

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:

**Blackpool Teaching Hospitals
NHS Foundation Trust**

March 2014

Open and Honest Care at Blackpool Teaching Hospitals NHS Foundation Trust : March 2014

This report is based on information from March 2014. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about the trust's performance.

1. SAFETY

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 new harms.

94.6% 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.

	C.difficile	MRSA
This month	2	0
Improvement target (year to date)	29	0
Actual to date	26	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 grades, with one being the least severe and four being the most severe.

This month 7 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	5
Grade 3	2
Grade 4	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 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 1000 bed days:	0.25
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Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause.

This month we reported 1 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
Severe	0
Death	0

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Rate per 1,000 bed days:	0.04
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2. EXPERIENCE

To measure patient and staff experience we use a Net Promoter Score.

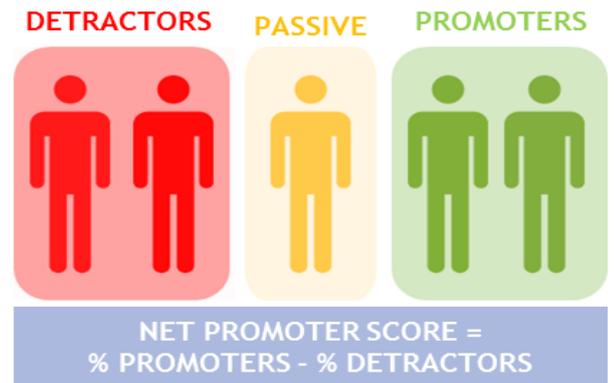
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

From the answers given 3 groups of people can be distinguished:

Detractors - people who would probably not recommend you based on their experience, or couldn't say .

Passive - people who may recommend you but not strongly.

Promoters - people who have had an experience which they would definitely recommend to others.



This gives a score of between -100 and +100, with +100 being the best possible result.

Patient experience

The Friends and Family Test

The Friends and Family Test requires all patients, after discharge, to be asked: *How likely are you to recommend our ward to friends and family if they needed similar care or treatment?*

The hospital had a score of **72** for the Friends and Family test*. This is based on 1636 responses.

*This result may have changed since publication, for the latest score please visit:

<http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

In addition to the Net Promoter Score we conduct a local survey.

Each month we ask our inpatients what they thought of the care and treatment they received in our hospital.

Our results for the questions that best match the national Transparency Audit questions are shown below:

To obtain the overall positive percentage score, we weight the values.

Were you involved as much as you wanted to be in the decisions about your care and treatment?	Yes, always	184
	Yes, sometimes	102
	No	41
	score	72%

If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	Yes, definitely	112
	Yes, to some extent	55
	No	37
	score	68%

Were you given enough privacy when discussing your condition or treatment?	Yes, definitely	258
	Yes, to some extent	45
	No	20
	score	87%

During your stay were you treated with compassion by hospital staff?	Yes, always	287
	Yes, sometimes	31
	No	11
	score	92%
Did you get the care you felt you required when you needed it most?	Excellent	191
	Very good	85
	Good	31
	Fair	14
	Poor	10
	score	83%
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	Extremely likely	196
	Likely	80
	Either likely nor unlikely	24
	Unlikely	12
	Extremely unlikely	6
	score	85%

A patient's story

Mr Crompton expresses his annoyance at the inconvenience and service his wife and he received when she was required to attend a clinic to receive an intravenous anti-biotic over a bank holiday weekend. To view the story, follow the link below.

<http://youtu.be/C7GKGHH6ldw>

Staff experience

We asked 15 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	53
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	80
I am satisfied with the quality of care I give to the patients, carers and their families	53

3. IMPROVEMENT

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

Blackpool Teaching Hospitals NHS Foundation Trust is committed to working in partnership with patients and members of the local community to achieve the best possible health outcomes for our patients.

The purpose of the Patient Panel is to create a “critical friend”, by building a constructive working relationship with our service users to ensure a broad range of patient views are reflected in practice development and operations.

Objectives:

- To enhance communication between the patients and all partners and staff of Blackpool Teaching Hospitals NHS Foundation Trust;
- To work concurrently with other patient and public involvement groups/ activities that are taking place within the Trust so that patients and carers are able to contribute and have an influence, at all possible stages of organisational development and quality improvement;
- To make positive suggestions for improvement in services;
- To ensure that the contribution made by the Panel is as representative of the service users as possible;
- To have a two way dialogue with patients and carers and ensure their views and experiences are raised within the Trust.

Membership:

Membership of the Panel will be representative of 15-20 patients and carers who use the Trust's services. Panel members will need to reflect a range of age groups, gender, ethnic backgrounds, disabled and able bodied individuals in accordance with the Equality Act 2010. Therefore, the Trust may from time to time need to engage in a focussed recruitment drive to secure the best representation possible.

Depending on the volume of interest, members will be determined by interview conducted by the Chair and Vice Chair of the Panel. There will be an annual turnover of members to generate new ideas and ensure more of our service users are actively involved in the various activities mentioned in the sections below.

The core panel of 15/20 members will be supported by an extended 'virtual patient panel' the object for which is to encourage input into practice matters from a broader cross section of the practice population who may not be able or wish to attend meetings of the core panel.