

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**

May 2015

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

This report is based on information from May 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.

98.7% of patients did not experience any of the four harms whilst an in patient in our hospital

96.9% of patients did not experience any of the four harms whilst we were providing their care in the community setting

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)

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	4	0
Trust improvement target (year to date)	21	0
Actual to date	5	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	6	16
Category 3	0	0
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: 0.34 Hospital Setting

The pressure ulcer numbers include all pressure ulcers that occurred 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: 0.64 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 2 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	2
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: 0.11

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 Accident & Emergency (A&E). Both scores (if applicable) are below;*

In-patient FFT % recommended *	79%	This is based on 2038 patients asked
A&E FFT % recommended*	74%	This is based on 0.9028 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 36 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?	79	
Were you given enough privacy when discussing your condition or treatment?	100	
During your stay were you treated with compassion by hospital staff?	82	
Did you always have access to the call bell when you needed it?	86	
Did you get the care you felt you required when you needed it most?	93	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	94	

We also asked 72 patients the following questions about their care in the community setting:

Were the staff respectful of your home and belongings?	100
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?	100
Did you feel supported during the visit?	100
Do you feel staff treated you with kindness and empathy?	99
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	ND

A patient's story

This month's patient story is related to a lady who was admitted with a bleed in her brain. When her family saw her for the first time in hospital she was unconscious and the medical staff had advised surgery would be necessary. Her family were concerned about her quality of life after such a big operation, while waiting a short time for theatre the lady deteriorated further and surgery was sadly no longer an option.

There was a communication issue between A+E and theatre which mean the family had an unnecessary journey to theatre when they could have gone directly to the intensive care unit. The family were very satisfied with the care she received on the intensive care unit and described the care as compassionate and delivered with passion. Her family wished organ donation to be considered and the organ donation team liaised with the family to hopefully facilitate these wishes if possible. Sadly this was not possible and the lady died the following morning, the family stated 'She passed with dignity and the care shown to her was excellent'.

Her daughter was handed a bereavement booklet, without instruction and found this unhelpful in her time of distress. 'We were given this inaccurate information by the nurse looking after my mum at the time of her death and despite this misinformation I would like to say that she treated my mum like a person once she had passed and not like a dead body. She informed my mum about what she was doing at each stage whilst she was preparing her body and I'd like to thank her for this.'

Staff experience

We asked 27 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	85
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 9 staff working in the community setting the following questions:

	% recommended
I would recommend this service as a place to work	78
I would recommend the standard of care in this service 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

3. IMPROVEMENT

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

Urinary Tract Infections from catheters are a significant source of harm to our patients, causing unnecessary pain and distress.

A proportion of our patients told us they find catheters painful, inconvenient and embarrassing. Almost 20% told us they did not know why they had a catheter and 70% were not offered an alternative.

To address this, we commenced an Improvement Collaborative including our community nurse teams aimed at reducing the numbers of catheters used in our patients. We designed a simple algorithm to indicate when a catheter should be used and a nurse led pathway for catheter removal.

Community nurses now review all patients with a catheter on their caseload using the algorithm and pathway and remove any where an alternative could be considered.

Since the start of the collaborative community nurses have had a significant reduction in the numbers of patients with a catheter on their caseload from 300 a month to 230 without any adverse effect.

Supporting information

Within the acute hospital there were 6 grade 2 pressure ulcers where some of the outer surface of the skin (the epidermis) is damaged, leading to skin loss. The ulcer can look like an open wound or a blister. 3 of these pressure ulcers were device related. Within Community nursing teams 16 Grade 2 pressure ulcers developed in patients on the caseload.