NHS England

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

August 2015

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

This report is based on information from August 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.

98.14% **of patients did not experience any of the four harms whilst an in patient in our hospital**

96.61% **of patients did not experience any of the four harms whilst we were providing their csare in the community setting**

Overall 97.5% **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	6	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	8
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: 0.10   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: 0.32   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: 0.10

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 *   **91%**   This is based on 1898 patients asked

A&E FFT % recommended*   **90%**   This is based on 4237 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 13 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?	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?	77
Did you always have access to the call bell when you needed it?	85
Did you get the care you felt you required when you needed it most?	69
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	92

We also asked 614 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?	99
Did you agree your plan of care together?	99
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	91
Did you feel supported during the visit?	99
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?	95

A patient's story

Augusts patient story is of a lady who developed a chronic kidney injury as a result of a rare side effect of using a long term medication. She visited her GP as she felt unwell and he detected that she had a significant problem with her kidney function and directed her straight to the emergency department at Salford Royal.

'I was seen by triage in A&E and I quickly got a bed on the renal ward. I went onto plasma replacement therapy, a chemotherapy drug and high dose steroids. I was on the drip for a couple of hours and after this I was given two tablets, one to take two hours after the drip and one to take 6 hours after the drip. I was informed that the treatment is similar to being on a dialysis machine'.

She remained on the renal ward for 3 weeks, receiving intensive treatment. the doctor her *'that there is only a 1 in 50,000 chance of getting what I have , and explained that I would be a patient of theirs for life.'*

She has since been discharged from hospital but requires regular infusions as a day patient. The medication makes her very sick, but the team provide her with anti sickness medication, which helps.

Staff experience

We asked 12 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	58
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	83
I am satisfied with the quality of care I give to the patients, carers and their families	92

We asked 10 staff working in the community setting the following questions:

	% recommended
I would recommend this service as a place to work	90
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

Improving access to intravenous antibiotic therapy at home

Many people are admitted to hospital with infections that require antibiotics to be given through a vein rather than with a tablet. We also know that most people would prefer to have this treatment at home if their doctor agrees they are well enough. We have therefore redesigned pathways so that all patients who are well enough can now be discharged home under the care of our specialist community nurses to complete their treatment at home . This has meant that more than 80 additional patients have been able to complete treatment at home in the last 10 months.

Supporting information

We are redesigning our community patient questionnaire to help us understand why some patients would not recommend our services to their friends and family. We will ask our patients to tell us what they think we could do differently to improve their experiences and we will take action based on their suggestions. Our new questionnaire will be available in November 2015.

The 2 grade 2 pressure ulcers developed in hospital (partial thickness loss of skin or blister) occurred as a result of medical devices. Work continues within SRFT to reduce these types of pressure ulcers.

When asked if they would recommend the hospital as a place to work 5 of the 12 staff asked neither agreed nor disagreed, they separately commented that they felt there were not enough staff on the ward. The vacant jobs on the ward have recently been appointed to.