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

April 2015

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

This report is based on information from March 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

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.

91.5% **of patients did not experience any of the four harms whilst an in patient in our hospital**

93.5% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 92.6% **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	1	0
Trust Improvement target (year to date)	28	0
Actual to date	54	3

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 0 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 1 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	0	1
Category 3	0	0
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:	0.00	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:	0.002	Adult and Long Term Conditions

In January we reported 1 acute and 5 community pressure ulcers for the December period. Now that we have had time to validate more incidents the numbers of trust acquired pressure ulcers for this period have risen to 6 for acute and 19 for community. Last month we reported 3 pressure ulcers in the community for the January period; after validation this has now risen to 6. According to our latest validated figures, in February there was 1 acute and 3 community pressure ulcers

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.

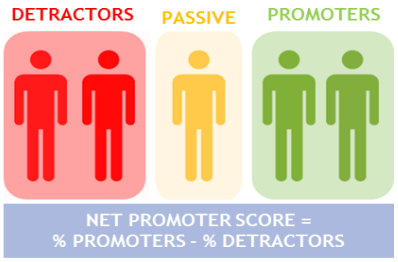
Rate per 1,000 bed days:	0.04

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.

Net Promoter Score	76
Responses	3435
Percentage of patients likely to recommend the Trust Overall	94%
Percentage of patients likely to recommend our Inpatient services	97%
Percentage of patients likely to recommend our Emergency services	93.89%
Percentage of patients likely to recommend our Maternity services	81%
Percentage of patients likely to recommend our Community services	93.77%

Patient experience

We asked 395 patients the following questions about their care in the hospital:

	Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	74%
Did you find someone on the hospital staff to talk to about your worries and fears?	64%
Were you given enough privacy when discussing your condition or treatment?	89%
Were you given enough privacy when being examined or treated?	95%
How much information about your condition or treatment was given to you?	79%
Overall, did you feel you were treated with respect and dignity?	91%
Overall, how would you rate the care you received?	82%

We also asked 1518 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?	93.4%

Staff experience

We asked 30 staff in the hospital the following questions:

	Score
I would recommend this ward/unit as a place to work	84%
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	97%
I am satisfied with the quality of care I give to the patients, carers and their families	97%

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

"I was admitted to BVH's surgical unit for an operation on my throat. To say I was full of trepidation is an understatement, but what stood out to me immediately was the absolute professionalism of every single member of staff in that unit. They were friendly and reassuring and, considering the patient turnover in one day, they were saints. Prior to my surgery I sat in the waiting room for over four hours 'people watching'. Most of the patients were quiet and tolerant but there was an atmosphere of restlessness from some, and sheer fear from others. Every minute felt like an hour.

"The whole day opened my eyes to the type of pressure staff are now under and I feel very sorry for them. Mr Nigam, who operated on me and whom I consider to be a saint, was completely focussed and on automatic pilot; anaesthetists chatted to me and put me at my ease and I have to say I felt completely humbled by the whole process. My post op staff nurse, 'Pia', was a star. Always smiling and helpful, she was a breath of fresh air. I would like to thank everybody in ENT OPD and the Surgical Unit

3. IMPROVEMENT

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

Issue: A patient attended the Surgical Appliance Department to collect some new shoes which had been ordered for him. Although the patient felt that the shoes were tight the staff member told him that they just needed bedding in and that he would need to wear them for a few weeks. The patient was struggling to do this as he had been provided him with a size 3 shoes whereas he was a size 5. As the patient has numerous health issues and is non-verbal his advocate states he must have been in a great deal of pain and questions how this error has been allowed to happen to such a vulnerable adult.

Action: It was explained to the patient that the first error occurred when the administration staff transcribed the incorrect size of shoe and this meant that the incorrect size was manufactured. When the shoes arrived they were checked against the order. Sincere apologies were given for the errors that occurred and the poor experience had. The administration staff have been reminded to be vigilant when ordering products to ensure the correct product is ordered. The staff have been instructed to ensure that delivery checks are made against the Orthotist's specification sheet and the order form to ensure the correct order has been received. Orthotists have been reminded and issued with instructions that they must check the sizing of products prior to fitting. Continued training is taking place for Orthotist's to ensure the same situation never happens again.

Supporting information