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

September

Open and Honest Care at Salford Royal NHS Foundation Trust : September

This report is based on information from September. 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.

98.2% **of patients did not experience any of the four harms whilst an in patient in our hospital**

98.6% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 98.4% **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	7	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	6
Category 3	0	0
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:	0.11	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:	0.28	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	7
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:	0.27

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 care, 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), have recieved community services or visited the outpatient department. Scores are below;*

In-patient FFT % recommended *	90.35%	This is based on 1888 patients asked
A&E FFT % recommended*	91.56%	This is based on 4052 patients asked
Community FFT % Recommended	90.95%	This is based on 26257 patients asked
Outpatients FFT % Recommended	93.45%	This is based on 21726 patients asked

We also asked 10 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?	80	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	100	

We also asked 721 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?	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?	100
How likely are you to recommend this service to friends and family if they needed similar care or treatment?	93

A patient's story

September's patient story is of a young man who developed severe sepsis, when the body's immune system goes into overdrive, setting off a series of reactions that can affect all the systems of the body.

His sore throat started on Christmas Eve and he treated himself with medicines availible to buy from pharmacies. Over the next few days he felt gradually worse and was prescribed antibiotics by his GP. That evening he became quite confused and was behaving out of character, he went to bed early but his Mum was woken in the night to the sound of his difficult breathing, at this point she called an ambulance.

He was in A+E he was very unwell and not responding, he had a number of tests and was transferred to the high dependency unit. Unfortunately he continued to deteriorate and was moved to critical care and put into an induced coma. He remained there for 41 days which was obviously a traumatic time for the family; the prolonged stay was due to the struggle to identify the right antibiotics to treat the infection. During the time blood cultures were taken regularly to help aid the antibiotic decision but the antibiotics were not working and he continued to be very poorly.

In the second week of the stay his stomach began to distend and a scan revealed that his lungs had filled up with a pus coloured liquid, this was drained the medical staff discussed the possibility of moving him to Wythenshawe to use the specialist beds they have there to treat lung problems, but in the end this wasn't necessary.

After 20 days they began to reduce the sedation as there had been a drop in his temperature. After 2 hours his heart rate rose and his breathing was poor so he was put back into an induced coma.

He went on to require an operation to put a tube into his wind pipe after 33 days and he had the sputum washed form his lungs, he slowly started to improve. When he eventually woke he was delirious and laid still with his eyes opens for a number of days. He remembers the last week of his stay and the staff allowed his dog to visit and sit on his bed.

He went back to the high dependency unit in the early hours of the morning which was very upsetting for him. He continued to improve and went to a ward and eventually went home. He still suffers from insomnia and nightmares and finds it difficult to walk now due to nerve and muscle wastage. He has since has three visits to hospital, but now continues to slowly improve.

Staff experience

We asked 10 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	80

We asked 8 staff working in the community setting the following questions:

	% recommended
I would recommend this service as a place to work	88
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

Salford Royal is working in partnership with Salford City Council, Salford Clinical Commissioning Group and Greater Manchester West Mental Health Trust to improve care for people living in Salford. Over the past three years we have worked with our citizens to develop an integrated care model that :

Promotes wellbeing and independence for older people to manage their own care with support from community groups.
Provides access to help, advice and support through a health and social care centre of contact.
Provides targeted support to people most at risk via multidisciplinary groups of GPs, District Nurses, Social Workers, Community Mental Health Teams and Specialist Elderly Care Doctors

We hope that this new way of working will lead to better health and social care outcomes, an improved experience for patients, service users and carers, and the best use of resources. To help us asses how we are doing we are following the care provided to over 4000 people over the next year as part of the CLASSIC research study (CLASSIC, Comprehensive Longitudinal Assessment of Salford Integrated Care).

You can find out more about our integrated work at the Salford Together website

http://www.salfordtogether.com/?doing_wp_cron=1447755790.3009810447692871093750

Supporting information

The one pressure ulcer developed in hospital was on a patients back and was a grade 2, blister type sore. There were 7 falls in hosptial with moderate harm , all occured in different loactions and different specialties.

The one grade 4 pressure ulcer that developed in the community was fully investigated and was found to be related to the patients choice to not follow pressure relief advice. We have made changes to the written information we give to our patients to ensure they are fully aware of the potential risks related to the development of pressure ulcers.