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

This report is based on information from February 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.

95.1% **of patients did not experience any of the four harms whilst an in patient in our hospital**

97.5% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 96.2% **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	0	0
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 9 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 14 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	4	8
Category 3	4	4
Category 4	1	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:	0.52	Hospital Setting

The pressure ulcer numbers include all pressure ulcers that occured 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:	0.47	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 4 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
Severe	2
Death	1

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:	0.23

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.

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 Acccident & Emergency (A&E). Both scores (if applicable) are below;*

In-patient FFT score [1]	97.0	% recommended. This is based on 608 patients asked
A&E FFT score	85.9	% recommended. This is based on 1061 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 30 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?	85.7
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	78.6
Were you given enough privacy when discussing your condition or treatment?	96.7
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?	96.3
Did you get the care you felt you required when you needed it most?	86.2
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	85.7

We also asked 12 patients the following questions about their care in the community setting:

Were the staff repectful 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?	100.0
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

Peter is aged 22 he is a friendly and pleasant young man with Downs Syndrome, Learning disability, challenging behaviour and mental health issues who lives at home with his mother (main carer) and sister.

Peter has associated behavioural responses and he can be unpredictable. This is more likely to occur when he is anxious and unsure, and it is during these times that Peter's behaviour can be a risk to himself or others around him. When anxious, Peter can run away with little or no concept to the dangers around him. New medical procedures/investigations can be a source of anxiety for Peter.

Following a routine appointment with the psychiatrist Peter was referred to the hospital radiology department for a CT brain scan – the psychiatrist had prescribed sedation to administer on the day of the scan to manage Peter's anxiety.

The hospital learning disability nurse was contacted by Peter's community psychiatric nurse requesting input to support Peter's hospital appointment for a CT brain scan.

The learning disability nurse who had previously supported Peter in hospital advised Peter's mother to contact the radiology department to obtain an appointment. The learning disability nurse agreed she would then liaise with radiology staff to identify all the Reasonable Adjustments required to support Peter with a view to a successful health outcome.

The learning disability nurse received a telephone call from Peter's mother who was angry and upset following contact with the radiology department – she felt her son was discriminated against due to his learning disability. Peter's mother had arrived at the hospital radiology department with the CT request card from the psychiatrist expecting to be given an appointment date, however she was informed that the request card needed to be reviewed before an appointment could be given.

The learning disability nurse offered support to Peter's mother and informed her that she will investigate the issues brought to light.

Staff experience

We asked 30 staff in the hospital the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	82.1
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	76.7
I am satisfied with the quality of care I give to the patients, carers and their families	57.1

We asked 13 staff working in the community setting the following questions:

	Net Promoter Score
I would recommend this service as a place to work	92.3
I would recommend the standard of care in this service 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	100.0

3. IMPROVEMENT

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

It was identified that Peter required the following reasonable adjustments which were put in place for the day of his investigation.

-Input from the hospital learning disability nurse to offer advice and support to Peter, his carer and radiology staff.

-Peter would require extended appointment time to meet his leaning disability and anxiety needs.

-Peter would need to be first on the list to minimise waiting times for Peter.

-Identify a quieter area for Peter and his carer away from the crowded waiting areas to minimise stimulation to help with Peter's anxiety issues.

-Input from the community psychiatric nurse on the day of Peter's appointment offering additional support and guidance to hospital staff – Peter and his mother have a good relationship with the psychiatric nurse.

-All appropriate staff in radiology fully informed about Peter's needs to minimise the risk of a breakdown of communication.

On the day of the appointment Peter arrived to the radiology department also present were the following people; his mother, sister, support worker, community psychiatric nurse and the learning disability hospital nurse.

Initially Peter would not even approach the CT scan, clearly anxious and refusing to go ahead with the scan – his mother was with him in the scanning room reassuring him but it took several attempts before Peter could go ahead with the scan. Peter decided that he didn't want the help of the radiographer allocated to him but he accepted the support of another radiographer who was nearby, the outcome was that Peter successfully had the CT brain scan.

Supporting information

As a result of the patient experience the following further improvements were made.

The learning disability nurse met with the lead radiographer who clearly explained the referral protocol which the learning disability nurse can share with future patients with a learning disability, their carers and interested parties.

The radiographer expressed the importance of relevant information about the needs of the patient being documented on the request card. This will help the radiology department identify the need for Reasonable Adjustments.

The learning disability nurse met with Peter's psychiatrist who has agreed to include relevant information on radiology request cards which will help to identify Reasonable Adjustments in the future.

A member of staff from the radiology department has agreed to join the learning disability sub group which meets on a monthly basis. One of the aims of this group to