

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**

April 2014

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

This report is based on information from April 2013. 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.

94.7% of patients did not experience any of the four harms whilst an in patient in our hospital

93.3% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 93.9% 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	3	0
Trust Improvement target (year to date)	2	0
Actual to date	3	0

For more information please visit:

www.bfwhospitals.nhs.uk/

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 Stages, with one being the least severe and four being the most severe.

This month 7 Stage 2 - Stage 4 pressure ulcers were acquired during hospital stay and 23 in the community.

The management of patient care is very different in the community setting from in hospital as there is not a healthcare provider present 24 hours a day. As a result of this, sometimes harm occurs that is unavoidable.

Severity	Number of pressure ulcers in the hospital setting	Number of pressure ulcers in our community setting*
Stage 2	6	20
Stage 3	1	3
Stage 4	0	0

* these figures are not validated

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 1000 bed days:	0.23
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In the community setting we also calculate an average called 'rate per 10,000 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:	0.52
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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

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
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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

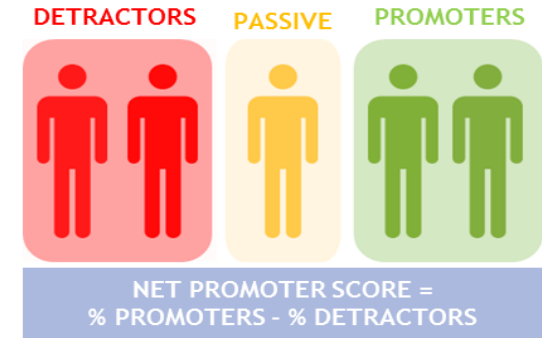
72

for the Friends and Family test*.

This is based on 2563 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/>



Hospital Staff experience

We asked 15 staff in the hospital the following questions:

I would recommend this ward/unit as a place to work	Net Promoter Score
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	38
I am satisfied with the quality of care I give to the patients, carers and their families	46
	48

Community Staff experience

We asked community staff the following three questions:

		#	%
1	I would recommend the team as a place to work.	Definitely	44 49%
		To Some Extent	24 27%
		No	3 3%
		BLANK	18 20%
TOTAL		89	

		#	%
2	I would recommend the standard of care delivered by this team to a friend or relative if they needed treatment.	Definitely	58 65%
		To Some Extent	11 12%
		No	2 2%
		BLANK	18 20%
TOTAL		89	

		#	%
3	I am satisfied with the quality of care I give to patients, carers and families.	Always	53 60%
		Sometimes	15 17%
		No	3 3%
		BLANK	18 20%
TOTAL		89	

Patient experience

In addition to the Net Promoter Score we conduct local surveys; one with hospital patients and one with patients in the community setting.

Each month we ask our hospital 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 decisions about your care and treatment?	Yes, always	160
	Yes, sometimes	126
	No	35
	score	69%

Did you find someone on the hospital staff to talk to about your worries and fears?	Yes, definitely	78
	Yes, to some extent	66
	No	45
	score	59%

Were you given enough privacy when discussing your condition or treatment?	Yes, definitely	267
	Yes, to some extent	43
	No	16
	score	88%

Overall, did you feel you were treated with respect and dignity?	Yes, always	279
	Yes, sometimes	42
	No	8

Overall, how would you rate the care you received?	Excellent	173
	Very good	103
	Good	35
	Fair	8
	Poor	10
score	82%	

How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	Extremely likely	188
	Likely	85
	Neither likely nor unlikely	28
	Unlikely	11
	Extremely unlikely	8
score	84%	

Each month we also ask our patients in the community setting what they thought of the care and treatment they received.

		YES	NO	N/A	BLANKS	TOTAL	YES
Were you happy with the length of time you had to wait for your appointment/visit?	YES / NO	277	5		18	300	98%
Did you feel that your health professional(s) had all the necessary background information about you and your health needs?	YES / NO	276	6		18	300	98%
Were you asked to give your consent / agreement for treatment ? (This may include discussing your personal information with other services as appropriate)	YES / NO	278	4		18	300	99%
Did you feel that your health professional treated you with respect?	YES / NO	281	1		18	300	100%
Were you involved in making choices about your treatment and care ? (eg did you feel you could ask questions, voice any concerns ?)	YES / NO	278	4		18	300	99%
Did you see your health professional wash or clean their hands during your appointment / visit?	YES / NO	268	14		18	300	95%
Were you satisfied with the care you received?	YES / NO	281	1		18	300	100%
Were you given information on how to contact your health professional if you needed to (eg contact names and numbers) ?	YES / NO	279	3		18	300	99%
If you attended one of our clinics, was the service location clean, tidy and welcoming?	YES / NO / Not applicable	68	3	166	63	300	96%

How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

		%
Extremely likely	208	69%
Likely	60	20%
Neither likely nor unlikely	7	2%
Unlikely		0%
Extremely unlikely		0%
Don't Know	7	2%
Blanks	18	6%

A patient's story

Staff member Samantha Woodhouse unfortunately had to attend Casualty with her husband recently. Despite the unit being very busy she praises the staff for the way she and her husband Dominic were dealt with quickly and efficiently.

<http://www.youtube.com/watch?v=LEE4MtLgCx8&list=UUc7pRPIWerkD891Oj1djiWg>

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

The Trust has a team of 'listeners' - patient experience volunteers – who discuss issues with patients on the wards. Our patients told them that at meal times soup is often lukewarm by the time it is served.

In light of this, the catering department have changed the way that soup is stored before serving. They now cook and keep the soup hot in the kitchen until it is decanted into smaller containers at the last possible moment, so that it has less time to cool down.