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

November 2015

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

This report is based on information from November 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.

96.01% **of patients did not experience any of the four harms whilst an in patient in our hospital**

97.7% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 96.7% **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	2	0
Trust Improvement target (year to date)	21	0
Actual to date	13	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	2	8
Category 3	0	1
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:	0.15	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:	3.60	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 1 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
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:	0.05

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 *	92.20%	This is based on 1888 patients asked
A&E FFT % recommended*	67.94%	This is based on 3928 patients asked
Community FFT % Recommended	90.00%	This is based on 26257 patients asked
Outpatients FFT % Recommended	93.20%	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 654 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?	86
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?	94

A patient's story

I was at home in my flat when I got this stabbing pain in my right side, I could not stand. I took paracetamol which did not resolve my pain and so my wife and I decided to call 999. The paramedics came, checked me over and took me to A&E. I was transferred to ward B2, it was a Friday evening.

At 10:30pm on the Sunday night I was woken by the nurse who informed that I was being moved to 'urology'. Being woken from a deep sleep, I was disorientated as to where I was. Before I knew it my bags were being dumped on my bed. I still couldn't believe I was being moved as nothing had been mentioned to me in the day.

The nurse packed my property up, in doing so the nurse had done what she could putting stuff in the bags but didn't do it as I would have done it. I worked for many years in the army as a marksman and as part of the role; the rifle noise was very loud. As a result, I have needed hearing aids for 25 years. During the move, the nurse who was packing up my belongings was dangling my hearing aids and the battery fell out in the darkness. She proceeded with a torch to look for the battery, I still couldn't believe I was being moved, I thought I was being kidnapped. The search went on for quite a while and they didn't come to transfer me straight away. I thought all the things that were happening to me were not real; I could not believe I was being moved in the night. I didn't think I was in the same ward that I had been admitted to, it seemed a totally different place, it all looked different. I couldn't hear what the nurse was properly saying with her dialect and my hearing. By the time I was moved in the chair to the other ward it was about 3am. The nurse did really well in the circumstances getting me all packed up and transferred she just didn't know anything about hearing aids.

When I arrived at my new location I had one hearing aid in (the other battery was not found) so I was anxious that I could not hear properly. I felt a pain in my side and realised the battery was stuck in the bed so I felt a great relief. It may not seem much to a 'normal' person but it is very important to me to be able to hear.
I heard one nurse say I was delusional but my imagination ran riot because I didn't know where I was. It was a horrendous trauma for me being awakened at that time because when I go to sleep it is a deep sleep. I had no clue what I was in for, when it was or where I was. I have to take my hearing aids out to sleep otherwise you get a loud screech.
To avoid another patient going through this experience I think the nurses need to have knowledge of hearing aids. The nurses sometimes pick them up willy nilly and the batteries can fall out. It is a disability not being able to hear and very frightening when you are woken whilst disorientated.

During all of this I was never informed why I was being moved. It was only later when my wife came to visit and found that there was another person in the bed that I realised that another person needed my bed. One final thing that upset me was the nurse asking my wife 'Is he confused at home?' I am not confused, it was just that I was disorientated by being woken in the middle of the night.

Staff experience

We asked 10 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	100
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 10 staff working in the community setting the following questions:

	% recommended
I would recommend this service as a place to work	100
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

The district nurse are committed to ensuring that patients are able to make informed choices and have access to full information while making this choice. For patients at risk of developing pressure sores , information sheets are being used to reinforce what developing a pressure sore would mean for them . Pictures who are high risk of developing pressure sores are asked to view pictures of the different types of pressure ulcer that could develop if care advice and treatment is not followed.

The impact of the above has been that some patients who have been reluctant to complie with treatment and treatment advice , now actively participate in their care.

Supporting information

There were 3 grade 2 pressure ulcers in November all related to devices. Unfortunately one patient developed a grade 3 (Full thickness skin loss. Subcutaneous fat may be visible) pressure ulcer, while receiving care by the community nurses. The patient did not take the advice of the community nurses regarding repositioning and went on to develop the ulcer.