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

July 2015

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

This report is based on information from July 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.

98.32% **of patients did not experience any of the four harms whilst an in patient in our hospital**

97.1% **of patients did not experience any of the four harms whilst we were providing their csare in the community setting**

97.78% **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	0	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	1	4
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:	0.05	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:	0.16	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 4 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	4
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:	0.21

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 2125 patients asked
A&E FFT % recommended*	74%	This is based on 4378 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 5 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?	100	
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?	100	

We also asked 727 patients the following questions about their care in the community setting:

Were the staff repectful 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?	89
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	86
Did you feel supported during the visit?	97
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?	92

A patient's story

July's patient story is kindly provided by a lady who became seriously unwell as a result of an inflamed pancreas, caused by gall stones. The lady knew something was wrong when she developed severe pain in her stomach and back and began to projectile vomit. Her husband brought her to the emergency department and she was admitted to the emergency assessment area. The lady states that 'by this time the terrible pain had returned and so a nurse gave me two Panadol which didn't really do anything. I recall that she said that I would need to be seen by a Doctor before anything stronger could be prescribed. After a while longer, my husband went to find a Doctor as the pain was unbearable and he had never seen me in such distress and he's known me for 50 years. He saw a Doctor sitting at the nurses' station and asked him to come and see me but was informed that he didn't work on that unit. He became anxious and a little annoyed and this must have drawn attention and someone came and gave me an injection which is the last thing I remember'.

Later that evening the ladies condition deteriorated and she was transferred to the intensive care unit. Her organs had started to fail due to the infection and she needed help with her breathing from a machine. The lady remained on the intensive care unit for a number of days before going to the surgical high dependency unit then a surgical ward. The next thing the lady remembered after going to the intensive care unit was her birthday on the ward. She was visited by the intensive care unit follow up team who informed her of her journey and what to expect following her illness.

We are pleased to report the lady is home now and recovering well.

Staff experience

We asked 5 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	80
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 15 staff working in the community setting the following questions:

	% recommended
I would recommend this service as a place to work	73
I would recommend the standard of care in this service to a friend or relative if they needed treatment	87
I am satisfied with the quality of care I give to the patients, carers and their families	87

3. IMPROVEMENT

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

All suspected pressure ulcers in the community are now photographed, if the patient consents , and reviwed with senior district nurses and tissue viabiity specialist. These senior nurses advise on the category of wound and treatment and management. This has led to a significant reduction in pressure ulcers and learning across the nursing team.

Supporting information

One patient acquired a pressure ulcer while in the care of the acute hospital in July. This was a grade 2 (partial thickness loss of skin or blister) to their elbow. Four patients in the community acquired grade 2 pressure ulcers this month.
Some patients would not recommend our community services to their friends and family - comments suggest that this is usually realted to communication with administration when making appointments. We are using these comments to look at how we can improve this process.