

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**

March 2017

Open and Honest Care at Salford Royal NHS Foundation Trust : March 2017

This report is based on information from March 2017. 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.

95.3% of patients did not experience any of the four harms whilst an in patient in our hospital

96.4% of patients did not experience any of the four harms whilst we were providing their care in the community setting

95.75% 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 | 21 | 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 | 8 | 6 |
| Category 3 | 1 | 0 |
| Category 4 | 0 | 2 |

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: 0.48 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: 0.32 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 4 fall(s) that caused at least 'moderate' harm.

| Severity | Number of falls |
|----------|-----------------|
| Moderate | 4 |
| 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: 0.21

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.



The Friends & Family Test

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 * | 91.20% | This is based on 2167 patients asked |
| A&E FFT % recommended* | 89.60% | This is based on 4362 patients asked |
| Community FFT % Recommended | 92.80% | This is based on 79136 patients asked |
| Outpatients FFT % Recommended | 92.90% | This is based on 21838 patients asked |
| Daycase FFT % Recommended | 92.30% | This is based on 421 patients asked |

We also asked 11 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? | 91 | |
| If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to? | 82 | |
| Were you given enough privacy when discussing your condition or treatment? | 100 | |
| During your stay were you treated with compassion by hospital staff? | 82 | |
| Did you always have access to the call bell when you needed it? | 73 | |
| Did you get the care you felt you required when you needed it most? | 91 | |
| How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment? | 91 | |

We also asked 612 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? | 96 |
| 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? | 92 |

A patient's story

I am a first time mum and wasn't really sure what the role of a health visitor was. When I found out that the health visitors wanted to see me before I had a baby I was confused as to why it was needed. My health visitor explained that the Eccles team liked to see mums before baby was born as an initial introduction meeting. The Eccles team offered weekend appointment and to be honest if they hadn't offered a weekend service I probably wouldn't have been able to see them. I worked full time right up to my baby being born. I also wanted my partner to be there as I wasn't sure on the purpose of the visit.

My designated health visitor came at a weekend and introduced herself and the role of her team. I was more confident after the initial meeting and the health visitor made me feel more comfortable to discuss any issues or concerns.

Two weeks after having my baby my health visitor came to visit me again at home. I wasn't having a great time and if I hadn't have met my health visitor beforehand I don't think I would have agreed to see her. When she came to visit she checked on my baby but my family was there and I couldn't really talk about how I was feeling. She said she would visit again in 2 weeks' time.

By the time of our next visit I felt terrible and wasn't sure why. I had lived with depression before and on reflection I think I was recognising it was happening again but didn't want to admit it to myself. I guess I was worried about being judged and people thinking I was a rubbish mum.

I didn't speak to anyone else about how I was feeling. However, because I had met my health visitor twice before I felt more comfortable speaking to her about what was going on and about personal things. She advised me to go and see my GP which I did, however I didn't feel like I could speak to my GP on a personal level in the same way I had built up that relationship with my health visitor.

My GP gave me medication and referred me to a councillor. Even then I always preferred to see my health visitor as I felt more comfortable with the team.

The team also came in to support our Sure start group weekly. This was reassuring when my baby had a minor issue. For example, he had a funny toenail, and so they gave me advice and pointed me in the right direction of what I should do. This meant I didn't need to make an appointment about it.

My health visitor came round to visit me every week and was always available between visits. I could always ring and text outside 9-5 and at weekends. There were times when I phoned the health visitors on a Friday and they would arrange to visit me on the Saturday. Even at times when I contacted the Eccles team and my health visitor wasn't there she always got the message and contacted me back by the next day. Eventually the visits were spread out for between every 4 to 6 weeks.

In the early days I had some problems breastfeeding and if wasn't for the health visitors visits I don't think I would have continued. My health visitor came to see me one weekend when I was having pain. It turned out I had mastitis and she gave advice and we caught it quickly. It could have been a lot more serious if she hadn't intervened early.

It might sound dramatic to say but I don't think I could have done it without the support of my health visitor. She never passed judgement, was easy to talk to, gave good advice and worked with me to solve my problems. My baby even recognises her now. I have heard friend say they had issues with their health visiting teams but I have never had a problem. Some services just expect new mums to have problems Monday to Friday 9-5 and I probably wouldn't have had that first appointment with the health visitors if it wasn't on a weekend. It's reassuring that there

Staff experience

We asked 10 staff in the hospital the following questions:

| | % recommended |
|---|---------------|
| I would recommend this ward/unit as a place to work | 90 |
| 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 | 70 |

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

Salford Royal acute and community tissue viability teams traditionally worked separately with different documentation etc. They have been working together to stream line and merge their processes and documentation to benefit the people who require their help and care. Patients are seen faster with better information about ongoing care and care plans regardless of if they are in hospital or the community.

Supporting information

There was sadly an increase in grade 2 pressure ulcers in March 2107 and teams reviewed the causes of each and took steps to avoid them happening again.

Further information

Board Papers:

<http://www.srft.nhs.uk/about-us/board-meetings/>

Council of Governors' (CoG) Papers:

<http://www.srft.nhs.uk/for-members/council-of-governors/governors-meetings/>

Membership Engagement Events:

<http://www.srft.nhs.uk/for-members/membership-news-events/upcoming-events/>

Our Values:

<http://www.srft.nhs.uk/about-us/values/>

Videos / Films:

<http://www.srft.nhs.uk/media-centre/films/>

Friends and Family Test Overview:

<http://www.srft.nhs.uk/for-patients/fft/>

Friends and Family Test Reporting:

<http://www.srft.nhs.uk/media-centre/publications/fft/>