

## 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**

July 2015

# Open and Honest Care at Bolton NHS Foundation Trust : July 2015

This report is based on information from July 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

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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)

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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
<b>This month</b>	1	0
<b>Trust Improvement target (year to date)</b>	19	0
<b>Actual to date</b>	9	3

For more information please visit:

[www.boltonft.nhs.uk/patients-and-visitors/hospital/infection-prevention-and-control/](http://www.boltonft.nhs.uk/patients-and-visitors/hospital/infection-prevention-and-control/)

## Pressure ulcers

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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 5 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 15 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	7
Category 3	0	5
Category 4	1	3

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: 0.29 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: 0.50 Bolton Community

## Falls

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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

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#### 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 <sup>1</sup>

98.1
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 % recommended. This is based on 1028 patients asked  
**A&E** FFT score 

86.2
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 % recommended. This is based on 1209 patients asked

<sup>1</sup> 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 50 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?	95.7
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	96.0
Were you given enough privacy when discussing your condition or treatment?	98.0
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?	100.0
Did you get the care you felt you required when you needed it most?	100.0
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	95.7

We also asked 19 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?	94.4
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	94.7
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

The following submissions have been received on NHS choices from patients relating to care they received in the Breast Unit. in July 2015.

### Breast Services

*"I just wanted to say how caring and professional all the staff at Bolton Breast Unit are. I visited regarding changes in my breast & was really impressed by the efficient & professional manner in which the consultation, mammogram & ultrasound were all completed within an hour, with all the nursing team & consultants being particularly caring & reassuring. I was particularly impressed by my doctor, who has a really positive & professional manner, in talking you through their diagnosis & the procedures that they advise, worrying for any woman. Thanks to the whole team who with their combined effort took the stress out of this hospital visit!"*

*"I was referred and seen within the advised two weeks referral limit. Having a family history of breast cancer, my concerns were listened to timely and with respect. I arrived early and was promptly reviewed and had a mammogram. The whole team worked efficiently and each member of the team I saw introduced themselves and were so clear in their explanations. I was made to feel so at ease and felt safe in their care. An amazing team! Thank you."*

*"I have just completed radiotherapy having had breast surgery on M1. I can only say I am in complete awe of the wonderful care given by everyone I have met since being referred to the breast unit in Feb and the Churchill Unit at Christies since. The care is exemplary and everyone makes a scary and worrying time much easier. If anyone reads this and is frightened, trust them all and do not be fearful."*

## 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	90.0
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	93.3

We asked 22 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	95.5
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 team at the Breast Unit would credit the positive comments received to a number of reasons.

Staff engagement has been a key priority in the unit and the Unit Sister reports that conducting 'touch base' meetings each morning has supported efficiencies to be made by re-aligning individual staff workloads to optimise how the service runs.

The Unit Sister places more emphasis on teamwork and managing her staff's emotional wellbeing more closely. This is further supported by a Consultant who provides supervision and guidance to nursing and medical staff.



