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

April 2015

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

This report is based on information from April 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

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**

98.3% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 97.9% **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 avoidable 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)	21	0
Actual to date	1	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 avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.**

This month Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Salford Community setting
Category 2	10	18
Category 3	0	1
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:	0.49	Hospital Setting

The pressure ulcer numbers include all pressure ulcers that occured from 48 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:	0.80	Salford

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 5 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	5
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:	0.25

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 % recommended *	79%	This is based on 1875 patients asked
A&E FFT % recommended*	74%	This is based on 1098 patients asked

* 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 16 patients the following questions about their care in the hospital:

	Score	Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	94	
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	100	
Were you given enough privacy when discussing your condition or treatment?	100	
During your stay were you treated with compassion by hospital staff?	100	
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?	100	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	94	

We also asked 50 patients the following questions about their care in the community setting:

Were the staff repectful of your home and belongings?	98
Did the health professional you saw listen fully to what you had to say?	100
Did you agree your plan of care together?	100
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	97
Did you feel supported during the visit?	100
Do you feel staff treated you with kindness and empathy?	100
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	100

A patient's story

Aprils story is of a young man who fractued his patella while playing football. He was pleased with his immediate care and treatment in the emergency department and radiology. He was seen in the fracture clinic who advised that surgery would provide the best outcome for his injury He was advised to go home and not to eat from midnight and he would recieve a call confirming if the operation would go ahead, as there is a risk more urgent cases may require theatre on the day.

No one telephoned and it wasn't until he made enquires that it became apparent that the team thought he was already in the hospital. He was asked to make his way in and waited in the surgical admssions lounge unilt 4pm when his surgery was canceled. He was rebooked for the following day and again was cancelled., after a number of hours fasting. Unfortunatley he was cancelled a 3rd time and finally on his fourth booking the operation proceeded and was successful.

This is not the level of service and care we expect for our patients and this story has been used to make improvements to the service.

Staff experience

We asked 15 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	100
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	100

We asked 25 staff working in the community setting the following questions:

	% recommended
I would recommend this service as a place to work	80
I would recommend the standard of care in this service to a friend or relative if they needed treatment	92
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

A pressure ulcer is an area of localised damage to the skin and underlying tissue caused by pressure or shearing movement or a combination of these. Pressure ulcers can be devastating for the people they affect. They cause pain and distress. They reduce patients ability to get on with their day-to-day lives. They require what are often long and arduous courses of treatment. And they make people vulnerable to potentially life-threatening infections which can result in death.

Salford District nurses are therfore implementing a quality improvement programme with the aim of reducing the numbers of pressure ulcers that develop on their caseload. This includes working with patients and carers to improve understanding of how to reduce the risk of pressure ulcers and discussion of all skin changes at a daily safety huddle with senior nurses who advise on treatment and management.

To date district nurses have reduced the numbers of grade 3 and grade 4 pressure ulcers by 57%.

Supporting information

The pressure ulcers in the acute hospital were in critical care, care of the elderly wards, neuro theatre, othopaedic ward, a short stay surgery ward and the respiratroy ward.

There was 1 case of clostridium dificile aquired in the trust on a care of the elderly ward.

Pressure ulcers in community were on the District Nursing caseload.