

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

January 2015

Open and Honest Care at Bolton NHS Foundation Trust : January 2015

This report is based on information from January 2015. 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.

98.5% of patients did not experience any of the four harms whilst an in patient in our hospital

98.1% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 98.3% 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)

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	1
Trust Improvement target (year to date)	48	10
Actual to date	17	1

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 4 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 9 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Bolton Community setting
Category 2	1	6
Category 3	3	1
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: 0.23 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: 0.30 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	1
Severe	2
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	<table border="1"><tr><td>96.1</td></tr></table>	96.1	% recommended. This is based on 561 patients asked
96.1			
A&E FFT score	<table border="1"><tr><td>87.0</td></tr></table>	87.0	% recommended. This is based on 1142 patients asked
87.0			

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 25 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?	84.0
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	76.0
Were you given enough privacy when discussing your condition or treatment?	88.0
During your stay were you treated with compassion by hospital staff?	100.0
Did you always have access to the call bell when you needed it?	84.0
Did you get the care you felt you required when you needed it most?	96.0
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	84.0

We also asked 14 patients the following questions about their care in the community setting:

Were the staff respectful of your home and belongings?	100.0
Did the health professional you saw listen fully to what you had to say?	100.0
Did you agree your plan of care together?	85.7
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	100.0
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?	100.0

A patient's story

Margaret is a 55 year old lady with a significant learning and physical disability, she lives at home with her elderly mother (who is her main carer) her sister and young niece.

Margaret can communicate verbally, but has difficulties understanding and retaining health information. She is not used to being away from her mother and she would not choose to be in hospital for investigations and treatment. Any unnecessary delay in discharge would add to her anxiety.

Margaret was admitted to hospital with abdominal pain and other symptoms which required investigation. She was diagnosed as having gallstones.

During Margaret's journey in hospital the Learning Disability Nurse for the Trust was involved in providing support. The Learning Disability Nurse identified reasonable adjustments and documented as follows which were agreed:

Learning Disability 'Keep Me Safe In Hospital Document' to be completed.

Advised to offer open and flexible visiting to family taking into consideration Margaret's anxiety about being in hospital and her elderly mother's anxiety about Margaret's vulnerability

Sensitivity and consideration about the needs of the carer in relation to the age of the carer and the relationship between Margaret and her mother.

Unfortunately although the above adjustments were agreed on the assessment unit when Margaret moved to another medical ward information regarding reasonable adjustments were not read. This resulted in Margaret's sister leaving a message for the Learning Disability Nurse explaining that Margaret's mother was unable to stay on the ward she had been transferred to for extended visiting.

Staff experience

We asked 25 staff in the hospital the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	88.0
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	96.0
I am satisfied with the quality of care I give to the patients, carers and their families	70.8

We asked 14 staff working in the community setting the following questions:

	Net Promoter Score
I would recommend this service as a place to work	85.7
I would recommend the standard of care in this service to a friend or relative if they needed treatment	92.9
I am satisfied with the quality of care I give to the patients, carers and their families	100.0

3. IMPROVEMENT

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

The agreement had been overlooked by nursing staff on the medical ward as they had not read the documentation made by the Learning Disability Nurse. The issue was dealt with quickly by the Ward Manager and Learning Disability Nurse. Further communication within the team was given to ensure all staff were aware more clearly that Margaret's mother could stay on the ward from when she first arrived for afternoon visiting until the end of evening visiting time.

Unfortunately following this agreement Margaret's mother became unwell herself and so was unable to visit. This resulted in her being unable to support Margaret through her investigations which in turn would have supported the nurses and doctors to undertake the required investigation.

The Learning Disability Nurse responded to the situation faced by Margaret who was very anxious about having a scan by liaising with the radiology department. The Learning Disability Nurse's co-ordination of the investigation meant she could accompany Margaret for her investigation and provide specialist help to the staff as well as Margaret. The result of this allowed for a successful outcome to support diagnosis of a medical condition and its treatment.

Identifying through Learning Disability Nurse what reasonable adjustments our patient's require in order for these patients to access health investigations and treatment in a timely manner was what improved the overall patient and relative experience.

Not identifying reasonable adjustments or not following them when agreed and in place can result in a poor experience. Having a Learning Disability Nurse in the Trust working actively to improve our patient's experiences and those of their families while in our care. This helps us to continue making improvements for patients with learning difficulties, even when at times the experience may become less than satisfactory during the patient journey.

Supporting information

Important Information To Keep Me Safe In Hospital

Name:.....	Learning Disability Nurse Informed Yes No Date
Date of Birth:.....	Contact Details: Jainab Desai Ext: 3878 Bleep: 3015 Email: jainab.desai@rbh.nhs.uk
Address:.....	
How to communicate with me	
Eating/drinking: E.g. consistency of food/drink, assistance needed/guidelines	
Medical Intervention: E.g. Epilepsy rescue medication	
Medication: Specific instructions about how to give me my medicine E.g. tablet, liquid	
How you would know if I was in pain: E.g. verbally, facial expression, behaviour	
If I appear distressed or I am not co-operating with essential treatment/care contact the following person:	
What makes me anxious or will calm me down?	
Any other important information to keep me safe in hospital.	

