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

November 2013

Open and Honest Care at Blackpool Teaching Hospitals NHS Foundation Trust : November 2013

This report is based on information from November 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.

92.4% **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
Improvement target (year to date)	20	0
Actual to date	21	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.

This month 5 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	4
Grade 3	1
Grade 4	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 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:	0.20

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

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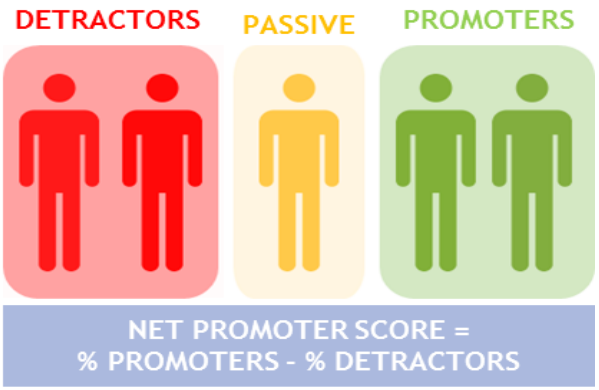
Rate per 1,000 bed days:	0.04

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, 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 70 for the Friends and Family test*. This is based on 1521 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/

We also asked 41 patients the following questions about their care:

	Net Promoter Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	78
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	77
Were you given enough privacy when discussing your condition or treatment?	90
During your stay were you treated with compassion by hospital staff?	90
Did you always have access to the call bell when you needed it?	90
Did you get the care you felt you required when you needed it most?	88
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	82

A patient's story

Each month our Trust produces a short film capturing real patient experiences of our hospital services. The stories focus on the patients' views of our hospital care both positive and negative. For this month's video please use the following link:

http://www.youtube.com/watch?v=3FZJTrvFGdo&feature=youtu.be

Staff experience

We asked 24 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	67
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	71
I am satisfied with the quality of care I give to the patients, carers and their families	79

3. IMPROVEMENT

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

The Trust is embracing 'The Patient Experience Revolution', an exciting and unique training programme that will support the organisation to become more patient and family-centred in order to deliver a better patient experience.

The training enables people to recognise what happens to their attitude and behaviour when they are faced with challenges such as staff shortages, lack of resources, pressure of work etc. The training helps people to recognise themselves when they are stressed (even just a little bit!) and take steps to take control of themselves so that they are able to face the challenges and to speak out with confidence.

This trust-wide project will provide some valuable skills and tools to support each of the key strategic initiatives.

These would include:
•Higher levels of engagement, with more staff likely to recommend the Trust as a place to work or be treated
•Increased patient and staff scores recommending the service to family and friends
Research evidence shows that patient experience influences clinical effectiveness and safety and therefore, once the programme is fully implemented we would expect to see:
•A reduction in patient harms
•Better clinical outcomes with a reduction in unnecessary readmissions
•Improved doctor-patient communication, which leads to greater compliance in taking medication and can enable greater self-management for people
with long-term chronic conditions
•A reduction in an individuals' anxiety and fear which can delay healing
•The staff and patient experience closely linked together