

## 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**

January 2015

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

This report is based on information from December 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

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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.

**95.4% of patients did not experience any of the four harms whilst an in patient in our hospital**

**94.8% of patients did not experience any of the four harms whilst we were providing their care in the community setting**

**Overall 95.1% 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)

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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
<b>This month</b>	5	0
<b>Trust Improvement target (year to date)</b>	21	0
<b>Actual to date</b>	41	2

For more information please visit:

[www.bfwh.nhs.uk](http://www.bfwh.nhs.uk)

## Pressure ulcers

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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 1 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 5 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	1	5
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: 0.04 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

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

Severity	Number of falls
Moderate	1
Severe	1
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: 0.07

## 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.

### 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;*

<b>In-patient</b> FFT score	79	This is based on 1740 patients asked
<b>A&amp;E</b> FFT score	77	This is based on 687 patients asked

### Patient experience

We asked 118 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?	71%
Did you find someone on the hospital staff to talk to about your worries and fears?	62%
Were you given enough privacy when discussing your condition or treatment?	87%
Were you given enough privacy when being examined or treated?	96%
How much information about your condition or treatment was given to you?	80%
Overall, did you feel you were treated with respect and dignity?	92%
Overall, how would you rate the care you received?	83%

We also asked 631 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?	88%
Did you feel that your health professional(s) had all the necessary background information about you and your health needs?	96%
Were you asked to give your consent /agreement for treatment?	92%
Did you feel that your health professional treated you with respect?	97%
Were you involved in making choices about your treatment and care?	96%
Did you see your health professional wash or clean their hands during your appointment / visit?	90%
Were you satisfied with the care you received?	97%
Were you given information on how to contact your health professional if you needed to?	93%
If you attended one of our clinics, was the service location clean, tidy and welcoming?	74%
How likely are you to recommend this service to friends and family if they needed similar care?	73%

### Staff experience

We asked 40 staff in the hospital the following questions:

I would recommend this ward/unit as a place to work	87.5%
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	100%
I am satisfied with the quality of care I give to the patients, carers and their families	87.5%

## A patient's story

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Members of the Patient Experience Team recently attended the 'Big Health Check Day' at Blackpool Stadium, which encouraged people who use health and social services to give their views and to find out more about what's available to them.

To raise awareness with staff about how they should promote equality, diversity and human rights in practice, the team interviewed a number of local residents with learning disabilities about individual experiences they'd had or witnessed whilst in Blackpool Victoria Hospital.

Their stories are available at:

<https://www.youtube.com/user/BFWHospitals>.

## 3. IMPROVEMENT

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

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**Issue:** A patient raised a concern after waiting longer than expected for a cystoscopy procedure (where a camera looks at the inside of the bladder).

**Action:** When the patient raised a concern the waiting-time for cystoscopy appointments at the time was longer than the usual 6 weeks. In order to improve this situation the department has made service improvements and sourced additional cystoscopy capacity so that patients will not have to wait more than 6 weeks for routine appointments.

### Supporting information

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