

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**

June 2017

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

This report is based on information from June 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

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

Overall 97.4% 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	6	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	6	4
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: 0.33 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: 0.20 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.



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 *	92.70%	This is based on 2736 patients asked
A&E FFT % recommended*	87.00%	This is based on 4041 patients asked
Community FFT % Recommended	91.70%	This is based on 24738 patients asked
Outpatients FFT % Recommended	92.90%	This is based on 21392 patients asked
Daycase FFT % Recommended	97.20%	This is based on 393 patients asked

We also asked 16 patients the following questions about their care in the hospital:

	Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	94
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	81
Were you given enough privacy when discussing your condition or treatment?	100
During your stay were you treated with compassion by hospital staff?	88
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?	94
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	94

We also asked 513 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 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?	93

A patient's story

Upon my initial diagnosis of Crohn's disease I was assured that I should be free from surgery for a number of years; however 9 months later I found myself in the hospital undergoing my first operation. This operation was to remove part of my bowel and fit a temporary stoma bag, thankfully the operation was a success and for the next 14 years I managed to live a normal life with my husband and my young son.

For the years following my first operation I had been managing with Crohn's until last February when increasing pain resulted in me going for an MRI scan. The results of the scan confirmed that there was a fistula growing, the results of the surgery to remove the fistula initially looked reassuring. The relief of waking from surgery to find no bags attached was great, however 7 days later a toxic leak saw me being taken back down for urgent surgery, the operation saved my life however I woke this time to find 2 bags fitted.

Over the next 21 weeks my recovery was slow, I had lost 4 stone, I had not been discharged and another fistula was beginning to grow. As you can imagine I was beginning to feel really low and upset.

This upset was heightened when my local NHS trust informed me that there was no more they could do and I was being transferred to Salford Royal.

I was transferred to Salford Royal in November 2015, upon admission I was informed that I could be here for 3 months, with my son and husband 30 miles away in Preston and Christmas was around the corner, I could not have been more upset to hear this.

By the time I got to Salford Royal, I was malnourished, heartbroken and could not see light at the end of the tunnel. I can confidently say that this was the hardest time I have ever had in my life and I cried every day for 2 weeks.

As the days passed I came to know the staff on the ward and conversations with the other patients reassured me that I was not alone, the other patients were in the same situation as me and worse.

Seeing a light at the end of the tunnel was key to helping me feel better and the staff at Salford Royal understood this and were great.

Weekly family meetings allowed me and my husband to know exactly where I was up to with my treatment, daily ward visits from the doctor allowed me to check up on my progress and ask any questions that I had.

The whiteboard in my room outlined the scans I had coming up, crossing them off after they were complete made me feel like the end was in sight and I was closer and closer to going home. Open visiting hours makes such a difference to me, with my son in school all week, knowing I could see him every weekend made me feel better and the flexibility meant that friends and family would come and visit me during the week.

During my first visit to Salford Royal I constantly felt that I was up to date with my progress, I knew what I was aiming for.

Facilities such as our own kitchen and laundry room mean that the ward feels a bit more personal, it is a shame that other hospitals do not have the same funding because it makes all the difference.

When I first arrived I feared I would not be home for Christmas but Salford Royal got me out of malnutrition and kept on top of my TPN, through more in depth testing than I experienced at my local trust.

Every day I felt stronger and stronger and thankfully I was not in for 3 months, I was in for 6 weeks which meant I was discharged in time for Christmas.

I am back 7 months later with an infection and I have been here for 14 days.

Regular blood culture tests are currently being carried out to see if the infection has gone and hopefully I will be going home this week. Again, I am kept up to date with where my recovery is up to. The ability to pop to the café or Marks and Spencer makes all the difference and I did not have the same dread that I had last time, I know I will be looked after here.

The reason I want to tell my story is because I want to inform other patients, who are not from the area, who get admitted to Salford Royal, that this place can feel like a home from home, you will be looked after and if I had read a patient story like this when I first was admitted I would not of been half as anxious as I was and hopefully after reading this, you will not be either.

Staff experience

We asked 10 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	80
I am satisfied with the quality of care I give to the patients, carers and their families	90

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

The musculoskeletal (MSK) self referral project was established by the physiotherapy team to improve patient access to their services. Previously people with MSK conditions, i.e.; back and neck problems, would see their GP first, who may then refer into the physiotherapy MSK services for assessment and treatment. This process could be lengthy and patients may be in discomfort and require time away from work while waiting. The aim of the project was to increase the number of self referrals into the MSK team by 50% by September 2017. This goal was achieved and has led to;

Improved user satisfaction

Streamlined pathways of care

Reduced administration costs

A less expensive model for physiotherapy care than the traditional GP referral route

Free up GP time for other patients

Reduce the number of physiotherapy appointments that users do not attend, as they have selected the slot and feel they require the appointment.

Supporting information

6 patients developed grade 2 (Partial thickness skin loss involving epidermis, dermis or both, presents clinically as an abrasion or clear blister) pressure ulcers while receiving care at Salford Royal Hospital.

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/>