

## 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 2014

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

This report is based on information from January 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

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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 new harms.

**92.9%** 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)

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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.

	C.difficile	MRSA
<b>This month</b>	1	1
<b>Improvement target (year to date)</b>	25	0
<b>Actual to date</b>	22	1

For more information please visit:

[www.website.com](http://www.website.com)

## 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 grades, with one being the least severe and four being the most severe.

This month 38 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	9
Grade 3	0
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:	0.32
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## 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 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
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## 2. EXPERIENCE

To measure patient and staff experience we use a Net Promoter Score.

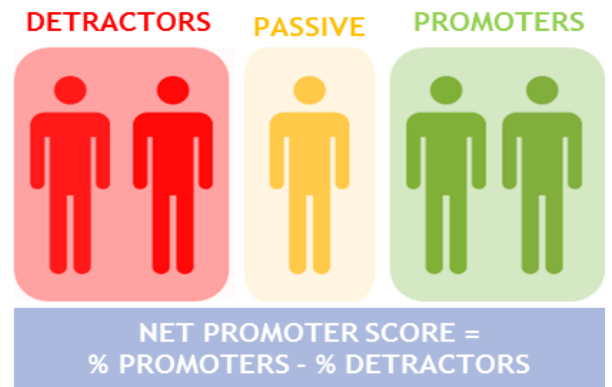
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

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 **66** for the Friends and Family test\*. This is based on 2005 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	191
	Yes, sometimes	154
	No	53
	<b>score</b>	<b>67%</b>

Did you find someone on the hospital staff to talk to about your worries and fears?	Yes, definitely	107
	Yes, to some extent	88
	No	41
	<b>score</b>	<b>64%</b>

Were you given enough privacy when discussing your condition or treatment?	Yes, definitely	318
	Yes, to some extent	63
	No	12
	<b>score</b>	<b>89%</b>

Overall, did you feel you were treated with respect and dignity?	Yes, always	352
	Yes, sometimes	44
	No	9
	<b>score</b>	<b>92%</b>
Overall, how would you rate the care you received?	Excellent	222
	Very good	131
	Good	28
	Fair	16
	Poor	8
	<b>score</b>	<b>84%</b>
How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	Extremely likely	245
	Likely	105
	Neither likely nor unlikely	24
	Unlikely	13
	Extremely unlikely	8
	<b>score</b>	<b>86%</b>

## A patient's story

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Alan Shaw shares his experience and frustration in trying to acquire vital equipment for his son Michael who requires round the clock care.

Please click on the link below to see the video.

<http://www.youtube.com/watch?v=K5fgujevmvM&feature=youtu.be>

## Staff experience

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We asked 57 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	95
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	96
I am satisfied with the quality of care I give to the patients, carers and their families	86

## 3. IMPROVEMENT

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

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We recognise that effective leadership at ward/department level is key to the delivery of high quality care by effective teams. As a result we have relaunched a new cohort of training affiliated to the local university, UCLAN, which will equip our ward managers with the necessary knowledge and skills to effectively improve patient care. As part of this course, all participants will undertake a targeted project to improve patient care. We will provide updates on progress of these projects as the course progresses.

