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

September 2017

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

This report is based on information from September 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.

96.64% **of patients did not experience any of the four harms whilst an in patient in our hospital**

98.55% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

97.50% **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	2	0
Trust Improvement target (year to date)	21	0
Actual to date	10	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	2	0
Category 3	0	1
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:	0.11	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:	0.08	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 5 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	4
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:	0.27

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 *	89.8%	This is based on 2529 patients asked
A&E FFT % recommended*	90.8%	This is based on 4048 patients asked
Community FFT % Recommended	91.8%	This is based on 24036 patients asked
Outpatients FFT % Recommended	92.70%	This is based on 25225 patients asked
Daycase FFT % Recommended	92.7%	This is based on 373 patients asked

We also asked 10 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?	60	
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	70	
Were you given enough privacy when discussing your condition or treatment?	90	
During your stay were you treated with compassion by hospital staff?	70	
Did you always have access to the call bell when you needed it?	80	
Did you get the care you felt you required when you needed it most?	90	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	60	

We also asked 610 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?	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

Harry has liver disease and has been cared for by the staff on L2 on a number of occasions. The disease carries a certain stigma but Harry is clean of alcohol and has been for many years.

In January, I came to visit Harry and found that he was unresponsive. The next few hours were difficult and at 1am a consultant came to see me. He informed that if there wasn't an improvement in Harry was likely to be nearing the end of his life and that the focus of his treatment should be to keep him comfortable. All of the team were very nice to me and kind to Harry.

I visited Harry the day after and was surprised to see that he was responding and knew who I was. The following day he had improved some more and within days the team were planning his discharge.

We are now 18 months down the line and Harry is still here and is currently on a trial drug. The trial involves Harry and I coming in to outpatients for 2 monthly visits. The drug is working well and since being on it, Harry has not been into the hospital. If we need any advice outside of the outpatient appointments then we can talk to the specialist nurse. This support is excellent and it is really reassuring to know that she is on the end of the phone rather than us visiting the hospital or the GP. There is an added bonus as she is an expert on Tony's liver whereas the GP, especially out of hours, sometimes isn't.

Harry has had largely positive experiences at Salford Royal but as his carer there has been the odd occasion when I have felt cut out of his care. We are separated and I know that legally we are not recognised but I am always with him and like to know what is happening with him.

Staff experience

We asked 8 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	63
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	75
I am satisfied with the quality of care I give to the patients, carers and their families	88

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	80

3. IMPROVEMENT

Improvement story: we are listening to our patients and making changes

On the acute neurology unit a weekly Occupational Therapy breakfast club was introduced in August 2017. This was introduced for a number of reasons. Due to the nature of the ward, there are a number of patients who are waiting for investigations/results and they can become less independent .
The breakfast club was introduced with the following aims:
Encourage social interaction between patients in a group environment.
Increase food and fluid intake.
Encourage mobility to the day room.
Encourage patient's to move away from their bed area
Encourage independence with activities of daily living.
Provide patients with environmental cues to get out of bed.
The breakfast group is held weekly on a Thursday morning in the ANU day room . The therapy assistant sets up two trolleys with breakfast food items, kettle, toaster and crockery. The patients that have attended the group have found it beneficial. As therapists we have witnessed patients form friendships that they then continue on the ward (and also after discharge). The patients in the group are also witnessed to encourage each other during preparation of their breakfast. The nursing staff have been very supportive and there has been an effect on general attitude of staff to encourage independence in patients generally. The breakfast club has also introduced patients to use of the day room and therefore this room is utilised more appropriately.
The breakfast club will continue to be held weekly when there are appropriate patients to attend; however, its success is due to the careful selection of patients for the group.

Supporting information

Two patients developed grade 2 pressure ulcers while recieivng care in Salford Royal in September.

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/