

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

This report is based on information from July 2014. 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.

92.6% of patients did not experience any of the four harms whilst an in patient in our hospital

92.2% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 92.3% 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	4	1
Trust Improvement target (year to date)	9	0
Actual to date	14	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 that were not present on initial assessment.**

This month 1 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 3 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	Number of pressure ulcers in our Community setting	Number of pressure ulcers in our name Community setting
Category 2	1	2	0	0
Category 3	0	1	0	0
Category 4	0	0	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: 0.04 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: 0.01 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 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

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 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 score*	74	This is based on 1908 patients asked
A&E FFT score*	67	This is based on 677 patients asked

* Currently the Friends and Family Test is in development for community services, but we use similar questions to help us understand our patients' experience.

We also asked 389 patients the following questions about their care in the hospital:

	Net Promoter Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	38
Did you find someone on the hospital staff to talk to about your worries and fears?	27
Were you given enough privacy when discussing your condition or treatment?	90
Were you given enough privacy when being examined or treated?	72
How much information about your condition or treatment was given to you?	49
Overall, did you feel you were treated with respect and dignity?	84
Overall, how would you rate the care you received?	59

We also asked 988 patients the following questions about their care in the community setting:

Were you happy with the length of time you had to wait for your appointment/visit?	93
Did you feel that your health professional(s) had all the necessary background information about you and your health needs?	99
Were you asked to give your consent /agreement for treatment?	95
Did you feel that your health professional treated you with respect?	100
Were you involved in making choices about your treatment and care?	98
Did you see your health professional wash or clean their hands during your appointment / visit?	83
Were you satisfied with the care you received?	100
Were you given information on how to contact your health professional if you needed to?	90
If you attended one of our clinics, was the service location clean, tidy and welcoming?	99
How likely are you to recommend this service to friends and family if they needed similar care?	74

A patient's story

Disabled patient, Margaret Southworth, describes the support she receives from the community nursing team after receiving a bowel cancer diagnosis. Her health support worker, Cath Benson, also features explaining about the steps her team took to aid Margaret's recovery.

Click the link below to watch the video:

<https://www.youtube.com/watch?v=yal0amH8bzo>

Staff experience

We asked 30 staff in the hospital the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	60
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	67
I am satisfied with the quality of care I give to the patients, carers and their families	85

We asked 263 staff working in the community setting the following questions:

	Net Promoter Score
I would recommend this team as a place to work	61
I would recommend the standard of care in this service to a friend or relative if they needed treatment	81
I am satisfied with the quality of care I give to the patients, carers and their families	75

3. IMPROVEMENT

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

The patient panel conducted a review of hospital food in Blackpool Victoria Hospital. They recommend that more choice and substantial food was required at night for diabetics, as it was too long to wait until breakfast time following an evening meal.

Labelling of all sandwich contents also needed to be added to the hospital menu card because it didn't mention salad items which some patients could be allergic too.

The catering team have added an additional snack choice for diabetic patients and made it clear on the new menu card which has been well received by patients in the real time feedback the Trust receives.

All sandwich contents are now labelled on the revised menu card to cater for patients with food allergies.

Supporting information
