

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

November 2018

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

This report is based on information from November 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.

98.3% of patients did not experience any of the four harms whilst an in patient in our hospital

98.3% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 98.3% 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	0	0
Trust Improvement target (year to date)	18	0
Actual to date	10	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 7 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	12
Category 3	1	4
Category 4	0	1

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: 0.40 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 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

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	95.8	% recommended. This is based on 1561 patients asked
A&E FFT score	90.9	% recommended. This is based on 1381 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 300 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?	90.0
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	95.1
Were you given enough privacy when discussing your condition or treatment?	98.3
During your stay were you treated with compassion by hospital staff?	94.8
Did you always have access to the call bell when you needed it?	94.1
Did you get the care you felt you required when you needed it most?	99.0
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	90.0

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

Were the staff respectful of your home and belongings?	98.8
Did the health professional you saw listen fully to what you had to say?	100.0
Did you agree your plan of care together?	98.8
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	100.0
Did you feel supported during the visit?	98.8
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 experience captured by the Trust for November 2018:

What was the problem?

A 29 year old patient who self-dialysed (a process of clinical purification of blood) at home 4 times a week via a fistula (a surgically made passage) created in her arm specifically for this purpose presented at A&E with migraine and sickness. She had been unwell at home and consequently had been unable to undertake her own dialysis and had presented at A&E with very elevated potassium (an important mineral in the body).

Ideally she should have been transferred to a specialised renal unit but due to her high potassium, a transfer was considered high risk. She was therefore admitted to Intensive Care Unit (ICU) with the intention of commencing haemofiltration (which is renal replacement therapy) via a vascath which is a line that is inserted into a large vein to facilitate haemofiltration.

However the patient refused to have a vascath inserted and the potential for cardiac arrest (a sudden pause of the heart's functioning) due to high potassium levels.

What did we do?

We contacted the specialised unit in another hospital who usually managed her care to discuss the situation. An honorary contract via Human Resources Department was agreed to enable a nurse to come from Salford to Bolton ICU to facilitate dialysis using her fistula and our haemofilters.

What was the outcome?

A member of nursing staff came from the specialist unit and was able to manage the patient by cannulating (introducing a thin tube into a vein) patients fistula. This is not a practice that Bolton Foundation Trust adopt due to the risks associated with doing so if staff are unfamiliar or unskilled, hence the need to contact the specialist unit for help and support. The nurse in ICU was then able to operate the filter system and the patient was filtered for approximately 6 hours until her bloods were back to her normal levels. At the end of the dialysis the nurse from neighbouring Trust removed the cannula from the patient and returned to the specialist unit in Salford. The patient continued to recover and went home the next day to recommence her home dialysis having avoided a transfer to the specialist unit in Salford and avoided a vascath being inserted which is not without risks and would have resulted in an increased length of stay.

Following this patient experience, senior nursing and medical staff from Bolton and Salford have met to discuss formalising a process so that if this situation occurs again we can facilitate support with ease and efficiency.

What was the impact for the patient?

Prior to her dialysis the patient was feeling so unwell that she was unable to eat, drink, communicate fully or participate in her care. She did not want to go the specialist unit in Salford and did not want a vascath inserted. Once the treatment was commenced she began to feel better and by the end of the treatment was able to eat and drink, communicate fully and mobilise. She was highly delighted and very appreciative that she had avoided having a vascath inserted and that with a short stay in ICU she was able to go home to restart her normal dialysis.

What did we learn?

Importance of communication between hospitals and effective teamwork. Importance of responding to patient's choice and involvement in their care.

Staff experience

We asked 50 staff in the hospital the following questions:

I would recommend this ward/unit as a place to work	Net Promoter Score
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	91.7
I am satisfied with the quality of care I give to the patients, carers and their families	86.7
	78.0

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

I would recommend this service as a place to work	Net Promoter Score
I would recommend the standard of care in this service to a friend or relative if they needed treatment	98.5
I am satisfied with the quality of care I give to the patients, carers and their families	100.0
	100.0

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 3 recorded as lapses in care and 3 recorded as no lapses in care, Category 3 PU; 1 recorded as lapse in care. There were no reported category 4 pressure ulcers in hospital.

Community: Category 2 PU; 12 in total with 1 recorded as lapse in care and 11 recorded as no lapses in care, Category 3 PU; 4 in total all recorded as no lapses in care, Category 4 PU; 1 recorded as no lapses in care.

There has been 2 falls in November resulting in 1 moderate harm which was deemed unpreventable and 1 severe harm deemed preventable.

