

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**

December 2017

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

This report is based on information from December 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.

97.01% of patients did not experience any of the four harms whilst an in patient in our hospital

97.46% of patients did not experience any of the four harms whilst we were providing their care in the community setting

97.03% 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	15	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	8	5
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: 0.42 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: 0.24 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	0
Severe	0
Death	1

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.



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 *	89.30%	This is based on 2449 patients asked
A&E FFT % recommended*	90.30%	This is based on 3820 patients asked
Community FFT % Recommended	91.50%	This is based on 25217 patients asked
Outpatients FFT % Recommended	92.70%	This is based on 22512 patients asked
Daycase FFT % Recommended	92.00%	This is based on 337 patients asked

We also asked 26 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?	85
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	92
Were you given enough privacy when discussing your condition or treatment?	96
During your stay were you treated with compassion by hospital staff?	81
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?	96
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	85

We also asked 511 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?	98
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

I was diagnosed with high grade non-Hodgkin's lymphoma in September 2014. At the time of the diagnosis and tests I was completely unaware of the process I would go for and what tests would be needed to establish the condition. Following initial tests and examination and diagnosis of lymphoma, I was transferred to the haematology unit at Salford Royal and was put into contact with their specialist nurses who explained what the next steps were.

The first step was to undertake a bone marrow biopsy, this was undertaken by one of the specialist nurses and everything was explained clearly so that I was assured what the process was. This made me feel at ease and comfortable throughout the process and the people I dealt with always wore a smile. Following this I was asked to attend a consultation where I was informed of the findings and the treatment I would need was outlined to me.

The communication, information, support and updates from the haematology team have been fantastic throughout and are a real positive in my journey. My main point of contact has been the specialist nurses and they have always been helpful and have answered any questions I had. They have explained and helped me to understand the treatment plan, what I could expect and how long things would take. The information has helped me get through my treatment with a positive attitude.

In addition to the specialist nurses, the team in the haematology unit are superb. Everyone was always happy, helpful and caring – from reception staff to those giving the treatment itself. The team made the treatment days almost something to look forward to. They always explained what the drugs were for and the effects would be, they took an interest and talked about normal things away from the treatment, making me feel at ease throughout the treatment. Another positive was the free car parking provided during the treatment.

From the diagnosis and the obvious fear associated with the cancer and its treatment, the haematology team have worked to quell any fears and have helped me and my family get through what has been a difficult time. The care, knowledge and information have been second to none and I have no real negative comments about my experience – other than the food. The sandwiches and soup during the treatment days was not the most appetising.

Finally, I would like to say that the support group has been positive and has helped me to understand that I wasn't alone. I heard there are positive outcomes and it was incredibly uplifting to see people getting back to normal. I found that sharing the experiences is a good way of working through the treatment and the consultant presentations helped all understand the effects and how indiscriminate these types of diseases are.

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	70
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	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

Why was improvement needed?

When staff were discussing with patients in general conversation, many commented on how isolated they felt whilst in hospital and felt there was not much routine. Patients felt they did not have the 'get up on go' as there is nothing to do in a ward environment.

What was done?

Discussion had with ward team on ideas through safety huddles/memos, discussion with lead nurses and other wards. Ward staff asked patients what they would like. Ideas came around eating together, bingo afternoons, interacting together and not across from each other in bays. Funds were raised for fold out tables for each bay's where patients can now eat together and have conversation over meals. They are able to play cards/ board games after meal times and throughout the day. In the coming weeks staff are obtaining nail varnishes/hairdryers/rollers for patients to use which they state will overall make them feel better.

What was the impact on patients?

Patient now have the choice to eat their meals together, this stimulates conversation in a warm and friendly environment which creates a much happier atmosphere. Patients have the choice to interact together through games and arts and crafts throughout the day. In the coming weeks we are looking to do 'Pamper afternoons' which we hope will lift patients morale especially those who are in hospital for long periods. Overall purchasing the tables and creating a nice/friendly environment for our patients has improved their experience, staff feel the atmosphere is much better and we are receiving excellent feedback from patients and their families

Supporting information

Unfortunately 7 patients developed a grade 2 (partial thickness skin loss involving epidermis, dermis or both, presents clinically as an abrasion or clear blister). One patient developed 2 while receiving care in the intensive care unit. Each of these harms were investigated by the clinical teams and learning turned into action to prevent a recurrence.

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/>