

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

February 2018

Open and Honest Care at Bolton NHS Foundation Trust : February 2018

This report is based on information from February 2018. 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

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.

96.8% of patients did not experience any of the four harms whilst an in patient in our hospital

97.4% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 97.0% 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	1	0
Trust Improvement target (year to date)	19	0
Actual to date	28	2

For more information please visit:

www.boltonft.nhs.uk/patients-and-visitors/hospital/infection-prevention-and-control/

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 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 15 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 20 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Bolton Community Community setting
Category 2	13	12
Category 3	2	7
Category 4	0	1

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: 0.86 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: 0.67 Bolton Community

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

Severity	Number of falls
Moderate	0
Severe	3
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: 0.17

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

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 ¹	95.7	% recommended. This is based on 1431 patients asked
A&E FFT score	86.6	% recommended. This is based on 1130 patients asked

¹ 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 80 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?	84.3
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	81.6
Were you given enough privacy when discussing your condition or treatment?	96.3
During your stay were you treated with compassion by hospital staff?	91.3
Did you always have access to the call bell when you needed it?	96.2
Did you get the care you felt you required when you needed it most?	88.5
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	84.3

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

Were the staff respectful of your home and belongings?	99.0
Did the health professional you saw listen fully to what you had to say?	99.0
Did you agree your plan of care together?	98.0
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	93.9
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?	99.0

A patient's story

A patient story was presented by the Integrated Community Services Division in February. This has been summarised from what was heard to that captured below:

Following a telephone conversation from a GP, a patient who was approaching the end of his life and on the Gold Standards Framework register was referred to the District Nurses. The District Nurses already knew the gentleman as his wife had a leg ulcer and was a patient under the care of the District Nurses who visited weekly to provide care and treatment to her legs. District nursing input had previously been offered to the gentleman, but declined at that time. Due to the patients' changing needs the GP had arranged a joint visit with the District Nurses, GP and Macmillan Nurse.

On arrival at the gentleman's house it was evident that he was approaching the end of his life. His wife was in hospital and also approaching the end of her life, and the family wanted her to be in her own home.

The District Nurses contacted loan stores with the families consent to order a hospital bed and air mattress for both the husband and wife. The family wanted to try and get the patient's wife home as well as this was their preferred place of care for both. The District Nurse liaised with the ward that were also trying to fast track the gentleman's wife home and explained they would take over the care of the wife with the family. The wife was discharged later that day and both husband and wife were provided with the right care and management at home. A referral for joint care with the hospice at home team was also in place.

When the patient's wife was discharged home, both husband and wife were in hospital beds and cared for in their lounge. The patient and his wife passed away peacefully in their own home, side by side and within hours of each other. The husband and wife had lived in their family home for several years and were married for 75 years.

The District Nurse visited the nephew for support after the recent bereavement and took mementos and leaflets along with a bereavement questionnaire.

The nephew of the husband and wife were very pleased with all the services involved, and he felt that the District Nurses had all pulled together to allow his aunty and uncle to spend their final hours together, for which he could not thank the District Nurses enough.

Staff experience

We asked 50 staff in the hospital the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	87.2
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	77.6

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

	Net Promoter Score
I would recommend this service as a place to work	89.0
I would recommend the standard of care in this service to a friend or relative if they needed treatment	95.1
I am satisfied with the quality of care I give to the patients, carers and their families	93.9

3. IMPROVEMENT

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

Supporting information

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; 13 in total with 4 recorded as lapses in care and 9 recorded as no lapses in care, Category 3 PU; 2 in total and both recorded as lapses in care.

Community: Category 2 PU; 12 in total with no lapses in care, Category 3 PU; 7 in total with 2 recorded as lapse in care and 5 recorded as no lapses in care, Category 4 PU; 1 recorded with no lapses in care.

There have been 3 falls within the organisation all resulting in severe harm . One patient sustained a fracture following a medical collapse.

