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

April 2015

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

This report is based on information from April 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.

95.2% **of patients did not experience any of the four harms whilst an in patient in our hospital**

98.6% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 96.8% **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	4	1
Trust Improvement target (year to date)	19	0
Actual to date	4	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 6 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 7 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	6	3
Category 3	0	3
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:	0.35	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:	0.23	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 0 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	0
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:	0.00

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]	96.9	% recommended. This is based on 879 patients asked
A&E FFT score	85.2	% recommended. This is based on 1227 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 27 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?	81.5
Were you given enough privacy when discussing your condition or treatment?	92.0
During your stay were you treated with compassion by hospital staff?	96.3
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?	95.7
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 22 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?	95.5
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

A 67 year old male we will call 'John' for the purpose of this patient story presented to a Deep Vein Thrombosis (DVT) Clinic following an incidental finding of a Left leg deep vein thrombosis on a routine scan. A deep vein thrombosis is a blood clot in the vein.

Following the scan the patient was asked to attend the DVT clinic on the same day for a review.

Staff experience

We asked 27 staff in the hospital the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	92.0
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	88.5

We asked 17 staff working in the community setting the following questions:

	Net Promoter Score
I would recommend this service as a place to work	82.4
I would recommend the standard of care in this service to a friend or relative if they needed treatment	94.1
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 DVT clinic is run by experienced qualified specialist nurses who have specialist knowledge in the management and care of DVT's.

John arrived at the DVT clinic and was seen by a specialist nurse within 30 minutes of arrival. At the clinic the specialist nurse was able to explain to John his diagnosis and how his condition would be managed.

John raised concerns that he would be flying abroad on holiday in a week which he was looking forward to and was anxious how daily injections of blood thinning agents to treat his condition would be continued. The Specialist nurse was able to reassure John that she could teach him in clinic to self-administer his injections. John was shown how to do this and supervised giving himself his first injection. John was supplied from the clinic with enough medication for while he was away.

The specialist nurse was able to arrange a follow up appointment with John whilst he was still at the clinic to attend after his holiday. The patient was discharged from that appointment within 2 hours of attending feeling confident about his treatment and care.

The DVT clinic staff credit the positive patient experience to their roles supporting good and effective patient education to support independence and being able to afford the required amount of time to individual patients to address any anxieties and fears they have.

Supporting information

Following Root Cause Analysis Panel for Pressure Ulcers the below information is known:
-1 category two pressure ulcer in community was deemed unavoidable; 2 category three pressure ulcers in community were deemed unavoidable; 1 category four pressure ulcer was deemed avoidable, outside our control.
-7 category two pressure ulcers in hospital were deemed unavoidable; 1 category three pressure ulcer in hospital was deemed unavoidable; 1 category 3 pressure ulcer in hospital was avoidable

There were no falls resulting in moderate /severe harm or death in April 2015.

Healthcare targets for year 15/16 have been reset so data inputted relating to HCAI will reflect the new target set from April 2015.