

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**

October 2018

Open and Honest Care at Blackpool Teaching Hospitals NHS Foundation Trust: October 2018

This report is based on information from September 2018. 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.

93.8% of patients did not experience any of the four harms whilst an in patient in our hospital

94.1% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 94.0% 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 | 3 | 0 |
| Trust improvement target (year to date) | 10 per quarter | 0 |
| Actual to date | 23 | 0 |

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 are from spot prevalence and include 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 2 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 6 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 | 2 | 5 |
| Category 3 | 0 | 1 |
| 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: 0.08 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: 0.014 Adult and Long Term Conditions

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

| Severity | Number of falls |
|----------|-----------------|
| Moderate | 6 |
| 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: 0.25

2. EXPERIENCE

Patient experience

Responses are received against questions that feature in the Listeners survey. The Patient Experience team continue to assist each Division in improving their responses to questions asked. Improvement is measured and reported back to the Division by the use of our Listeners.

The results shown here are for quarter 3, July to September 2018. These will be updated for quarter 4 2018 in January.

We asked 511 patients in the hospital the following questions:

| | Score |
|---|-------|
| Were you involved as much as you wanted to be in the decisions about your care and treatment? | 86% |
| How much information on your diagnosis/condition or treatment has been given to you? | 84% |
| Do you feel you have been treated with respect and dignity on the ward? | 98% |
| Have you been able to find a member of staff to talk to about your worries and fears? | 91% |

Staff experience

We asked 8 staff 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 | 100% |

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

Michael has struggled with problems with his bladder for the past 10 years this was impacting on both his personal and professional life. He resigned from a high salaried job that he had and he felt he wasn't adequately supported with information by the Urology Unit when he saw them about the problem. Michael talks about how he made contact with the bladder and bowel service and how they have worked with him to get him back on his feet and back into work and not to feel embarrassed by his situation.

<https://www.youtube.com/watch?v=6FDHrk-NzAI>

3. IMPROVEMENT

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

Issue: The Stroke Unit has identified that communication needs to be improved with patients and their relatives on both the acute and rehabilitation bays

Action: A communication clinic is now in place in the Stroke Unit. Anyone in Acute bays can now see a consultant on the same day. For patients in the rehabilitation bays there are drop in clinics with the Ward Manager and the consultants from 12-12:30 and 1-2pm.

A Facebook group has also been created to encourage staff conversations and questions within the wider team.

Supporting information
