

# 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**

May 2019

# Open and Honest Care at Bolton NHS Foundation Trust : May 2019

This report is based on information from May 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

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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.

**97.3% 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 98.0% 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)

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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
<b>This month</b>	5	0
<b>Trust Improvement target (year to date)</b>	32	0
<b>Actual to date</b>	10	0

For more information please visit:

[www.boltonft.nhs.uk/patients-and-visitors/hospital/infection-prevention-and-control/](http://www.boltonft.nhs.uk/patients-and-visitors/hospital/infection-prevention-and-control/)

## Pressure ulcers

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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 14 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	0	2
Category 4	0	0

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: 0.47 Bolton Community

## Falls

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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

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#### 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;*

<b>In-patient</b> FFT score <sup>1</sup>	<b>96.7</b>	% recommended. This is based on 1274 patients asked
<b>A&amp;E</b> FFT score	<b>91.1</b>	% recommended. This is based on 1613 patients asked

<sup>1</sup> 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 90 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?	93.1
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	89.7
Were you given enough privacy when discussing your condition or treatment?	93.2
During your stay were you treated with compassion by hospital staff?	89.7
Did you always have access to the call bell when you needed it?	92.0
Did you get the care you felt you required when you needed it most?	92.0
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	93.1

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?	100.0
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 story was one which was presented to Trust Board in May 2019.

I have been coming to Royal Bolton Hospital for a number of years now for treatment for a few ailments and have been admitted a few times. However, I have been visiting the hospital mainly for the treatment of heart failure as a result of right bundle branch block and for the maintenance of my implantable cardioverter defibrillator.

It took around 4 years for my diagnosis to be made by Dr. Peter Scott who recommended that I was a candidate for a fairly new device at the time to re-synchronise my ventricles. In 2006, Drs. Zaidi and Scott managed the implantation and monitoring of my new device which has been a life saver for me. I was then able to pursue most things that was not able to do for a very long time. I was the founding member of the Bolton ICD Support Group and was Chairperson of the group for a number of years.

Since then I have been visiting the pacemaker clinic to maintain my device and to implant a new device when my battery ran out a few years ago as well as for 2 relocations. Over the years, I had developed a brilliant relationship with the staff in the pacemaker clinic and I cannot thank them enough for looking after me.

My recent stay at the hospital was a result of an infection around the site of my device. Briefly, my device had moved and pierced the skin and I was immediately seen by Dr. Scott on the 29 April and was booked in on the 2 May to have my device resited and prescribed a significant dose of anti-biotics. Dr. Scott advised me that he will be putting the device in a Tyrex pouch which hopefully will reduce the infection. However on the afternoon of 5 May, I had to be taken to the A&E Department as the wound (from the piercing) was leaking a significant amount of blood and fluid. I was promptly seen at the A&E triage and waited for about half an hour before I was seen by the nurse practitioner who advised me that more than likely I will have to be admitted so that the antibiotic is administered by IV and be assessed further by the medical team.

After a brief stay in A&E where blood tests and an infection swab was taken, I was moved later that evening onto Ward D1. I was struck by the cleanliness of the ward and the friendly welcome I received on the ward by the nurses and health care workers to make me comfortable. Every step of the way I was advised what was happening and was asked if I was ok. I was seen by the medical staff that night. On 6 May I was taken to Xray to see where the infection was. On the 9 May I saw Dr. Scott who advised me that he would like me to remain on the IV antibiotics for another 10 days and will be moved to Ward C1. He also advised that if the infection did not reach the benchmark by that time my ICD would have to be replaced at the MRI.

I was moved to the Ward C1 on the 10 May and admit it was much quieter on this ward and again, received a warm welcome from Nurse Jane and the HCAs. I was seen every day by a cardiologist who advised me of my progress and was discharged on the 20 May.

So from my stay on the 2 wards, I thought I would give you a couple of observations.

Cleanliness – it was great to see the cleaning staff coming in everyday cleaning the furniture and fittings in my bays and cleaning the floors – even in places that you would not think about, eg., if the bed was unoccupied, it is raised, cleaned and sanitised. On speaking with one staff I was impressed with her dedication in ensuring that her work was of the highest standard. I also saw their supervisor doing her checklist to ensure that nothing was missed.

Communication and teamwork – I was impressed with the ABC (Attitude, Behaviour, Communication) signs in Ward D1 – and I could see it being demonstrated on both wards. All staff whether agency or contracted presented a positive attitude – whenever a shift was changed, they introduced themselves to us patients and asked how we were feeling. They communicated with each other and with the patients; teamwork was highly evident, for example, they spoke with each other about where they were up to in making up beds, making sure that all patients were accounted for when it was time to have them washed, served their meals etc. With the long hours they were working on the ward, I can honestly say that I saw their behaviour being transmitted as a vocation – it was evident that it was the patient who came first. I cannot praise them enough for their dedication.

Treatment/Care – my observations and treatment were done on time on most days. Having a cannula inserted in my veins was a bit difficult and I was impressed with the learning culture that was exercised as a more experienced nurse took the time to show a less experienced nurse on how to find the veins they needed. As for the consultants, it was evident that they were rushed off their feet but they took the time to explain what was happening, their prognosis, future treatments, etc. The nurses did their work diligently and always asked permission for observations to be made; spoke with the patients when administering medications, etc. It was quite evident that the patients came first.

Meals – saw a vast improvement of the nutritious and flavoursome meals on offer. I noted some of the HCAs patiently assisting patients who had difficulty eating.

Day/quiet rooms – loved the décor in the day room – quite welcoming – I used it often for my quiet times

Wifi – the availability of free wifi was indeed welcoming.

Toilet assistance – I was mobile so did not need this assistance, but certainly other patients around me certainly needed help, for example with the use of a commode or with their walking frames. In some instances it did take a while for the HCAs to assist especially during the busy times, but when they came it was always with a smile and an apology.

Indeed, I cannot praise this hospital enough for the work they do and thank you for the service you have provided.

Thank you.

Name withheld for publication purposes

### Net Promoter Score

I would recommend this service as a place to work	87.2
I would recommend the standard of care in this service to a friend or relative if they needed treatment	93.6
I am satisfied with the quality of care I give to the patients, carers and their families	97.9

## 3. IMPROVEMENT



## 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, 1 recorded as no lapse in care. There were no category 3 and Category 4 PUs reported.

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; 2 in total with 1 recorded as lapse in care and 1 recorded as no lapse in care. No Category 4 PU were reported.

There have been 2 falls in May resulting in 1 unpreventable fall with moderate harm and 1 severe harm deemed preventable .

