

## 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**

December 2015

# Open and Honest Care at Blackpool Teaching Hospitals NHS Foundation Trust: December 2015

This report is based on information from November 2015. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about Blackpool Teaching Hospitals NHS Foundation Trust's performance.

## 1. SAFETY

### NHS Safety thermometer

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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.

**97.7% of patients did not experience any of the four harms whilst an in patient in our hospital**

**98.3% of patients did not experience any of the four harms whilst we were providing their care in the community setting**

**Overall 98.1% 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 (HCAs)

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HCAs are infections acquired as a result of healthcare interventions. Clostridium difficile (C.difficile) and methicillin-resistant staphylococcus aureus (MRSA) bacteraemia 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
<b>This month</b>	7	2
<b>Trust Improvement target (year to date)</b>	10 per quarter	0
<b>Actual to date</b>	48	6

There were two incidences of MRSA Bacteraemia attributed to the Acute Trust in November 2015. Both incidences relate to a patient who has been in the Cardiac Unit who was previously positive in August 2015. This gentleman underwent surgery to remove an infected prosthetic valve and the patient has been discharged home.

For more information please visit:

[www.bfwh.nhs.uk](http://www.bfwh.nhs.uk)

## Pressure ulcers

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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 validated (i.e. reported and Root Cause Analysis undertaken and completed) avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission or under the care of community services that were not present on initial assessment.**

This month 2 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 6 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Adult and Long Term Conditions Community setting
Category 2	2	4
Category 3	0	1
Category 4	0	1

In the hospital setting, so that 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: 0.08 Hospital Setting

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: 0.014 Adult and Long Term Conditions

## Falls

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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	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

## 2. EXPERIENCE

### Patient experience

Responses are received against questions that also feature in the annual national inpatient survey. The Patient Experience team continue to assist each Division in improving their responses to questions asked. Improvement is measured and reported back to the Division by the use of our Listeners.

The results shown here are for the quarter 2, July to September 2015. These will be updated for quarter 3 in January.

	Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	87%
Did you find someone on the hospital staff to talk to about your worries and fears?	82%
Were you given enough privacy when discussing your condition or treatment?	98%
Were you given enough privacy when being examined or treated?	92%
How much information about your condition or treatment was given to you?	76%
Overall, did you feel you were treated with respect and	97%
Overall, how would you rate the care you received?	93%

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

How likely are you to recommend this service to friends and family if they needed similar care? 98.0%

### Staff experience

We asked 6 staff in the hospital the following questions:

	Score
I would recommend this ward/unit as a place to work	100%
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	100%
I am satisfied with the quality of care I give to the patients, carers and their families	100%

The scores are calculated as the number of 'Strongly Agree' + 'Agree' responses divided by the total number of responses (Strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)

### A patient's story

In the words of the patient, "I was referred from my GP having had vague indigestion like pain in my chest and around March this year, started coming to Blackpool Victoria Hospital for various tests in the cardio unit, and then about five or six appointments later, I was referred to Mr Bose, Cardio Consultant who recommended me for surgery.

"I thought the cardio unit was fabulous. My first appointment I had there was for a CT scan; I thought was quite similar to what a private clinic would look like. I have only ever been once to a private clinic and this seemed quite similar so I was actually quite pleased with the layout, and the lounges and the way they helped you relax while you were waiting for a not very nice procedure. I can't think of any unpleasant incident or anything that went really badly.

"I also thought the staff were very professional and very caring. I think the one I was most impressed with, apart from having the surgery, was the Intensive Care Unit. I thought they were excellent. I was only there 24 hours, which I think is routine, but you could tell they were spot on, they worked as a team, they knew exactly what to do, they kept me well informed, they kept my relatives informed when they came in, I couldn't fault them; they were so cohesive, and they work together so well. I just remember thinking this is a really good place to be.

"The approachability of the consultants, I suppose you've got this old fashioned idea that they were distant and didn't want to talk to real patients, but both Dr Al-Najjar and Mr Bose were very willing to talk direct to the patient and they both said, "if you want to talk about this anymore, just get in touch, I will talk to you" and they did; they gave me their email addresses, and their support staff and I got a lot of help off Mr Bose's PA as well as Mr Bose. So I'm just surprised that people are a lot more approachable and not hiding behind other staff, bureaucracy, or paperwork or anything, that I could get information direct from the consultant if I needed it.

"The only thing that sort of went wrong, the day of my discharge, which was after 5 days, I had to wait a few hours for the medication. They were discharging me at lunchtime 1pm-ish, and it was a good couple of hours before they could get the medication that they were discharging me with to me, so I could actually leave, so in the grand scheme of things, it's not a lot is it.

"The experience for all this series of appointments, tests and then the operation has been very positive, and I must also say, the food is absolutely fantastic, I don't know how they do it. They get the food out to, I don't know how many patients, hundreds, thousands, but it is excellent; it is well prepared and it's hot when it gets to you and I would have stayed longer, just for the catering to be honest.

"I think my relatives were also really pleased with the reception they got here, the way they were treated, the information they got from the staff, no problems with the cleanliness. I suppose you only notice that when it's not there, but no, we were all very well looked after.

## 3. IMPROVEMENT

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

Issue: A patient was invited to attend an appointment to have an MRI Scan. As she wanted to change her appointment, she called the telephone number on the letter. Nobody answered and it went to answer-machine, with a message saying 'someone will return your call within 48hours'. The lady called at various times throughout the day and left messages, none of which were returned.

Action: A dedicated member of staff will be responsible for picking up answer-machine messages to ensure patients are called back as soon as possible. A call queuing system is also being evaluated as a way of improving the service in the future

### Supporting information

