

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

February 2019

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

This report is based on information from February 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.

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

96.8% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 97.6% 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	3	0
Trust Improvement target (year to date)	18	0
Actual to date	17	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 2 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	2	9
Category 3	0	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: 0.12 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 4 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	2
Severe	1
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: 0.23

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	96.4	% recommended. This is based on 1249 patients asked
A&E FFT score	90.7	% recommended. This is based on 1241 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 267 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?	94.6
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	98.8
Were you given enough privacy when discussing your condition or treatment?	97.3
During your stay were you treated with compassion by hospital staff?	95.8
Did you always have access to the call bell when you needed it?	90.4
Did you get the care you felt you required when you needed it most?	100.0
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	94.6

We also asked 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?	100.0
Did you agree your plan of care together?	100.0
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	94.8
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 experience captured by the Trust for February 2019. The name of the patient has been altered throughout.

Reason for referral

Rehabilitation following a fall at home which resulted in a fracture to the shoulder.
Patient is 64 years old.
Patient has Asperger's Syndrome
Patient is registered deaf and communicates with use of British Sign Language (BSL).
Patient not always able to use BSL and has developed a unique way of finger spelling.

Source of referral

Royal Bolton Hospital – Integrated Discharge Team.

Findings on assessment (who assessed i.e. designation)

Baseline:

Independently mobile with walking stick in and outdoors.
Lived with alone with 5 hours of outreach support to assist with shopping, management of bills/paperwork
Supported by sister

Presentation on admission to Darley Court:

Assistance of 2 for personal care, washing and dressing
Assistance of 2 needed for bed transfers
Assistance of 2 for mobility
Assistance of 2 with toileting and able to use the urine bottle with the assistance of 1 carer.
Minimal initiation of care and support needs.
Formal mental capacity assessment revealed that patient lacked mental capacity to make a decision regarding his care and support needs and how and where these are to be met.
Patient had lived with his parents for the majority of his life until they sadly passed away, after which the extent of his need became apparent.

Outcome of assessment (e.g. equipment provided, care package, referrals on to other services)

Physiotherapy: substantial therapy plan implemented. Practice mobility and strengthen arm following fracture. To reduce number of carers required from 2 to 1. To observe safety when mobilising. Attending discharge planning meetings.

Occupational Therapy: Therapy screen to obtain baseline information, PADL assessment and practice. Attending discharge planning meetings.

Nursing: Monitor pressure areas due to reduced mobility. Monitor for any episodes of pain and to administer medication. Monitor to ensure that CPAP (breathing device to support sleep apnoea) in place overnight. Attending discharge planning meetings. Support with communication needs.

Medics: Ongoing review and pain management.

Pharmacy: Medication assessment and management of wardex (prescription chart) changes during stay.

Social Work: Care Act 2014 assessment, mental capacity assessment, discharge planning meetings, liaising with family and current agency supporting. Identification of specialist placement out of area. Sought funding approval from Area Director of Adult Social Care.

Care staff: ensuring the patients psychosocial needs are met throughout all aspects of day-to-day care. Ensuring patient safety during the completion of care tasks. Supporting and assisting with all communication needs with the use of aids.

Family & Friends: Advocating for the patient. Maintaining regular contact ensuring qualitative time with the patient. Supporting and engaged with the multidisciplinary team in the whole discharge planning process.

Discharge:

AB was discharged to a residential setting that had a specialised unit for people who are deaf. All the carers are able to communicate with BSL, and all activities provided are tailored to the needs of the person and their communication abilities.
AB was also discharged with some support from Signhealth (current outreach provider) as they know him well, and this was to ensure a smooth transition from IMC to this residential setting.

How is the patient now

AB has settled well in the placement and has adapted well to his surroundings.

Positive impact on patient/patient journey/patient experience/MDT

Identifying a placement of this kind was beneficial to AB as it ensures that his communication is promoted by those who care for him. In addition to this AB can be included in activities that are suitable to his needs and communication is not a barrier for him.

Quote from the patient

On discharge AB's sister wrote a Thank You card to Darley Court MDT thanking all for their support and explaining that she feels that for the 1st time people have listened and for this reason she is glad that her brother came to Darley Court.

Sister continues to email social worker informing her of AB's progress and expresses thanks

And a big concern for the sister was that she was relieved that AB was settled in his placement before Halloween as he has spent many years being tormented at home at

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

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; 2 in total with all recorded as no lapses in care. No category 3 or 4 pressure ulcers reported in hospital.

Community: Category 2 PU; 9 in total with 2 recorded as lapses in care and 7 recorded as no lapses in care, Category 3 PU; 7 in total with all recorded as no lapses in care, Category 4 PU; 1 reported and recorded as no lapses in care.

There have been 4 falls in February resulting in 2 moderate harm which was deemed unpreventable, 1 severe deemed unpreventable and 1 fatal deemed unpreventable.

