

# 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 2015

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

This report is based on information from April 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

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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.

**93.5% of patients did not experience any of the four harms whilst an in patient in our hospital**

**92.8% of patients did not experience any of the four harms whilst we were providing their care in the community setting**

**Overall 93.1% 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>	2	0
<b>Trust Improvement target (year to date)</b>	28	0
<b>Actual to date</b>	2	0

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 7 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	7
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: 0.016 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

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

Severity	Number of falls
Moderate	8
Severe	0
Death	1

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: 0.36

## 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.

Month	April 15
Number of responses	3373
Inpatient services	95.00%
Emergency services	94.00%
Maternity services	85.00%
Community services	99.99%
Outpatient & Day Case services	95.00%
Paediatric services	96.00%

### Patient experience

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

[The Patient Experience survey is changing to a quarterly schedule and this data will therefore be updated in July: the results shown here are for the last monthly survey which was conducted in March 2015.](#)

	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%
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### Staff experience

We asked 25 staff in the hospital the following questions:

	Score
I would recommend this ward/unit as a place to work	100%
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	96%

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

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In this story the England's talk about the delivery of their second child in the newly opened Fylde Coast Birth Centre. They say how relaxed and involved they felt during labour compared to a previous experience in the delivery suite and commend the centres facilities which made it feel like a home from home environment.

<https://www.youtube.com/watch?v=qnc16joVEzU&feature=youtu.be>

## 3. IMPROVEMENT

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

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**Issue:** A patient declined an initial gastroscopy appointment, but then experienced a five month delay trying to rearrange another one. During this time he couldn't get through on the booking line. When he did eventually manage to leave a message a member of staff contacted him to say that an appointment had been arranged for the following week. He has expressed concern that if he had not telephoned and chased this, he would not have known about the new appointment as he had not received a letter informing him about it.

**Action:** The Gastroenterology department have made a number of changes to improve the appointment and administration process including recruiting an additional consultant and increasing their working hours to include two evenings per week and on the weekend. During these extended working hours staff are also making contact with patients at home to remind them about their future appointments. An e-mail address has also been set up ,which the department publicise on their answerphone message, to provide patients have an alternate means of getting through to them.

### Supporting information

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