

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:

**Salford Royal NHS Foundation
Trust**

March 2015

Open and Honest Care at Salford Royal NHS Foundation Trust : March 2015

This report is based on information from March 2015. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about Salford Royal NHS Foundation Trust's performance.

1. SAFETY

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 NHS 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.

96.9% of patients did not experience any of the four harms

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.

	C.difficile	MRSA
This month	3	0
Annual Improvement target	21	0
Actual to date	26	0

For more information please visit:

www.website.com

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 validated avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.**

This month 4 Category 2 - Category 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Category 2	4
Category 3	0
Category 4	0

The pressure ulcer numbers include all pressure ulcers that occurred from 48 hours hours after admission to this Trust.

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 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 1000 bed days:	0.19
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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.**

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:	0.05
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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 (FFT) requires all patients, after discharge, 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 or attended A&E (if applicable) in our Trust.

In-patient FFT score*

80.46%

% recommended

This is based on 2037 responses.

A&E FFT Score

76.88%

% recommended

This is based on 4008 responses

*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/>

We also asked 10 patients the following questions about their care:

	% Recommended
Were you involved as much as you wanted to be in the decisions about your care and treatment?	100
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	80
Were you given enough privacy when discussing your condition or treatment?	80
During your stay were you treated with compassion by hospital staff?	80
Did you always have access to the call bell when you needed it?	100
Did you get the care you felt you required when you needed it most?	80
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	100

A patient's story

March's patient story is related to an 88 year old lady, who fractured her hip while caring for her husband with dementia. She was incredibly complimentary of the care she received on in the emergency department and the ward before and following surgery. She stated 'I cannot complain about the care I received on either A&E or the ward. In fact, upon leaving the ward, I sent them a note thanking them for what they had done for me, I remember including the line 'not all the angels are in heaven'. From the surgeons to the domestics and the ladies who brought you a cup of tea everyone was so loving and caring'.

Her only complaint was related to adjustments in medication which she had been on for many years for a long standing condition which caused her symptoms to reoccur. While at Salford Royal she was treated on another less acute ward and transferred to an intermediate care facility before going home to be reunited with her husband. Again her comments regarding these places of care were exceptional.

Staff experience

We asked 16 staff the following questions:

	% Recommended
I would recommend this ward/unit as a place to work	87
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	100
I am satisfied with the quality of care I give to the patients, carers and their families	83

3. IMPROVEMENT

Improvement story: we are listening to our patients and making changes

The paediatric diabetes team (PDT) made substantial improvements in managing the long term blood sugar levels of people under 19 years of age. Consistently high blood sugar levels can cause a lot of long term health problems for people with diabetes, including kidney failure and problems with eyesight.

The improvements were made simply by tracking that the interventions known to improve the way young people manage their blood sugars were done reliably and that they were supported with this care.

As part of the above initiative the Paediatric Diabetes Specialist Nurses (PDSN) increased the number of interventions to children and young people. The PDT recognised that we needed to use different ways of maintaining contact whilst having a planned, purposeful consultation that did not include an increase in the number of outpatient appointments for families who would need to take time off work and school. Part of the initiative is to take the "clinic" to the child's home or school. Information from the child's blood glucose monitor could be uploaded to a data base which the paediatric diabetes nurse could access while in the child's home and use the information to support the education of the child and family in how best to manage their care.

Supporting information

Clostridium Dificille

Salford Royal NHS Foundation Trust end the financial year over its CDIF acquisition allowance by 5 cases. All the cases have been reviewed by the Clinical Commissioning Group, 3 cases have been deemed as unavoidable, 5 cases are pending review.

Pressure ulcers

There were 4 grade 2 (superficial loss of skin) pressure ulcers, they developed on patients in a care of the elderly ward, the intensive care unit, general theatres and the dermatology ward.