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

October 2016

Open and Honest Care at Blackpool Teaching Hospitals NHS Foundation Trust: October 2016

This report is based on information from September 2016. 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

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.

96.2% **of patients did not experience any of the four harms whilst an in patient in our hospital**

91.8% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 93.5% **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	1	0
Trust Improvement target (year to date)	10 per quarter	0
Actual to date	6	2

For more information please visit:
www.bfwh.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 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 4 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 7 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	4	6
Category 3	0	1
Category 4	0	0

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:	0.17	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:	0.016	Adult and Long Term Conditions

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 3 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
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:	0.13

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 quarter 1, April to June 2016. These will be updated for quarter 2 in October.	Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	87%
Did you have confidence in the clinical staff treating you?	91%
Staff checked that the pain control was effective?	96%
Overall, did you feel you were treated with respect and dignity?	82%
Would you recommend the ward?	99%
Overall, how would you rate the care you received?	99%

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?	97%

Staff experience

We asked 19 staff in the hospital the following questions:

	Score
I would recommend this ward/unit as a place to work	95%
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	95%
I am satisfied with the quality of care I give to the patients, carers and their families	84%

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 this patient story, Harvey who was 16 at the time, speaks about his experience of being admitted to the hospital and the difficulties he faced. Whilst his initial admission to the Emergency Department was good, he then found it difficult as he was admitted to our adult inpatient areas. Harvey's mother also speaks about the varying quality of the information Harvey received and how this was communicated.
Sister Kay the Ward Manager of the Acute Medical Unit shares how she will use this story to improve how we care for adolescents on AMU.

https://www.youtube.com/watch?v=fykKYsQ6jlk

3. IMPROVEMENT

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

Issue: Patient feedback for the Observation Ward in the Emergency Department highlighted the environment and distribution of pain relief did not mirror a standard inpatient ward.

Action: Work has begun on improving how the Observation Ward operates. Activities have been scheduled to reflect a standard inpatient ward, with formalised ward rounds and the area has been made more dementia friendly. A new pain tool has also been implemented to assist in distributing pain relief on a more frequent basis.

Supporting information