

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**

April 2017

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

This report is based on information from April 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.

97.9% of patients did not experience any of the four harms whilst an in patient in our hospital

97.13% of patients did not experience any of the four harms whilst we were providing their care in the community setting

97.70% 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 | 0 | 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 | 10 | 14 |
| 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: 0.56 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: 0.60 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 7 fall(s) that caused at least 'moderate' harm.

| Severity | Number of falls |
|----------|-----------------|
| Moderate | 6 |
| Severe | 1 |
| 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: 0.39

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 * | 91.30% | This is based on 2056 patients asked |
| A&E FFT % recommended* | 88.10% | This is based on 4125 patients asked |
| Community FFT % Recommended | 92.50% | This is based on 21468 patients asked |
| Outpatients FFT % Recommended | 93.90% | This is based on 18144 patients asked |
| Daycase FFT % Recommended | 94.80% | This is based on 305 patients asked |

We also asked 45 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? | 91 | |
| Were you given enough privacy when discussing your condition or treatment? | 98 | |
| During your stay were you treated with compassion by hospital staff? | 93 | |
| Did you always have access to the call bell when you needed it? | 96 | |
| Did you get the care you felt you required when you needed it most? | 96 | |
| How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment? | 91 | |

We also asked 586 patients the following questions about their care in the community setting:

| | |
|---|-----|
| Were the staff respectful of your home and belongings? | 98 |
| 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? | 94 |

A patient's story

It was about 8 years ago now when I went to my local hospital to see a Consultant who informed that I was doing very well and asked if everything else was okay, I said that it was but my wife interjected and said that I was bleeding from my back passage. An appointment was made and within a few days I had been scanned and told that they had found cancer in my bowel and bladder.

I was referred to the urology department. There was talk of my two required operations being done at the same time but in the end my bladder was operated on a couple of months before my bowel surgery. I had 2 cancers in my bladder and 13 in my bowel, 8 of which were malignant. Following the surgery I was referred to the Christie where I had 28 weeks of chemotherapy.

I was followed up in my local hospital at 12 month intervals for 5 years and everything was fine. Up until my consultant scanned me and informed me that my bladder was raging with cancer. I was told that if there was anything he could do then he would but that if not then I had 18 months to live. I think this was said as he suspected I wasn't strong enough to undergo the required surgery.

I was transferred to Salford and was under the care of their urologists— who were wonderful surgeons and I cannot speak highly enough of the team. Following the surgery where everything was taken away – bladder, muscles, everything – my consultant called my wife to tell her how it had gone. This isn't something you see every day and it had such an impact on reassuring her. On H4, I was treated like a God, I really couldn't have had any better treatment than what I received.

I used to think my local hospital was excellent but Salford is unbelievable – to the point where I now bring my wife here for her care rather than go to either of the two hospitals that are close to us.

Staff experience

We asked 13 staff in the hospital the following questions:

| | % recommended |
|---|---------------|
| I would recommend this ward/unit as a place to work | 69 |
| I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment | 85 |
| I am satisfied with the quality of care I give to the patients, carers and their families | 69 |

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

Dietetic Puree Diet challenge

As dietitians working across a variety of areas within the hospital, we all experience a vast number of patients on a modified consistency diet. We often have patients asking 'have you tried it?' when we are trying to encourage them with their nutritional intake. Aside from tasting sessions, none of us had ever eaten a full puree meal. So, for one week in October, we decided to follow a puree diet to develop our knowledge and understanding of the difficulties faced by this patient group. Four dietitians committed to the challenge, including two vegetarians and one working Mum, and we all made it through to the end, including having a meal out.

The challenge really helped to raise awareness of the difficulties these patients face; in particular the social isolation which can be felt, as well as the reasons people may need to follow texture modified diet. Living on this diet for a week enabled us to consider the practicalities and helpful tips on making foods more appealing and more nourishing. This has been beneficial when developing texture modified nutritional action plans with patients and their families. We are going to use this experience to develop a new patient leaflet with realistic, practical advice. We all lost weight during the week, which further highlighted our awareness of the nutritional vulnerability of this patient group. We shared our insight with Salford Royal staff, the general public via social media and other dietitians with a publication in Network Health Digest. An added bonus was that we raised over £1,000 for the Motor Neuron Disease association, a charity who provide invaluable support to patients.

Supporting information

9 patients developed grade 2 (Partial thickness skin loss involving epidermis, dermis or both. Presents as an abrasion or clear blister) pressure ulcers while receiving care in Salford Royal Hospital in April, 2 on one patient while having prolonged surgery. 2 on the heart care unit, 1 in a care of the elderly ward, 3 in critical care, related to medical devices, 1 in a short stay surgical ward and one on a medical assessment area.

There was one fall that resulted in major harm of a patient in a neurosurgical ward.

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/ |

