it was just me and the drink. I was always being sectioned, but I never engaged with any workers as I didn't believe they could ever help me. I have quite a few mental illnesses with post traumatic stress, bipolar, and psychosis. I was always trying to kill myself, I had hit rock bottom and I just didn't see any way up. That was until I found out I was pregnant. My head was all over the place and I really didn't know what to do.

I went to the doctors who referred me to Inspire, the substance use team where I saw Louise, a midwife. I was in a very bad place at the time and said to her I was not going to go through with the pregnancy but something told me I could believe and trust the midwife so I opened up and told her everything. I felt like she never judged me, and after ten years of not trusting anyone, I felt like she believed in me and not just that, I felt like she really cared and wanted to help, like it was not just a job/case to her. She took control, referred me to all the right agencies and before I knew it I was getting the right help and feeling better in myself.

Louise put me in touch with Alison who was the alcohol worker and other agencies as I was having problems with my house and benefits. Since 2005 we have never celebrated Christmas. I used to just exist, I didn't live. I would be in my bedroom all day, all night and I would sneak out at night times to get my beer and get my bits that I needed. But now I get up, I go out every day, it is like I have something to live for, my life has completely changed around but a lot of it would not have happened if I had not been referred to those services from my doctors, definitely not, without a doubt.

My son was poorly when he was born and it was very very hard work. It was not Louise's job to be ringing me and making sure I was OK, but she did ring me, reassuring me all the way through the time that he was in NICU.

I called them my Dream Team. Before that I had never ever engaged with any services because I did not have the belief, but with Louise and Alison it was different. They must just be good at their job. If I had not been referred to them then I would not be in this situation, my life has turned around forever, definitely, without a doubt.

When I was in NICU with my son it was my daughter's birthday at the same time and I wanted to get back home to go to the cemetery but couldn't. However the social workers were on the phone to me and one of them came over to Burnley with a balloon so I could release it. Everyone worked together and they really helped me, Louise was messaging me every day, asking me how I was, and Alison was ringing me, I could not have done it without them.

I have been involved with Alison, the alcohol key worker quite a while, and because I have not been drinking I should really be discharged and referred to somebody else, but she has said, and this is why I call them the dream team, that she is not going to discharge me. She came last week to do a random breathalyser, and she will keep doing that for the time being. Louise should have discharged me when the baby was a few weeks old but she has kept coming up until last month. Louise said she is still going to ring me to see how things are; I was not just a "case" to them.

They all worked together, originally going to my doctors to referring me to Inspire, Louise got everyone involved and everything just worked. We would meet every 4 weeks at the centre. It all worked perfectly, I could not have done it without the team that I had, without a doubt.

This is why I wrote to thank Louise. I never thought I would be in this situation where I am looking forward to Christmas.

They didn't just work with me and the baby, they helped with me and my other son, he is 19, and the last 10 years we have been living separate lives, him in his room and me in my room. They referred him to all the right areas too, they helped him in getting out, taking him to the gym. So now, he goes to the gym every day on his own.

They have helped with everything with my family as well. Even though my Dad lives opposite me, during the 10 years where I was existing and my life was all to pot, they would go days without seeing me. I would sneak out of the back door to go to the shop, and my Dad said if this had not happened I would not have been here now. On one occasion somebody had been found in the canal down there and because my Dad had not seen me for days he actually thought it was me, but now he feels that he has got his daughter back.

Without a doubt it is thanks to them all for believing in me and making me know that it was not just a job. That first meeting that we had I knew Louise believed in me, definitely.

It is nice to let them know that they have done a fantastic job. I had the baby by being induced 3 weeks early because my daughter was born on the 8th July and she died on the 18th July, and my baby was due in July, and this was another thing that was difficult, so they induced me 3 weeks early. Every year in July I had always been sectioned, but this year because of all the help and support I have received I was at home. This has been the first year in 10 years that I have spent at home with my other son as well. It proves that in 10 years with their help I am now at home and enjoying my family, I call them my "dream team" and they really are.

If my doctor had not referred me to those services I would probably be in the same situation that I had been in for the last 10 years. But it was so good that he was able to refer me to Inspire because my life has changed forever.

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

Landmark Robotic Cancer Surgery

ELHT surgeons this month performed the 100th prostatectomy (removal of the prostate gland) operation using robotic assisted surgery at the Royal Blackburn Teaching Hospital. In a milestone for the treatment of prostate cancer in Lancashire, Consultant Urological Surgeon Mr Mohammed Masaarane successfully operated on a 56-year-old patient from Preston using our da Vinci® Robot to remove a cancerous prostate gland.

Mr Masaarane said following the landmark 100th prostatectomy: "Advanced surgery using the robot makes it possible to remove tumours far more precisely than the hand of even the most skilled surgeon. "For the patient, robotic assisted surgery is less invasive, less painful and results in faster recovery and fewer surgical complications."

Affectionately known as 'Leo' by Theatres staff, the £1.6 million robot delivers more precise cancer removal resulting in less pain, a shorter recovery period and hospital stay as the surgery is far less invasive; less requirement for radiotherapy; improved long term outcomes for continence and a faster return to normal daily life.

It is important that we continue to listen to the views of patients and their families. Our friends and Family tells us that in February 2017 98% of patients would recommend the services to friends and family if they needed similar care or treatment. Patients evaluate their care across the whole surgical package which includes theatres.

Robotics surgery at ELHT encompasses a growing number of surgeons from across the county, and, following the first head and neck cancer procedure using robotic assisted surgery in December, there is the potential to perform more surgical specialties including, but not limited to, gynaecology, colorectal (bowel) and hepatobiliary (liver).