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

January 2019

Open and Honest Care at Bolton NHS Foundation Trust : January 2019

This report is based on information from January 2019. 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**

98.7% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 98.2% **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	2	0
Trust Improvement target (year to date)	18	0
Actual to date	14	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 10 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	2
Category 3	1	7
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 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:	0.33	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	0
Death	1

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.

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]	96.4	% recommended. This is based on 1430 patients asked
A&E FFT score	88.9	% recommended. This is based on 1561 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?	85.2
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	88.6
Were you given enough privacy when discussing your condition or treatment?	97.4
During your stay were you treated with compassion by hospital staff?	89.8
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?	91.4
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	85.2

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

Were the staff repectful of your home and belongings?	98.6
Did the health professional you saw listen fully to what you had to say?	100.0
Did you agree your plan of care together?	94.2
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	94.2
Did you feel supported during the visit?	100.0
Do you feel staff treated you with kindness and empathy?	98.6
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 January 2019:

The experience shared was from the centre manager from the Deaf Society about a male named Mustaq.

Mustaq is a profoundly Deaf sign language user. He is without speech, has a diagnosis of Asperger's that he does not understand, along with kidney failure and diabetes. Mustaq receives dialysis 3 times a week at Royal Bolton.

I have known Mustaq for approximately 15 years, I used to be his Support Worker when I worked for Bolton Council, within the Sensory Team of Adult Services, now known as the Independent Living Services. Changes to job roles and restructuring meant my role of working with Deaf people was stopped, I became a Community Assessment Officer, which I was not happy with and I left to take over the role as the Centre Manager of Bolton Deaf Society and enabled access and support for Deaf people to continue there.

Mustaq arrived at my office one Monday afternoon around 4pm, complaining of pain across his upper stomach area, which had started on the Sunday and not improved but was obviously causing him discomfort. I rang his GP, who advised me Mustaq needed to present at A & E, (which she added she had told him previously and he refused to go). I explained and again he refused to go, stating that staff can't communicate with him. On suggesting I go with him, he agreed. We presented at the reception of A & E, I gave his name and address, date of birth and brief outline of what he was experiencing. I asked if reception could arrange for British Sign Language interpreter, and we were advised it was not their job, it was triages responsibility. It was a busy afternoon, I had contacted Mustaqs family to let them know where he was, they agreed to come to support him. Family have no sign language skills to communicate with Mustaq.
In Triage I introduced Mustaq, gave some background knowledge of his health and details and asked if they would request for a qualified interpret to attend. The gentleman advised me that yes they would try, but as I was there and able to communicate they would fast track me through.

Mustaq was checked by the doctor, no interpreter present only me. During the time we were there I repeatedly asked staff if they could check if an interpreter was on way. Family arrived, stayed an hour then left. Eventually the Triage nurse spotted me and asked why I was still there, I explained about the communication and interpreter requests. He went to follow up on the requests, and came back to advise me that voice messages had been left but no- one was ringing back.

It was decided that Mustaq needed to stay in hospital, at this point I went outside and proceeded to contact interpreters I know to see if they were available and registered with the contractors that provide Sign Language Interpreters at Royal Bolton. Eventually I managed to get hold of a qualified interpreter who came to relieve me and stay to provide Mustaq with details of what was happening and where he was going, there had been a suggestion of surgery, hence the need for a Qualified Interpreter for interpreting the consent form.

I placed the interpreter's number in Mustaq's file; the interpreter also left her details once Mustaq had been transferred onto the ward. The next day I received calls from the ward sister, doctor and pharmacist asking me to come into hospital and interpret. I explained what my position was, referred them back to sourcing an interpreter via the hospitals contracted agency.

Feedback for me shortly afterwards from an interpreter was that staff had not been aware of the out of hour's number to contact for an interpreter from their agency.

Mustaq stayed in the hospital and was treated for approximately 2- 3 weeks, he was then discharged on the Friday (No interpreter), returned for dialysis the following day and was re-admitted (no interpreter). Family were asked to attend. I received a call from family, saying that Mustaq had disappeared from the ward, and no one knew where he was.

Mustaq had set off into Manchester as he knew family would try to find him. Eventually when I met up with him later that week, he advised me he had become fed up as he had told the staff (in British Sign Language) that he was cold, no one understood him, so he left to go home and be warm in his own bed.

Staff experience

We asked 60 staff in the hospital the following questions:

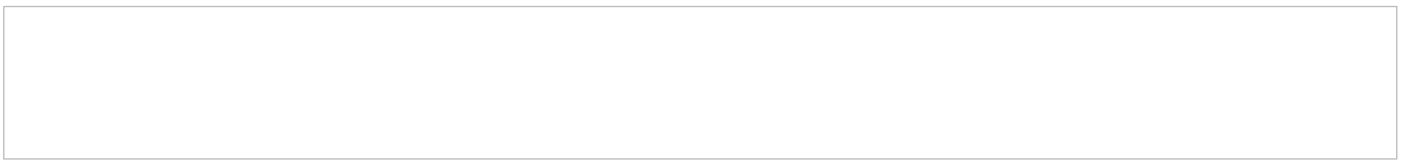
	Net Promoter Score
I would recommend this ward/unit as a place to work	92.3
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	87.3
I am satisfied with the quality of care I give to the patients, carers and their families	86.7

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

	Net Promoter Score
I would recommend this service as a place to work	89.7
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

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 4 recorded as lapses in care and 2 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; 2 in total with all recorded as no lapses in care, Category 3 PU; 7 in total with 6 recorded as no lapses in care and 1 recorded as lapses in care, Category 4 PU; 1 reported and recorded as no lapses in care.

There have been 2 falls in January resulting in 1 moderate harm which was deemed unpreventable. and 1 fatal with outcome pending a serious incident review