

## 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**

December 2016

# Open and Honest Care at Bolton NHS Foundation Trust : December 2016

This report is based on information from December 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

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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.

**96.5% of patients did not experience any of the four harms whilst an in patient in our hospital**

**97.7% of patients did not experience any of the four harms whilst we were providing their care in the community setting**

**Overall 97.1% 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>                              | 4           | 0    |
| <b>Trust Improvement target (year to date)</b> | 19          | 0    |
| <b>Actual to date</b>                          | 29          | 5    |

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 13 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 setting |
|------------|---|---|
| Category 2 | 12  | 3   |
| Category 3 | 1   | 4   |
| 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 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: 0.23 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 4 fall(s) that caused at least 'moderate' harm.

| Severity | Number of falls |
|----------|-----------------|
| Moderate | 1               |
| Severe   | 3               |
| 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: 0.23

## 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

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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;*

|  |  |      |  |
|--|--|------|--|
| <b>In-patient</b> FFT score <sup>1</sup> | <table border="1"><tr><td>97.2</td></tr></table> | 97.2 | % recommended. This is based on 994 patients asked |
| 97.2                                     |  |      |  |
| <b>A&amp;E</b> FFT score                 | <table border="1"><tr><td>80.9</td></tr></table> | 80.9 | % recommended. This is based on 555 patients asked |
| 80.9                                     |  |      |  |

<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 185 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?                          | 92.9  |
| If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to? | 93.3  |
| Were you given enough privacy when discussing your condition or treatment?   | 94.0  |
| During your stay were you treated with compassion by hospital staff?   | 90.8  |
| Did you always have access to the call bell when you needed it?  | 95.1  |
| Did you get the care you felt you required when you needed it most?  | 97.2  |
| How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?          | 92.9  |

We also asked 90 patients the following questions about their care in the community setting:

|   |       |
|---|-------|
| Were the staff respectful of your home and belongings?  | 98.9  |
| Did the health professional you saw listen fully to what you had to say?  | 100.0 |
| Did you agree your plan of care together?   | 96.7  |
| Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be? | 98.9  |
| Did you feel supported during the visit?  | 98.9  |
| 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?            | 98.9  |

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## A patient's story

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This story was written in the patient's own words.

On the 16<sup>th</sup> August I arrived for a 20 week scan. It soon became apparent there was an issue with my baby's heart and I was asked to come back on the Friday for a further in depth scan with the obstetrician. At this scan I was given the devastating news that my baby had Hypoplastic Left Heart Syndrome. Without the help of the sonographer (Sarah) and Jo Hepworth I would not have found out so early. I had an amniocentesis test on the same day. From the Friday afternoon until the Tuesday when I received the Amnio test result I spent all my time researching the condition and I was completely and utterly devastated.

The next step was to see a Cardiologist Consultant to confirm the diagnosis however St. Mary's could not see me until 13<sup>th</sup> September, so Jo Hepworth was able to get me an appointment at Liverpool Women's Hospital the very next day. I was so thankful as having to wait a further two and half weeks would have been unbearable.

The Consultant at Liverpool confirmed the syndrome with a severity of 10/10. I made the heart-breaking decision to terminate the pregnancy and was booked straight back into Bolton with Jo Hepworth the very next morning to take the first tablet to stop the pregnancy hormones. This was the worst experience of my life, but Jo ensured I didn't suffer any more than I had to, I will be forever grateful to her and the hospital for this.

I gave birth to a baby girl. From arriving at the Delivery Suite all the midwives ensured that I was cared for and gave me unconditional support. Joy settled me in and was just so lovely. Despite knowing I was doing the very best for my daughter I was riddled with guilt as I was still ending her little life but Joy did everything she could to help me relax as much as possible and kept me informed of what to expect all the time.

Barbara took over from Joy and delivered my baby. Again Barbara was amazing, she kept me calm so that I could look back at the experience and only remember the birth in a positive light. Seema took over in the morning, and she also was amazing with many words of wisdom and support. All of the ladies introduced themselves and embraced me when they finished their shifts, I can't tell you how much better they made me feel.

I stayed overnight in the Butterfly room, this was my saviour as I had completely forgotten about being able to do this. My partner was getting ready to put two chairs together to sleep next to me, but we were taken to the Butterfly room afterwards where we could all spend time with baby as a couple and also our parents. To be able to spend the night and next day with our baby was more than we could have wished for.

The room offered us a sanctuary, somewhere away from everywhere and everyone to spend the precious moments with our daughter and each other. It was decorated beautifully, and with the tea and coffee facilities it gave us some independence and dignity. We want to thank you so much for having this facility and offering it to us.

We were completely overwhelmed with the memory box we took away, and also felt the pain from the parents who helped put this together with the NHS. We were again overwhelmed that a professional photographer came to take photos of Holly. They were so tasteful, she looks absolutely beautiful. I cannot thank you all enough for giving us these precious memories to keep forever. We will be forever grateful to your team at Bolton Hospital.

When we came to collect the photographs we also brought individual thank you cards in for all the ladies who helped us. To show our appreciation we asked Seema if we could donate to the maternity unit in any way and she was very touched. I understand Seema is working on a project to add more comfort to the Butterfly Room.

We found out that the memory boxes and "aching arms" teddy bear are funded via donations so we have paid for one of each for other parents who find themselves in the same position as us.

Once again, please accept our thanks from the bottom of our hearts. You have an amazing team, and this must come from a great manager.

## Staff experience

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We asked 13 staff in the hospital the following questions:

|   | Net Promoter Score |
|---|--------------------|
| I would recommend this ward/unit as a place to work   | 83.3               |
| 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                 | 100.0              |

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

|   | Net Promoter Score |
|---|--------------------|
| I would recommend this service as a place to work   | 90.1               |
| I would recommend the standard of care in this service to a friend or relative if they needed treatment | 98.8               |
| I am satisfied with the quality of care I give to the patients, carers and their families               | 98.8               |

## 3. IMPROVEMENT

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

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## Supporting information

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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: Category 2 PU; 12 in total with 4 recorded as lapses in care and 8 with no lapses in care, Category 3 PU; 1 in total with no lapses in care.

Community: Category 2 PU; 3 in total with all recorded as no lapses in care, Category 3 PU; 4 in total with 1 recorded as lapses in care and 3 with no lapses in care.

There have been 4 falls within the organisation which resulted in harm.

