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

December 2015

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

This report is based on information from December 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.

97.42% **of patients did not experience any of the four harms whilst an in patient in our hospital**

96.7% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 97.0% **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	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	3	4
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:	0.20	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 *	90.40%	This is based on 2266 patients asked
A&E FFT % recommended*	71.33%	This is based on 4033 patients asked
Community FFT % Recommended	91.10%	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 758 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

I am 67 years old and was in my early 30's when I became ill. I spent a number of years being treated at a local hospital for irritable bowel syndrome before being referred to Salford Royal and being diagnosed with Crohn's Disease.

I was under the care of a Professor when I was diagnosed and he was a believer in acting quickly and getting all of the required surgery out the way as early as was possible. Therefore, in 1982, I underwent a huge operation to remove all of my large bowel and most of my small bowel. I was left with only 20" of small bowel. I am pleased that this approach was taken and I am an advocate for doing it this way. I have been well since the surgery and have not required any subsequent operations whereas friends have not been particularly well over their lives and have had a number of smaller operations.

The operation I had means that I am unable to absorb fluids and so I attend Salford Royal 7 times a week for Intravenous feeds through a line in my chest (central line) my first experience of attending Salford Royal was in a small 4 bedded bay which was in a porta cabin. I was one of the first patients who went home on feeds and the changes I have seen over the years have been significant.

Initially, I went home with a huge drip stand which was cumbersome and meant that you couldn't do anything other than be in a fixed place. Nowadays, the machines provided are no bigger than a standard book and there is the added ability to strap these to your back which means I can go out shopping etc. Another development has been the way that line infection is prevented. In the past I had to cut out a gauze square with a set of sterilised scissors, place the gauze on the line and use a Heparin lock to prevent it from getting infected. This was difficult to do and was very time consuming. I now use a lock which injects fluids and keeps the line clear before locking itself. It is much easier to use and reduces my chance of infection.

I cannot really fault the ward during my time at Salford Royal and have always enjoyed the peace of mind that comes from being able to ring them if there is anything wrong. This arrangement has changed slightly in recent years as when I am unwell I am taken to my local hospital. Whenever I have been there, I have been conscious that they don't touch my central line as they do not know my treatment plan and I am nervous that it will become infected. The last time I was admitted to the hospital it took 3 days to get a transfer to Salford and it wasn't ideal. If I am going to be ill then I want to be at Salford Royal where they know me.

Whenever I have been in Salford Royal there has always been a plan in place and an expectation set for when they expect me to go home. This is extremely useful and keeps your spirit up on the days when you may be a little down.

Staff experience

We asked 11 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 5 staff working in the community setting the following questions:

	% recommended
I would recommend this service as a place to work	40
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	80

3. IMPROVEMENT

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

Within the community we have used technology to improve patient care, I Pads are used to take photographs to allow accurate classification and to formulate treatment plans for wounds and to facilitate assessment of healing.

Both the district nursing team and the community tissue viability are about to start using electronic records which will allow for easy communication when patients move between acute and community care settings.

Supporting information

3 Patients developed grade 2 pressure ulcers while receiving treatment in hospital, 2 Where as a result of medical devices. There was one fall with moderate harm on the dermatology/rheumatology ward.