

## 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**

January 2015

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

This report is based on information from January 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

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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.

**97.35% of patients did not experience any of the four harms whilst an in patient in our hospital**

**95.86% of patients did not experience any of the four harms whilst we were providing their care in the community setting**

**Overall 96.9% 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)

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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 infections we have had this month, plus the improvement target and results for the year to date.

Patients in hospital setting	C.difficile	MRSA
<b>This month</b>	1	0
<b>Trust improvement target (year to date)</b>	21	0
<b>Actual to date</b>	14	0

For more information please visit:

[www.website.com](http://www.website.com)

## Pressure ulcers

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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	7	11
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: 0.34 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: 0.44 Salford

## Falls

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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	3
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: 0.15

## 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

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#### 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;*

<b>In-patient</b> FFT % recommended *	90.70%	This is based on 2106 patients asked
<b>A&amp;E</b> FFT % recommended*	86.82%	This is based on 4169 patients asked
<b>Community</b> FFT % Recommended	89.80%	This is based on 26257 patients asked
<b>Outpatients</b> FFT % Recommended	93.50%	This is based on 21726 patients asked

We also asked 20 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?	95	
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 698 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?	94

## A patient's story

I came in as a planned admission, I had seen the consultant from outpatients and he felt like I needed to come in to have assessments and investigations and treatment so I was sort of planned, there was no bed because of the shortage so I was advised to come in via A&E which I had to in the end due to pain and not being able to tolerate fluids, water. My experience in A&E was great because it was an evening so it was fairly quiet and I went through to the Emergency Assessment Unit and that was really good, it was in the main building and I had a lovely big side room, my family with me, I didn't feel like, you know, being rushed or anything on the ward and then went to L2 ward which is the Gastro ward. I have Crohn's disease so I have problems eating and tolerating food and mainly my diet is fluids only. L2, being a nurse L2 is a lovely ward, sometimes the workload for the staff is very busy but if you did have a question or you needed a nurse they would always come back to you, I never felt like I was left for any length of time but I think given that my age and the fact that I can go and get help if I needed it's not a problem, so my stay on that ward was lovely. I know that there were some patients on the ward who were complaining but they were a lot older and not able to do what I could do. I was then transferred to H8 about 7 weeks into my stay. H8 is a lovely ward, the staff are lovely and it was nice the fact that I had worked with some of the staff in the past for training. I have got a Central Line in I am on home feeds but the ward itself being so new, there is lots of information about who your nurse is for the day, who your doctor is, ward rounds patient involvement and what I liked was that as soon as I arrived everyone introduced themselves and they gave me a pad and paper, which is the first time I have come across this on any ward and I think that's good. In the past the patients are given lots of information on doctors and when they go away you can't remember half of it and I think also you are thinking of questions to ask the doctors and when they come round you can't remember what you wanted to ask. Visiting was great, with my husband working long hours he was able to call in at 9 at night, you know some wards wouldn't allow that, plus it's a bit of a home from home on there, you know you can go and make your drinks yourself for you and your relative, so you know my husband had been on the road for hours so I could have a drink ready for when he arrived, it was bit more, not as clinical, a little bit different from the norm a bit more homely and it was nice because it was a new part of the hospital as well but for my discharge, I know from being a nurse that sometimes your delay could be from getting your drugs down to the ward but you know in my case I never needed an ambulance, my family would pick me up but in this time because I was here for so long they let me put my car on the hospital car park and on days where I came off my line I could go home for a couple of hours because I have got young children and that was great that this was allowed, to go home, the guys on the car park were great, looked after me, they knew who I was and they would give me a lift to the ward, even though looking at me you would think, why does she need a lift, this was when it was the old car park, but because I am on my feed and everything, tiredness and going up in the lift, the guys were brilliant. It was lovely and you know being in hospital for so longer it made it easier and less emotional, being on that ward your plan of action was really good and your discharge date and your round about time when you will be going home was great and I think emotions don't hit you until you actually go home because it can be a long term thing with you but the liaison with the hospital staff and the community staff, which are the Bupa nurses is brilliant and I have the nurses now.

## Staff experience

We asked 20 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	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

To improve the productivity of the District Nurses and ensure the best use of resources, we are rolling out Productive community services. As part of this we have introduced "Bag to Go". These bags contain the basic stock that the nurses are likely to need on a day to day basis, to prevent the need for staff to carry large amounts of stock with them. This scheme reduces waste and the risk of running out of items when out on visits.

## Supporting information

There were 7 grade 2 (blister type sore) pressure ulcers developed while in patients were receiving care in the hospital. Three of which were device related and caused by oxygen tubing rubbing against the crease of the ear. Two of which developed on one patient while very unwell in the intensive care unit.

There were three falls that caused moderate harm on the orthopaedic, surgical and gastroenterology ward.