

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**

October 2015

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

This report is based on information from October 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

98.1% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 97.8% 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	11	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	0	7
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 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: 0.28 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 3 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	2
Severe	1
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: 0.15

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 Accident & Emergency (A&E), have received community services or visited the outpatient department. Scores are below;*

In-patient FFT % recommended *	89.90%	This is based on 2277 patients asked
A&E FFT % recommended*	72.33%	This is based on 4042 patients asked
Community FFT % Recommended	89.70%	This is based on 26257 patients asked
Outpatients FFT % Recommended	93.70%	This is based on 21726 patients asked

We also asked 6 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 616 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 in 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?	92

A patient's story

A young woman who lived at home with her parents developed noticed she was passing stools more frequently and passing blood. She was investigated by her local hospital, who performed a sigmoidoscopy (camera to look into her bowels). She was found to have ulcerative colitis (inflammation of the bowels). She was treated with medicated suppositories, which initially worked but over the next few months her symptoms worsened. She was becoming weaker and going to the toilet 20-40 times a day.

Eventually her Mum decided enough was enough and took her to the emergency department other local hospital. She very dangerously anaemic and required admitting to hospital for several weeks to stabilise her condition and improve her blood results. She went home but had to return to receive intravenous infusion of very powerful medications to control her symptoms. This worked briefly, but she soon returned to her previous state.

The hospital performed another sigmoidoscopy and informed her that the disease was at its most advanced stage and she would need to have surgery to remove the affect part of the bowel. She was quickly admitted and had her surgery. She woke up in the intensive care unit with a very stiff and rigid tummy she stated it was an 'eerie place'. After a few days she was transferred to the ward, where she found the routine difficult to get used to '*woken at 7 ish by the nurses handing over and the doctors doing their rounds. Bed bathed between 8-11am. My mum would arrive soon after to be there for the rest of the day and then there would be bloods taken, the stoma nurse would come and assess my wound – I was no longer allowed food and fluids were restricted. My weight had started to come down even though I was stuck in a bed 24/7 with minimal movement. My confidence was shot – I'd lost my dignity, my respect for authority figures – I felt worthless I could see no light at the end of the tunnel and no way this situation would ever be resolved*'

Eventually the young woman was transferred to Salford Royal for specialist management in the intestinal failure unit. '*When I arrived at Salford Royal, the staff greeted me and showed me to my bay. I was in a 4 bed bay with 4 other ladies in similar positions to me. The ward was bright and clean and the staff where friendly. They let me get acquainted and unpack. They asked various questions and then I was shown were the kitchen, wash room, family room, bathrooms etc. were. My dressing went at this point, but instead of being told to wait for the nurse – I was told the nurse would come and assist me and show me how to do the dressing myself. The whole prospect of having to look at my stomach, touch it – clean it – re-dress it was too much I broke down. The nurse was very helpful and tried to re-assure me that I would be able to do this; they would help me and bring me everything I needed. It was very different to how it had been done but several hours later the wound was dressed a drainage tube hanging from it connected to an empty bottle to collect and store what passed to be weighed, this would be done each evening by the nurses on the night shift*'

'I was visited by the team who would be working with me – the doctors, nurses, dietician, physiotherapist and psychologist – this wasn't going to be a quick fix – they were going to slowly build my confidence and knowledge about my condition and help me to get strong for an operation to correct everything in the future'

Eventually she was discharged home able to care for her stoma and her condition, while she waited for her next operation. A few weeks later when she was stronger, she came back into hospital for her next operation. Her operation went well and her tummy was repaired, which she was delighted with. Following a few weeks in hospital, she was discharged from hospital 3 days before Christmas, she has continued to do well and states '*Life has certainly been one hell of a roller-coaster ride for the last 2 years – and I finally got off.*'

Staff experience

We asked 6 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	89
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	89
I would recommend the standard of care in this service to a friend or relative if they needed treatment	89
I am satisfied with the quality of care I give to the patients, carers and their families	89

3. IMPROVEMENT

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

Salford Royal is working in collaboration with Salford City Council to improve care for our patients.

One example of this is our joint working with equipment services to support safe moving and handling of patients in their own homes.

This has included provision of the latest equipment such as gantry hoists and turning mattresses, that enable us to move patients more easily reducing the risk of injury to staff, and bed levers that help patients transfer independently. Equipment services help to train our staff, patients and carers to move and handle safely.

The team have also extended their opening hours so that they can rapidly deliver and install equipment to enable patients to return home as soon as possible following a hospital admission - or remain at home rather than have to be admitted to hospital or care facility.

Supporting information

The 3 falls that resulted in harm to patients were on a medical ward, an emergency assessment ward and a medical investigation unit.