

## 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:

**Bolton NHS Foundation Trust**

May 2016

# Open and Honest Care at Bolton NHS Foundation Trust : May 2016

This report is based on information from May 2016. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about Bolton 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.

**96.1% of patients did not experience any of the four harms whilst an in patient in our hospital**

**96.5% of patients did not experience any of the four harms whilst we were providing their care in the community setting**

**Overall 96.3% 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>	19	0
<b>Actual to date</b>	5	0

For more information please visit:

[www.boltonft.nhs.uk/patients-and-visitors/hospital/infection-prevention-and-control/](http://www.boltonft.nhs.uk/patients-and-visitors/hospital/infection-prevention-and-control/)

## 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 avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.**

This month 8 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 24 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Bolton Community setting
Category 2	8	15
Category 3	0	7
Category 4	0	2

In the hospital setting, so 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: 0.46 Hospital Setting

The pressure ulcer numbers include all pressure ulcers that occurred from 6 hours after admission to this Trust

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: 0.80 Bolton Community

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

Severity	Number of falls
Moderate	0
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: 0.06

## 2. EXPERIENCE

To measure patient and staff experience we ask a number of questions. 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.

The answers given are used to give a score which is the percentage of patients who responded that they would recommend our service to their friends and family.



### The Friends & Family Test

#### Patient experience

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#### 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;*

In-patient FFT score <sup>1</sup>	<table border="1"><tr><td>97.7</td></tr></table>	97.7	% recommended. This is based on 1079 patients asked
97.7			
A&E FFT score	<table border="1"><tr><td>80.7</td></tr></table>	80.7	% recommended. This is based on 820 patients asked
80.7			

<sup>1</sup> 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/>

Currently the Friends and Family Test is in development for community services, but we use similar questions to help us understand our patients' experience.

We also asked 70 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?	94.1
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	94.3
Were you given enough privacy when discussing your condition or treatment?	100.0
During your stay were you treated with compassion by hospital staff?	98.6
Did you always have access to the call bell when you needed it?	100.0
Did you get the care you felt you required when you needed it most?	100.0
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	94.1

We also asked 108 patients the following questions about their care in the community setting:

Were the staff respectful of your home and belongings?	99.1
Did the health professional you saw listen fully to what you had to say?	99.1
Did you agree your plan of care together?	92.6
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	96.3
Did you feel supported during the visit?	100.0
Do you feel staff treated you with kindness and empathy?	100.0
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	99.1

## A patient's story

Story captured by the Trust Patient Experience Co-ordinator within the Female Medical Assessment Unit in May 2016. The names of the individual has been altered to protect their identity, however the story itself is true.

Joan Brown is 71 and has never been in hospital before this admission.

Joan's story is that she kept falling, her appetite was poor and she was having trouble with her bowels. Two weeks ago she had felt very poorly and attended A & E and was on Clinical Decisions Unit (CDU) for a short time. She was sent home with some tablets and was well for about 10 days, but then started falling again. She went to her GP and was told she had low blood pressure and that the bowel problems which had reoccurred may be resulting in a lack of nutrients.

Last Wednesday night she got up to go to the toilet, she was careful and sat for a few minutes on the bed before standing but when she got to the door she fell. Her husband jumped out of bed put a pillow under her head and phoned an ambulance which brought her into A & E at about 11.30pm. She was put in the critical care room which worried her, but the nurse said it had everything they would need to hand. They inserted a catheter and ran tests and told her she would be admitted into the hospital.

Joan Brown was admitted to Ward D1 (Female Medical Assessment Unit) at lunch time the next day and because she had diarrhoea she was put into the side room. Having never been in hospital she was worried that being in a side room would mean she would not see anyone and she would be ignored, she could not have been more wrong.

All of the nurses have been fantastic, answering her call bell immediately; she never had to wait more than 3 minutes. On arrival on D1 the nurse admitting her asked if she would prefer to go to the toilet which she did but was advised that she must not go on her own. The nurses responded immediately to her call and she never had to wait or feel uncomfortable. She does not know how the nurses manage to be so efficient after a 12 hour shift non-stop on their feet and is full of praise for her nurses Alison/Sue / Wendy and Karen.

Karen told her last night she would be taking out her catheter this morning and she came first thing and Joan is relieved everything is fine. They have not got to the bottom of her stomach issues; however she has had scans done to try to find what is wrong and the consultant also came to see her this morning explaining what would happen. The communication and information has been very thorough and has put her mind at rest. She expressed that she was feeling optimistic and in good hands.

Indeed Joan said that she has felt safe and cared for the whole time she has been on D1, the staff have been friendly and pro active and she has been made to feel the nurses are her friends and they have had a laugh which is important for her recovery.

One of Joan's main nurses was Wendy who came and introduced herself a few days ago and asked if she needed anything and has been one of my main nurses since then during the day. She has always been upbeat with a smile on her face no matter how busy she is.

Joan explained in her own words how she has felt about her hospital experience:

Wendy has responded quickly when I have called her and has done everything I have asked or needed without making me feel I am mithering. She is one of the nurses who has got me through this hospital visit feeling safe and secure and has kept me well informed. When I have been worried she has taken the time to sit with me and talk it through, she has been brilliant and made me feel she was a friend not just an excellent nurse.

Karen one of my other nurses went above and beyond when I needed a good wash. She took me to the bathroom, helped me without any embarrassment to wash down and dry all of my body and hair. She put clean sheets on my bed and went and got me a second pillow, I felt wonderful when I got into that bed.

The only negative I can think of is visiting is too long, I am tired after an hour and although I like people coming I have been glad when visiting is over and I can get some rest.

## Staff experience

We asked 54 staff in the hospital the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	85.2
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	100.0
I am satisfied with the quality of care I give to the patients, carers and their families	94.4

We asked staff working in the community setting the following questions:

	Net Promoter Score
I would recommend this service as a place to work	89.2
I would recommend the standard of care in this service to a friend or relative if they needed treatment	97.6
I am satisfied with the quality of care I give to the patients, carers and their families	98.8

## 3. IMPROVEMENT

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



## Supporting information

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Within the organisation we have a process whereby all pressure ulcers (PU) and suspected deep tissue injury are reported and heard through a panel consisting of senior nurses, allied health professionals and risk and governance members.

The outcomes recorded at Harm Free Care Panel are for pressure ulcers that have occurred within our care and are as a result of lapses and no lapses in care. This is separated further as:

Hospital: Category 2 PU; 6 no lapses in care and 2 with lapses in care

Community: Category 2 PU; 14 with no lapses in care and 1 with lapses in care. Category 3 PU; 5 with no lapses in care and 2 with lapses in care. Category 4 PU; 2 with no lapses in care.

