

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**

May 2014

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

This report is based on information from May 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.

92.3% of patients did not experience any of the four harms whilst an in patient in our hospital

91.0% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 91.6% 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.

Patients in hospital setting	C.difficile	MRSA
This month	4	0
(year to date)	4	0
Actual to date	7	0

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

Number of pressure ulcers	Grade 2	Grade 3	Grade 4	Total
Hospital Setting*	16	3	0	19

* Please note that the reported pressure ulcers have not yet been validated and these numbers are subject to change once grading and source of harm have been verified.

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:

Hospital Setting	0.77
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Community

Number of pressure ulcers	Grade 2	Grade 3	Grade 4	Total
ALTC*	42	7	2	51

* Please note that the reported pressure ulcers have not yet been validated and these numbers are subject to change once grading and source of harm have been verified.

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 1000 bed days:

ALTC	0.12
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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 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	5
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

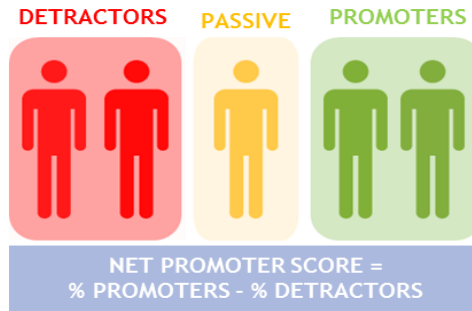
Rate per 1,000 bed days:	0.20
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2. EXPERIENCE

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 2019 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/>

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	2453
	Yes, sometimes	1772
	No	595
	score	69%
Did you find someone on the hospital staff to talk to about your worries and fears?	Yes, definitely	1266
	Yes, to some extent	1026
	No	648
	score	61%
Were you given enough privacy when discussing your condition or treatment?	Yes, definitely	3850
	Yes, to some extent	750
	No	247
	score	87%
Overall, did you feel you were treated with respect and dignity?	Yes, always	4093
	Yes, sometimes	652
	No	155
	score	90%
Overall, how would you rate the care you received?	Excellent	2557
	Very good	1509
	Good	490
	Fair	218
	Poor	128
	score	81%

	Extremely likely	2859
	Likely	1180
How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	Neither likely nor unlikely	395
	Unlikely	153
	Extremely unlikely	140
	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	1591	71	10	28	1700	96%
Did you feel that your health professional(s) had all the necessary background information about you and your health needs?	YES / NO	1650	40	3	7	1700	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	1570	88	9	33	1700	95%
Did you feel that your health professional treated you with respect?	YES / NO	1696	0	0	4	1700	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	1648	32	6	14	1700	98%
Did you see your health professional wash or clean their hands during your appointment / visit?	YES / NO	1441	188	26	45	1700	88%
Were you satisfied with the care you received?	YES / NO	1691	5	0	4	1700	100%
Were you given information on how to contact your health professional if you needed to (eg contact names and numbers) ?	YES / NO	1575	88	10	27	1700	95%
If you attended one of our clinics, was the service location clean, tidy and welcoming?	YES / NO / Not applicable	1014	605	5	76	1700	63%

			%
How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	Extremely likely	1249	73.5%
	Likely	365	21.5%
	Neither likely nor unlikely	41	2.4%
	Unlikely	3	0.2%
	Extremely unlikely	2	0.1%
	Don't Know	17	1.0%
	Blanks	23	1.4%

Staff experience

We also asked 40 staff the following questions in the hospital setting

	Net Promoter Score
I would recommend this ward/unit as a place to work	40
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	55
I am satisfied with the quality of care I give to the patients, carers and their families	40

And we asked up to 372 staff the following questions in the community setting

I would recommend this service as a place to work	66
I would recommend the standard of care from this service to a friend or relative if they needed treatment	82
I am satisfied with the quality of care I give to the patients, carers and their families	76

A patient's story

Charlotte describes the problems, attention and treatment she received from staff when giving birth to her first child Imogen, at Blackpool Teaching Hospitals. Please click on the link below to see the video.

<https://www.youtube.com/watch?v=XXDLeSHfDSA&feature=youtu.be>

3. IMPROVEMENT

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

A parent raised concerns about the initial diagnosis of his child having cerebral palsy, the way in which it was communicated to him and the waiting time for the services and treatment needed.

In response we have allocated additional staffing hours to reduce waiting times for patients to access therapy sessions sooner. The Head of Targeted Children's Services is also reviewing the process for presenting parents with bad news.

Supporting information
