NHS England

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

May 2017

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

This report is based on information from May 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.

98.2% **of patients did not experience any of the four harms whilst an in patient in our hospital**

97.4% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 98.0% **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 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	3	0
Trust Improvement target (year to date)	21	0
Actual to date	3	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	7	6
Category 3	1	1
Category 4	1	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:	0.43	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:	0.28	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 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:	0.16

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 *	90.60%	This is based on 2045 patients asked
A&E FFT % recommended*	93.70%	This is based on 20925 patients asked
Community FFT % Recommended	92.50%	This is based on 27218 patients asked
Outpatients FFT % Recommended	89.00%	This is based on 4162 patients asked
Daycase FFT % Recommended	96.00%	This is based on 335 patients asked

We also asked 12 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?	83	
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	75	
Were you given enough privacy when discussing your condition or treatment?	92	
During your stay were you treated with compassion by hospital staff?	75	
Did you always have access to the call bell when you needed it?	92	
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?	83	

We also asked 653 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?	98
Did you agree your plan of care together?	97
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?	95

A patient's story

Twenty three years ago, in 1990, John remembers himself as a laid back young man who just wanted to go out and have a good time. He was 27 and had been married and had a young daughter but was by this time back staying with his mum. His life changed completely the weekend he experienced really severe abdominal pain and coughed up blood. John was admitted to hospital because of a large intestine blood clot which was preventing the circulation of blood around his intestines. He was due to go to the Grand National that day but instead he underwent emergency surgery at Central Manchester Hospital, where the majority of his small intestine was removed and a duodenocolonic anastomosis was performed.

Following the surgery, John recalls going to a London Hospital for tests in order to confirm a rare genetic condition called Protein C Deficiency. Protein C is a component of the feedback mechanism preventing thrombosis. The condition predisposed John to thrombus occurring in his abdomen and from this time John has taken Warfarin in order to prevent any further thrombosis.

Today, John cannot even recall how he felt at the time of his diagnosis. He says his laid back personality helped him to accept such life changes and he wants to take everything in his stride. He doesn't mind that he is unable to eat more than a small taste of food during a meal. The nutrients John needs to live on are now administered from various bags pumped through a central line into his body most nights of the week. The pump makes a clicking noise so he wakes up frequently during the night. He is an expert in the contents of each of these bags and how to administer them. John has had line sepsis twice in his life and is able to recognise the early signs and symptoms. He also knows the best way to prevent line infections when cleaning the line site and over the years has kept up to date with the latest clinical practice. John says that members of staff whose dressing techniques have fallen below standard have been told so immediately. He is not concerned about telling people who don't do it correctly because the consequence can be devastating. He knows his body and knows how to look after it.

John recalls the days when Professor Gordon Carlson was a junior doctor and when the Intestinal Failure Unit was made up of only four beds in a small annex of the Ladywell building. Professor Irving and Mr Scott started the unit for people with intestinal failure who need to learn how to nourish because of mal absorption. John has done some work for the unit in discussing with other patients how to adapt to life using TPN and best practice. He is happy to do this and wants to tell people that it is possible to have a decent quality of life with intestinal failure. There are problems to contend with such as osteoporosis caused by Heparin necessary to keep glucose TPN in progress and it is a constant monitoring exercise but people do get used to it.

John now cares for his mother who has dementia and accesses the day centre at Salford Royal. His mum has carers in the morning before she goes to the day centre. He is very happy taking care of his mother and on Sunday's he does a dinner for his mum, his daughter and his granddaughter. He might try a little bit himself but doesn't mind not having the full roast.

Staff experience

We asked 11 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	70
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	90
I am satisfied with the quality of care I give to the patients, carers and their families	73

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

	% recommended
I would recommend this service as a place to work	80
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 Family Nurse partnership programme works with first time young parents under the age of 20. The programme offers an evidenced based, parent lead, parenting programme. As part of Salford young parent strategy, FNP work closely with other youth services, in particular Salford young fathers worker, who supports Salford young fathers via 1-2-1 sessions and group settings. Co working clients highlighted a training need so that work completed with both mothers and fathers around healthy relationships for example, can be facilitated in a joined up system to maximise impact.

Joint monthly case presentations, joint learning on subjects such as healthy eating, healthy relationships and domestic abuse has taken place over the last 6-8 months. Through joint working and learning, the Family Nurses and the co-working lead have been able to ensure key health messages and healthy relationship work have been facilitated with clients in a robust and integrated method. By ensuring the same evidenced based work is completed with both young mother and father, it has enabled them, as a family, to work together to ensure the physical and emotional health of their children.

Supporting information

7 Patient s developed grade 2 (Partial thickness skin loss involving epidermis, dermis or both, presents clinically as an abrasion or clear blister) pressure ulcers , 1 developed a grade 3 (Full thickness skin loss. Subcutaneous fat may be visible) and sadly a patient developed a grade 4 (Full thickness tissue loss with exposed bone (or directly palpable), tendon.) while recieving care on the critical care unit.

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/