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

November 2017

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

This report is based on information from November 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.

97.35% **of patients did not experience any of the four harms whilst an in patient in our hospital**

97.81% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

97.58% **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	1	0
Trust Improvement target (year to date)	21	0
Actual to date	12	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	7
Category 3	0	0
Category 4	0	1

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:	0.38	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:	0.32	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 1 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
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:	0.05

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 *	90.00%	This is based on 2723 patients asked
A&E FFT % recommended*	90.30%	This is based on 3769 patients asked
Community FFT % Recommended	92.80%	This is based on 25941 patients asked
Outpatients FFT % Recommended	93.80%	This is based on 27224 patients asked
Daycase FFT % Recommended	92.00%	This is based on 433 patients asked

We also asked 20 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?	85	
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	85	
Were you given enough privacy when discussing your condition or treatment?	95	
During your stay were you treated with compassion by hospital staff?	85	
Did you always have access to the call bell when you needed it?	85	
Did you get the care you felt you required when you needed it most?	95	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	85	

We also asked 632 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?	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?	99
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

At 4.00am I woke up needing the toilet, this is usual, I managed to get back to sleep, I woke up again at around 5.30am with a runny nose and phlegm at the back of my throat, as I was starting with a cold. My intention was to get some tissue from the bathroom.
When I tried to get up, I couldn't, it seemed like I was stuck to the mattress. I kept trying, by rocking, back and forth, which awoke my wife , who asked me what I was doing and I replied that I was trying to get up for a tissue. She tried to push me, on my next rock, to no avail. I started getting annoyed with myself as I only wanted to get to the bathroom.
She came round the bed, to pull me up, as soon as she saw me, she said that I was having a stroke and that all the side of my face had dropped, she then told me that she was going to contact my two sons. At this stage I couldn't understand what was happening, I had no pain, in fact no indication at all, just my wife telling me, that I was having a stroke.
As my family live close by, they arrived as an ambulance was being called, by this time I had slid off the bed, and was being supported by my son. Things are now getting a bit vague; I'm in and out of consciousness and can remember the lady, on the phone, saying, that she will stay on the phone until the ambulance arrives, and to lift my arms and to say 'The early bird catches the worm' and asking me to smile.
It was only a matter of 10 minutes before the two ambulance men arrived; they managed to get me back on the bed. I remember one saying 'no resistance left side, get a chair and blanket', and then the next minute I'm in the back of the ambulance.
When my family arrived at the hospital they were directed to me in Triage, where I was surrounded by around ten doctors and nurses. I had already had a CT scan. Thrombolysis drug was administered, and permissions were asked for, and given, to perform inter-arterial Thrombectomy.
I was taken to the operating theatre, where the operation was performed, the usual time for this operation is twenty/thirty minutes, I was told later, it took over an hour. My family were shown to the family waiting area, where the operation procedure was explained to them by the surgeon, they were kept informed at all times while the operation was being performed.
After the operation they were assured by the stroke team that the operation had gone really well, but explained there was always the possibility of consequences, paralysis or loss of limb function, or speech. The explanation for the stroke was a calcified blood clot, breaking away in an artery; this being caused by an irregular heart beat which I have had it seems, for a while.
Everything is now very fuzzy, the next thing I remember is coming out of a fog in Critical Care Unit, with drips, wires and machines making strange noises. A nurse introduced himself, and informed me that he would be looking after me and that I was not to do a thing for 24hours, and if I needed anything to let him know. I was told this again, when the consultant introduced herself, and explained to me that my blood pressure needed to stay below 130/70 so, I was not to get up. This was the start of the longest day/night of my life. What felt like every ten minutes, a nurse or doctor would come and do blood pressure, oxygen level, temperature, name, date of birth, ask where I am, the name of the queen, squeeze, push, pull, watch my finger. As the nurses changed over at end of shift, each one would introduce themselves.
The next morning arrived and I went down for a second CT scan as a check against the first one. On returning to CCU I was informed I would be moved to B3 ward later. By the afternoon, the consultant came to see me, surprised at how well I was recovering. After her examination she said to me that she didn't see any reason why I wouldn't be able to go home the next day. Later in the afternoon I was moved to B3 the stroke ward, I had to have two escorts at first, when going to the bathroom, this reduced to one when the nurses could see I could manage. The blood pressure testing and questions continued all day.
The next morning arrived and by mid-morning I was visited by the occupational therapist who performed a series of tests for mobility, memory, recognition and recall, my score was 29 out of 30. Just after lunch I was told I could go home as soon as my medication was arranged, it was late afternoon when my family came to take me home.
I am under no illusion as to how very, very lucky I have been. Had it not been for the quick thinking, and recognition of the symptoms, initially my wife followed by the hidden skills of my sons, in the need for an ambulance, the care and requirements for my welfare, until the ambulance arrived, the love and support by the whole of my family, I am so very proud of all of them.

To the many, many people involved in what I can only describe as a small miracle, from the 999 telephone team, ambulance crew, A & E staff, the whole of the stroke team, Surgeons doctors and nurses, after care professionals (District nurse and Occupational Therapist).

Thank You! One and All..... Does not seem to go far enough in trying to express what I feel inside.

Staff experience

We asked 10 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	80
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	60
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	80
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 Health Visiting and School Nursing 0-19 service as five teams city wide across Salford. All the teams collect patient feedback on a daily occasion to capture what is going well and any areas of improvement needed. It was highlighted from patient feedback via the Picker questionnaire that Patients was not always able to get through on the office phone, or able to seek health advice on the same day as calling the office. It was also verbally fed back by professionals that they were not always able to get the advice they needed on the same day.
To improve communication and response times as a service working in partnership with staff a duty day was implemented. The duty day consists of a duty Health visitor and a duty School Nurse and this is available from 9.00-5.00 five days per week. The duty staff member covers the full day and provides specialist telephone advice to parents/carers/young people and professionals. The duty person also provides their expert advice on Minor Ailments, feeding, toileting, behaviour and make referrals to other services for example Speech, Language, Audiology, Physio, Community dentist and other specialist services.
Recent feedback has highlighted an improvement that patients are able to get through on the telephone when they contact the service. Professionals have also fed back they are able to get through when they call for advice or they are responded to the same day. City wide an audit has taken place to gain assurance messages are responded to daily by the use of a message book that is signed at dated when responded. By patients being able to seek specialist advice this has provided the opportunity for patients to receive right treatment and right place. If parents are not able to seek advice in the appropriate time frame they will use their GP or AE. Reassurance for parents and carers is fundamental to build trust, confidence and therapeutic relationships with their Health Visiting team. Professional response time is also as important to share professional concerns to reduce any risk for Children and families.

Supporting information

In November 2017, 7 patients developed a grade 2 pressure ulcer (Partial thickness skin loss involving epidermis, dermis or both. Presents clinically as an abrasion or clear blister), while receiving care at Salford Royal NHS foundation Trust . Patients affected where in the intensive care unit, theatres, heart care unit, a surgical ward, a stroke ward and the trauma 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/