

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 2018

Open and Honest Care at Bolton NHS Foundation Trust : July 2018

This report is based on information from July 2018. 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

96.5% 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)

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	4	1
Trust Improvement target (year to date)	18	0
Actual to date	6	1

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 6 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 17 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	6	10
Category 3	0	4
Category 4	0	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: 0.35 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: 0.57 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.



The Friends & Family Test

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 Accident & Emergency (A&E). Both scores (if applicable) are below;*

In-patient FFT score ¹	96.8	% recommended. This is based on 1355 patients asked
A&E FFT score	90.2	% recommended. This is based on 1681 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 67 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?	89.6
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	89.6
Were you given enough privacy when discussing your condition or treatment?	83.6
During your stay were you treated with compassion by hospital staff?	80.6
Did you always have access to the call bell when you needed it?	82.1
Did you get the care you felt you required when you needed it most?	79.1
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	89.6

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

Were the staff respectful of your home and belongings?	97.9
Did the health professional you saw listen fully to what you had to say?	99.0
Did you agree your plan of care together?	97.9
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	93.6
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

A patient's story

The following is a Patient Story received as an email of thanks in relation to the care the patient received on the Delivery Suite in Royal Bolton Hospital.

I wanted to email you separately to thank you and your team for the amazing care I had on central delivery suite, theatre (I don't know if you also cover this) and M4/5. I was induced on Friday going to delivery suite on Saturday evening, having my son on Sunday morning and staying on M4/5 until the Tuesday afternoon.

Eve got us started in delivery suite then Ali was absolutely amazing. I was induced last time and had a traumatic spell in delivery when there was a long delay in me receiving an epidural. Ali was really understanding about this and supported me having an epidural straight away which made a big difference, physically and mentally. She was then fantastic as we spent the night under her care, we had a good rapport, she was professional and friendly, and we were at ease. Unfortunately Ali finished before our son was born which was such a shame. We'll never forget her, just amazing and I am in awe of your midwives, just inspirational.

Nicola and student Rhian then took over and supported us before, during and after theatre. They were great, Rhian was so supportive and I have no doubt she'll make a fantastic midwife. I found going to theatre hard, there was quite a wait and build up so by the time I got on the operating table I felt unwell and upset, (I was remembering last time when I also had a forceps delivery in theatre) Rhian comforted and reassured me. Both were great, as were all the theatre staff, as my son was born by forceps. My only suggestion is to make sure someone can talk to the patient if possible. My husband, Nicola and Rhian were looking after Jack and understandably everyone else was busy but it would have been good to chat to someone, be distracted as instead I focused on the surgeons rummaging inside, doing their amazing work but it wasn't very nice focusing on that. Not a criticism at all, I am sure there was a reason no one could talk to me and I got through it, just an idea when possible as I think it would help patients. I am so grateful to everyone for looking after us and keeping us safe. This extends to my care in recovery.

I was then on M4 and just like with my daughter, received excellent care while I was in hospital and it makes such a difference. I'm afraid I can't remember everyone but everyone was great, Nicola and Corrie stand out, so professional and friendly, putting us at ease and making a difficult but amazing time that bit easier. We're so grateful for the two/three days care we all received. It was handover time when we were able to leave so we didn't really get chance to say thanks to anyone in person, we would have liked to.

We're settling as a family of four and Jack is doing great. Thank you to all your team, they're just amazing. I am not sure what else to say that I haven't already, I can't find the words. They made a difficult and amazing time lots easier and made such a difference. We're so grateful and will never forget our experiences, this time with the birth of Jack or when our daughter Abigail was born in September 2014. You're all amazing, and so busy, there must be so many challenges. Keep up the fantastic work, it is appreciated and leaving its mark on people's lives forever.

Staff experience

We asked 74 staff in the hospital the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	100.0
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	98.6
I am satisfied with the quality of care I give to the patients, carers and their families	98.6

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

	Net Promoter Score
I would recommend this service as a place to work	94.1
I would recommend the standard of care in this service to a friend or relative if they needed treatment	94.1
I am satisfied with the quality of care I give to the patients, carers and their families	97.6

3. IMPROVEMENT

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

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; 6 in total with 5 recorded as lapses in care and 1 recorded as no lapses in care,. There were no reported category 3 or 4 pressure ulcers in hospital.

Community: Category 2 PU; 10 in total with 1 recorded as lapses in care and 9 recorded as no lapses in care, Category 3 PU; 3 in total with 1 recorded as lapses in care and 2 recorded as no lapses in care, Category 4 PU; 3 in total with 1 recorded as lapses in care and 2 recorded as no lapses in care.

There has been 1 fall resulting in smoderate harm which was unpreventable.

