

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**

February 2016

Open and Honest Care at Salford Royal NHS Foundation Trust : February 2016

This report is based on information from February 2016. 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.

99.07% of patients did not experience any of the four harms whilst an in patient in our hospital

97.8% of patients did not experience any of the four harms whilst we were providing their care in the community setting

98.54% 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 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	14	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	
Category 3	0	
Category 4	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: 0.12 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 8 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	8
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: 0.40

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 *	90.70%	This is based on 22190 patients asked
A&E FFT % recommended*	86.82%	This is based on 3716 patients asked
Community FFT % Recommended	89.80%	This is based on 26257 patients asked
Outpatients FFT % Recommended	93.50%	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?	90	
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 632 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?	97
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?	94

A patient's story

On the 12th December I suffered a heart attack. I was suffering from depression both professionally and personally at the time and I had experienced feelings that I wanted to die. It was interesting that when I suffered the heart attack I found myself fighting for my life. The chest pain started on the 11th December. I had worked that day with a discomfort in my chest but thought it was indigestion or something minor. I was suffering from insomnia at the time so was moving around the house during the night trying to get comfortable, I even tried lying on the sofa with the cat on my chest. Eventually, I apologetically called 999 as the pain was not stopping and was getting worse, I felt embarrassed at troubling them because I thought it would be indigestion. The team I spoke to were extremely helpful and provided excellent advice such as unlocking the door for the paramedics as I live alone. They tried to reassure me and keep me calm as I was scared about what was happening. I was taken to Manchester Royal Infirmary and was rushed straight to the catheter lab where they put in a stent into my coronary artery. I was scared about what was happening and had my childhood years flashing before me. The staff in the cath lab were excellent; they were light hearted and were joking and trying to keep me calm and reassured.

My condition improved such that I was told I was being transferred to a hospital nearer to home, this hospital being Salford Royal. This was a huge boost to my confidence as it was confirmation that I was getting better. Whilst I was being transferred by the paramedics, I was informed for the first time that I had had a cardiac arrest while in the cath lab. This was distressing for me to hear and it hit home just how serious things had been. At Salford Royal, I was admitted to the heart care unit where the care provided to me by the doctors and nurses was excellent. I also thought the level of knowledge and information provided was excellent and it played a huge role in putting my mind at rest. I received good information from the team about lifestyle and diet and it was always delivered in a non-condescending way. Another key indicator in my recovery was my family starting to visit me, this was another huge boost.

From the heart care unit I was transferred to L3. I was disconnected from my monitors at this time and this was another huge thing for me. I went from being hooked up to machines to being monitored by the nurses at regular intervals which reaffirmed to me that I was getting better. I was scheduled to go home on Saturday 15th December 2012 in the morning. There was some confusion and miscommunication about when this would happen but thankfully the consultant visited later in the afternoon and apologised that she had been busy and confirmed that I would be going home that evening. Again the information I received from the consultant was excellent, she even let me know about some things I would have been uncomfortable asking about but was nice to know.

I had an appointment with the cardiac specialist nurse on the 2nd January; this seemed like a long time to wait given that I had suffered a heart attack. The appointment with the nurse was excellent and she went through everything including my risk factors, lifestyle, my admission, my medications and their side effects. She also answered any questions I had and reassured me. She informed that she was keen to get me into the gym as soon as possible which for me was shocking. There is a myth that was formed in my dad's generation that bed rest is the way to get better and so it was strange but refreshing to have this challenged.

It was interesting to understand that prevention was as important as treatment for me. Everyone knows that they aren't living the perfect lifestyle, we eat and drink what we sometimes shouldn't but equally we don't think that we are going to suffer a heart attack at 52.

I first attended the gym at Salford Royal on the 11th Jan as part of my cardiac rehabilitation programme. The atmosphere in the gym was excellent and the staff there were really skilled at keeping people motivated whilst ensuring everyone was at ease and relaxed. They had a wonderful ability to show interest in me as an individual as opposed to treating me like someone going through the system. I also derived great benefit from the sessions with other patients and learning about their experiences and talking through things was extremely useful.

I feel I owe a great debt to this trust and have made enquiries about getting involved in volunteer work. You hear a lot of horror stories about the NHS but I had an incredible experience. This has been a life changing time for me but it has been a positive experience thanks to the input of all the people in my journey.

Staff experience

We asked 11 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	82
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	73
I am satisfied with the quality of care I give to the patients, carers and their families	64

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	80
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

The anticoagulation team at Salford Royal have introduced a double checking system to ensure all patients who leave hospital on blood thinning medication receive an appointment. This has been made possible as a result of having an electronic perscibing system that can provide the team with a list of patients that are discharged from hospital on this medication. The team then check that all of the patients have been refered to them and have an appointment with them. This is an essential safety step.

Supporting information

The 8 falls with harm that occurred in Febraury occurred in a variety of areas across the trust. Thye have all been investigating and actions to reduce the risk of them occuring agin have been developed.

