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 2018

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

This report is based on information from October 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.

95.3% **of patients did not experience any of the four harms whilst an in patient in our hospital**

97.2% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 96.3% **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	1	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 5 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 Community setting
Category 2	5	3
Category 3	0	3
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:	0.29	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:	0.23	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.

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]	96.7	% recommended. This is based on 1595 patients asked
A&E FFT score	89.8	% recommended. This is based on 1309 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 190 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?	90.3
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	89.2
Were you given enough privacy when discussing your condition or treatment?	96.3
During your stay were you treated with compassion by hospital staff?	89.6
Did you always have access to the call bell when you needed it?	79.0
Did you get the care you felt you required when you needed it most?	89.2
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	90.3

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

Were the staff repectful of your home and belongings?	97.8
Did the health professional you saw listen fully to what you had to say?	100.0
Did you agree your plan of care together?	96.6
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	93.3
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 patients story and relates to the importance of partnership working with content from the patient and the service provider * (*this is in bold).

What was the problem?
6 years ago I was diagnosed as being pre-diabetic, which is now termed as being "at risk" from diabetes.

My HbA1c level was 42 at that time. I had some understanding of diabetes, as my parents were diabetic. I knew this would put me at a higher risk of developing diabetes in the future.

Zahid was identified as being 'at risk of diabetes' following an 'over 40's Health Check' completed by a Health Trainer within Primary Care. We explained to Zahid that whilst he had a number of non-modifiable risk factors for diabetes (ethnicity and family history) there was a huge amount he could do to reduce this risk, primarily by making small changes to his current lifestyle choices.

What did we do?
age 40, which helped to educate me in certain areas around lifestyle choices. My Health Trainer made me realise as I was from an Asian background I was further disadvantaged by about 15% and supported me in a way that I could delay what I thought was the inevitable. Before this support I had little desire to change as I thought this was unavoidable and had a negative mind set. I became more determined to do something about this as I researched further and I knew how destructive diabetes could be, which could lead to other problems.

Zahid was offered the Health Trainer Pathway. This consists of 10 sessions over the course of 12 months. The pathway is designed to reflect the evidence base around the most effective way to sustain long term behaviour change around lifestyle.

What was the outcome?
I made a few small but important changes to my diet, for example I cut down on sugar in my tea from 2 and a half spoons to zero (gradually), I went from white bread to 50/50 as well as from coca cola to sugar free pepsi max (very occasionally I had this before support arrived). To my astonishment my HbA1c had come down to 35 at my 12 month review. I have managed to control my blood sugar levels ever since and my last check was 38 in 2017. I am ever so grateful for the Big Bolton Health Check and I have now joined the service as a Health Improvement Practitioner myself (as of last week). This will not only benefit myself but also my family and friends as well as the wider community.

The results Zahid achieved and continues to achieve are representative of how our service works in practice. When we were last evaluated – 89% of patients who were at risk of diabetes managed to reduce their HbA1c level when retested at 12 months. 49% of patients (including Zahid) manage to reduce it to such an extent that they were no longer considered at risk of diabetes. The average weight loss of patients who completed the pathway was 9.6kg over the same period. Importantly – even six years subsequent to our intervention – Zahid's blood HbA1c result remains at a normal level. This suggests that his healthy changes have been sustained. Zahid has been very keen to join the service as a result of the care he received and we were very pleased to welcome him to our team as part of our new intake in April 2018.

What did we learn?
That the results of our intervention continue to be felt long after our pathway is has come to an end. Our patients are often highly motivated to pass on what they have learned to others within their communities and have often become quite skilled in their own right. Could we better utilise this enthusiasm at the end of our pathway by connecting old patients to each other and to other community groups so that some level of support is maintained? Is there an opportunity to engage other patients in our recruitment process moving forward?

Who did we share the learning with?
The learning has been shared divisionally, within the Foundation Trust and amongst the Clinical Commissioning Group. Clinical outcomes from evaluations have been shared with staff. These are important as we can use them to demonstrate the effectiveness of our pathway to prospective patients during our initial consultation. We will also communicate these messages to colleagues within primary care to facilitate increased referrals from GP's and Practice Nurses.

How did the staff involved demonstrate ABC; give examples
Attitude: First class, I was made very welcome and was spoken to in a way that made me feel I was not just a number but felt the Health Trainer had genuine concerns about my health and well-being
Behaviour: The body language shown had demonstrated to me he was keen to make an impression on my first visit (as I believe this is key, bad impressions would mean we would not likely attend further sessions) So top marks here
Communication: Again all my questions were answered and I did not feel as if I was being rushed in any way, the language used was easy and concise, no jargon was used.

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	97.8
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	88.6
I am satisfied with the quality of care I give to the patients, carers and their families	94.0

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

	Net Promoter Score
I would recommend this service as a place to work	97.2
I would recommend the standard of care in this service to a friend or relative if they needed treatment	97.2
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

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; 5 in total with 2 recorded as lapses in care and 3 recorded as no lapses in care. There were no reported category 3 or 4 pressure ulcers in hospital.

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

There has been 1 fall resulting in moderate harm and was deemed unpreventable.