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

August 2015

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

This report is based on information from August 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.

97.7% **of patients did not experience any of the four harms whilst an in patient in our hospital**

97.8% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 97.7% **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	2	0
Trust Improvement target (year to date)	19	0
Actual to date	11	3

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 1 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 11 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	1	9
Category 3	0	1
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:	0.06	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:	0.37	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 1 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
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:	0.06

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.

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]	95.8	% recommended. This is based on 908 patients asked
A&E FFT score	86.4	% recommended. This is based on 1135 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 100 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?	90.6
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	93.9
Were you given enough privacy when discussing your condition or treatment?	87.9
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?	88.2
Did you get the care you felt you required when you needed it most?	89.6
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	90.6

We also asked 8 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?	87.5
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

A patient story shared by a former carer was heard at Executive Trust Board in August 2015. The story shared with memeers is provided below:

The story relates to a patient with Dementia and his daughter (carer). For the purpose of anonymising this story our patient and carer will not be referred to by their name but a fictitious name will be provided.

Ms X a carer shared the story that stemmed back to 2011 about her dad Mr Y, who has sadly since died. The story which unfolded is reported through the eyes of Ms X a carer which spanned over primary and secondary care through the eyes of the carer.

The Executive Board heard how there were difficulties over a period of 12 months in Ms X getting a diagnosis for her dad who was having regular lapses in memory. During this time while Ms X was trying repeatedly to get her dad seen by her GP seeking a diagnosis, the impact of the memory problems for Mr Y and his family was distressing, stressful and frustrating. After twelve months an appropriate assessment was eventually undertaken and the patient was diagnosed with mixed Dementia, Vascular Dementia and Alzheimer's.

Medication was prescribed for Mr Y after being diagnosed, but he was unable to take these medications due to an acute medical illness and during this time the Dementia worsened. Mr Y also had several hospital admissions with acute illness and due to the Dementia he had difficulty expressing himself which led to him being agitated and aggressive when he was in pain and confused.

Ms X shared the impact the hospital environment had to her dad's condition each time he was placed in unfamiliar environments, sharing that the environment could affect how her dad might behave, which needed to be managed effectively. Ms X found she was encouraged not to visit her dad during mealtimes when she felt it would have been more beneficial to visit to support her father to eat and drink. Mr Y often became disorientated and got frustrated at not knowing where areas such as the toilets were as the environment and use of colours and signage were not dementia friendly. The feelings Mr Y expressed were those of sadness, frustration, confusion and anxiety, Ms X believes that these feelings were enhanced due to an unstimulating environment that is not dementia friendly.

Health staff on the whole were doing the best for Mr Y, however Ms X reported how she felt the focus was on managing his dementia, and not on the acute illness for which he had been admitted, which ultimately led to him being misdiagnosed with UTI when in fact he had Bowel Cancer that had been fistulating into his bladder.

Ms X gave an insight to what she and her family were experiencing in relation to her own health, work and family. She informed that as a carer her own life was put on hold in order to support and care for her father. Her father was in receipt of a care package but she was often called upon at different times of the day and night. .

As time progressed, Ms X found her job was affected for a number of reasons- she had taken a lot of time off work and had periods of ill health where she was stressed, anxious and having problems sleeping. She reduced her hours of work in an attempt to balance the pressures of work and the pressures of being there to support her dad, but as her dad's health continued to deteriorate she left her job.

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	92.0
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	89.8
I am satisfied with the quality of care I give to the patients, carers and their families	73.3

We asked 9 staff working in the community setting the following questions:

	Net Promoter Score
I would recommend this service as a place to work	100.0
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	88.9

3. IMPROVEMENT

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

In summary, the patient and carer's experience was negative and resulted in a complaint, however positives following the patient experience have occurred.

The carer is a member of the Trust Dementia Steering Group which provides her an opportunity to affect change and influence against the National Dementia Strategy being implemented within the organisation, and has shared their experience with the Trust's Executive board.

Areas of influence as a carer have been to undertake the Kings Fund Dementia Audit on some of the wards within the Trust, support the design and content of an open visiting pass for carer's of patients with dementia, and had input into the 'Getting to know me' process to enable a more personal centred approach .

Support the idea to be reality; That all staff in the Trust undertake training to gain an awareness in dementia, with practical tips on how the condition may affect individuals and how patients can be supported better to minimise the effects a change in environment and unfamiliar surroundings can bring about.