

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**

February 2014

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

This report is based on information from February 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.

94.9% 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	2	0
Improvement target (year to date)	27	0
Actual to date	24	1

For more information please visit:

www.bfwhospitals.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 0 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	15
Grade 3	2
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:	0.70
-------------------------	------

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 0 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.

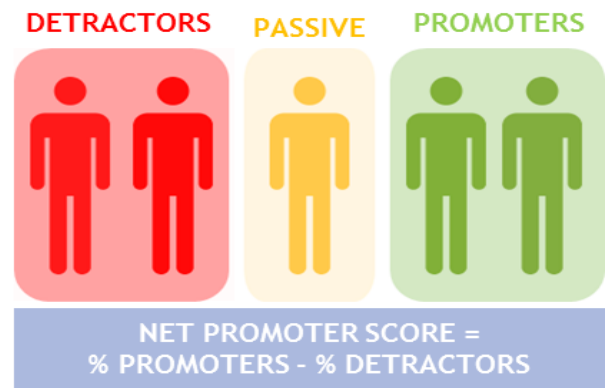
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

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.

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 **71** for the Friends and Family test*. This is based on 1611 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/>

In addition to the Net Promoter Score we conduct a local survey.

Each month we ask our 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	160
	Yes, sometimes	126
	No	35
	score	69%

Did you find someone on the hospital staff to talk to about your worries and fears?	Yes, definitely	78
	Yes, to some extent	66
	No	45
	score	59%

Were you given enough privacy when discussing your condition or treatment?	Yes, definitely	267
	Yes, to some extent	43
	No	16
	score	88%

Overall, did you feel you were treated with respect and dignity?	Yes, always	279
	Yes, sometimes	42
	No	8
	score	91%

	Excellent	173
	Very good	103
Overall, how would you rate the care you received?	Good	35
	Fair	8
	Poor	10
	score	82%

	Extremely likely	188
	Likely	85
How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	Neither likely nor unlikely	28
	Unlikely	11
	Extremely unlikely	8
	score	84%

A patient's story

Sharon came to Blackpool Victoria with breathing difficulties and collapsed in the Casualty department, what followed was an unexpected but life saving stay in the hospital.

Please click on the link below to see the video.

<https://www.youtube.com/watch?v=kR8FrcvkEhk&feature=youtu.be>

Staff experience

We asked 35 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	85
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	88
I am satisfied with the quality of care I give to the patients, carers and their families	88

3. IMPROVEMENT

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

Feedback from patients identified that they were unhappy with the variety and choice of food available to them when they were admitted to the A&E observation ward. They were also critical that no fresh fruit was available for them.

Following discussion with several patients and the catering department, a revised choice of meals is now available for the staff who are in the Observation Ward. The menu choice now has more variety and includes fresh fruit. This has provided positive feedback from patients.

