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 2016

Open and Honest Care at Bolton NHS Foundation Trust : April 2016

This report is based on information from April 2016. 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.

96.0% **of patients did not experience any of the four harms whilst an in patient in our hospital**

99.5% **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	3	0
Trust Improvement target (year to date)	19	0
Actual to date	3	0

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 13 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 6 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	11	5
Category 3	2	1
Category 4	0	0

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:	0.75	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:	0.20	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.

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]	97.8	% recommended. This is based on 1258 patients asked
A&E FFT score	81.7	% recommended. This is based on 991 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 80 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?	88.3
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	88.5
Were you given enough privacy when discussing your condition or treatment?	98.8
During your stay were you treated with compassion by hospital staff?	96.2
Did you always have access to the call bell when you needed it?	97.4
Did you get the care you felt you required when you needed it most?	96.2
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	88.3

We also asked 100 patients the following questions about their care in the community setting:

Were the staff repectful of your home and belongings?	98.0
Did the health professional you saw listen fully to what you had to say?	95.0
Did you agree your plan of care together?	93.9
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	93.9
Did you feel supported during the visit?	95.0
Do you feel staff treated you with kindness and empathy?	98.0
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	97.0

A patient's story

For the purpose of this publication the identification of the patient and associates has been protected, thereby names and ages have been altered. This is a patient story for Jonathon, aged 18yrs who has a mild learning disability. The story has been captured by the Patient Experience Officer directly from the patients Father.

Jonathon is 18 and has a mild learning disability but to look at her you would not know. He also has a real phobia for needles and gets very panicky when he knows he has to have blood taken or an injection.

To overcome this Jonathon requires the area where the needle will be inserted numbed and a certain cream/spray has proved very successful. This spray is historically only usually used in paediatrics.

Jonathon required an operation recently and attended a pre op appointment at Bolton one on the 12th April at 3.30pm, Paul could not go with him but his father accompanied him. At this appointment Dad did ask about the cream/spray and was told they should be able to sort this out. However, Paul and Jonathon were still anxious before the operation which was scheduled for the 18th April as they knew that the spray (preferred option for Jonathon) was usually only used in Paediatrics.

On arrival on the Day Care Unit Paul asked that Jonathon have the numbing spray/cream before any needle. The staff on the ward did not know about the spray as it is only used in paediatrics but the kind nurse who had red hair and pigtails (Louise) was very kind and went above and beyond. She got in touch with the paediatric ward, identified the spray and went and collected it himself. Knowing the spray was going to be used put both Paul and Jonathon's minds at ease. The recovery nurse came in and explained what would happen afterwards too.

The anaesthetist had a very gentle manner and was very good at explaining the procedure to Jonathon and even allowed Paul to accompany Jonathon into the anaesthetic room and stayed with him until he fell asleep. This helped a lot as Jonathon did start to panic when the needle was put in but they managed to keep him calm and it all went really well.

The whole experience was excellent, and all the staff including the consultant engaged both Jonathon and Paul when discussing things, it is a fine balance but they got it so right!! They made sure they explained things to Jonathon as well as Paul. One thing that often happens is that medical professionals assume as Jonathon does not look disabled that he is able to understand. Jonathon does tend to nod and says he understands but relies on his Dad to explain when the staff have left the room.

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	89.6
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	95.9
I am satisfied with the quality of care I give to the patients, carers and their families	93.6

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

	Net Promoter Score
I would recommend this service as a place to work	80.6
I would recommend the standard of care in this service to a friend or relative if they needed treatment	95.8
I am satisfied with the quality of care I give to the patients, carers and their families	94.4

3. IMPROVEMENT

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

Things that made a difference:

Staff using initiative and tracking down the spray

Whole teams understanding and allowance for Jonathon's learning disability

Smiling, friendly approachable staff.

A few things would have made the experience better
- Information on the spray in Jonathon's notes (omitted).
- Confirmation before the day of the op that the cream/spray was available and would be used, possible in a phone call. This would have put Paul's mind at rest.

The aftercare was also very good, everything was explained well. Paul wanted to say that the whole team involved in Jonathon care that day made an effort to make the experience a very good one…and they succeeded well done. I would recommend the staff and this ward to anyone with a family member who has a learning disability.

Reasonable Adjustments.

The above case study highlights the positive impact for the patient and carer as result of the day care staff implementing reasonable adjustments to meet the needs of the individual.

Reasonable Adjustments help to make services easily accessible to people with a learning disability and is about recognizing that 'one size doesn't fit all'.

The confidential inquiry into the premature deaths of people with a learning disability commissioned by the Department of Health in 2010 published its findings in 2013. The document stated that "the most common reason for premature deaths were problems with investigating and assessing the cause of illness and delays or problems with treatment".

Supporting information

Within the organisation we have a process whereby all pressure ulcers (PU) and suspected deep tissue injury are reported and heard through a panel consisting of senior nurses, allied health professionals and risk and governance members.

The outcomes recorded at Harm Free Care Panel are for pressure ulcers that have occurred within our care and are as a result of lapses and no lapses in care. This is separated further as:

Hospital: 8xPUs lapses in care; 5xPUs no lapses in care

Community: 3xPUs lapses in care; 3xPU's no lapses in care