

## 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**

October 2017

# Open and Honest Care at Bolton NHS Foundation Trust : October 2017

This report is based on information from October 2017. 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.

**96.8% of patients did not experience any of the four harms whilst an in patient in our hospital**

**97.5% 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>	2	0
<b>Trust Improvement target (year to date)</b>	19	0
<b>Actual to date</b>	23	2

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 4 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 5 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	3	4
Category 3	1	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: 0.23 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: 0.17 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 2 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
Severe	1
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: 0.12

## 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;*

<b>In-patient</b> FFT score <sup>1</sup>	<b>96.9</b>	% recommended. This is based on 1521 patients asked
<b>A&amp;E</b> FFT score	<b>88.3</b>	% recommended. This is based on 1091 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 320 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?	94.9
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	85.9
Were you given enough privacy when discussing your condition or treatment?	97.5
During your stay were you treated with compassion by hospital staff?	95.1
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?	93.8
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	94.9

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

Were the staff respectful of your home and belongings?	100.0
Did the health professional you saw listen fully to what you had to say?	98.9
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?	96.6
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

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## A patient's story

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The following story relates to a patient we will refer to as Mr A, who is male, aged 53 years is a body builder and charity worker who is partially sighted. Whilst in the gym Mr A dropped a weight on to his left foot. After a couple of days he asked one of the gym staff to look at his foot who advised that he needed to see a GP. He saw his GP and was referred to Manchester Royal Infirmary as there were no foot pulses present. He was seen by the Surgeons who performed a Femoral Popliteal Bypass but the Surgeon thought that it was highly likely that the patient would eventually need an amputation of his foot.

Mr A was referred to the District Nurses by Manchester Royal Infirmary on the 21/04/17 for removal of sutures and wound care to the left leg/foot wound. When sutures were removed from the wound an infection was noted. The wound due to being infected opened up and necrotic tissue (death of body tissue usually as a result of irreversible injury to cells) was present and Mr A was in extreme pain.

Daily visits were instigated by the District Nurses to provide wound care management and the GP had prescribed antibiotics and pain relief. The wound was dressed with honey (a wound dressing which helps the healing process) and aquacel (a foam wound dressing).

The patient attended out-patient reviews with his Surgeon who maintained that it was still possible Mr A would need an amputation. Mr A was obviously very anxious and concerned about this possibility.

The District Nurses continued to visit daily until the beginning of May when the visits were reduced to alternate days because the wound was improving. In June the visits were reduced to twice weekly.

The wound eventually healed completely and the patient was discharged from the District Nurse caseload on the 3<sup>rd</sup> August 2017.

The patient has since returned to the gym and his charity work. Mr A has this to say about his care from the Bolton NHS FT District Nursing Service:

*"The district nurses helped me during a time that I was being told that I would lose my foot. They continued to review and vary treatment if required and didn't give up. They worked together with the GP, contacting the GP if I needed something more than they could provide. They made the difference in my treatment and now I still have my foot."*

9<sup>th</sup> October 2017.

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## Staff experience

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We asked 71 staff in the hospital the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	90.6
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	88.1
I am satisfied with the quality of care I give to the patients, carers and their families	73.2

We asked 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	98.6

## 3. IMPROVEMENT

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

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

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

There have been 2 falls within the organisation, 1 resulted in moderate harm and 1 resulted in severe harm .

