

# 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**

January 2018

# Open and Honest Care at Salford Royal NHS Foundation Trust : January 2018

This report is based on information from January 2018. 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

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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.

**97.87% of patients did not experience any of the four harms whilst an in patient in our hospital**

**100% of patients did not experience any of the four harms whilst we were providing their care in the community setting**

**97.73% 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)

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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
<b>This month</b>	1	0
<b>Trust Improvement target (year to date)</b>	21	0
<b>Actual to date</b>	19	0

For more information please visit:

[www.website.com](http://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	0	0
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: 0.36 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 6 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	2
Severe	4
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: 0.31

## 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;*

<b>In-patient</b> FFT % recommended *	89.30%	This is based on 2411 patients asked
<b>A&amp;E</b> FFT % recommended*	90.20%	This is based on 3922 patients asked
<b>Community</b> FFT % Recommended	93.10%	This is based on 2526 patients asked
<b>Outpatients</b> FFT % Recommended	93.00%	This is based on 26810 patients asked
<b>Daycase</b> FFT % Recommended	94.30%	This is based on 436 patients asked

We also asked 30 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?	100
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	80
Were you given enough privacy when discussing your condition or treatment?	93
During your stay were you treated with compassion by hospital staff?	73
Did you always have access to the call bell when you needed it?	93
Did you get the care you felt you required when you needed it most?	97
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	100

We also asked 606 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?	95
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

I am a lorry driver by trade and have had two partial nephrectomies (Partial Kidney removal) at Salford Royal to treat my cancer. I was admitted to Salford Royal for my first procedure under a Professor. I am not medically literate, with my only previous experience being when I had my tonsils out as a child. However, everything was explained to me and I was reassured enough to inform the Professor that he was the expert and that I had total trust in both him and his team.

My wife, has a phobia of hospitals and even she felt assured by the team at Salford. On the day of surgery, I was informed by the anaesthetist about what he would be doing during and after my procedure and knowing about my wife's anxiety he made special effort with her in keeping her informed and as I was going down to theatre he assured her that I was going to be in safe hands and would be returned to her safely. In fact, when I came out of recovery after my procedure, the team 'handed me back' to my wife which was a really nice touch and helped with her anxiety.

I have to say that from surgeons, to anaesthetists, to nursing staff, to reception staff and right down to the people who come round and give you a cup of tea the staff at Salford Royal have been excellent. I have received surveys and have always taken the time to let the hospital know that I have received excellent care. In fact, I do not think I would have had better care if I had paid for it privately.

It is fair to say that I didn't think I had much of a chance at the start of my journey as I was informed that my cancer had gone through my kidneys and into the glands. When I was told this following a biopsy. There was a decision for me to make and through sheer bloody mindedness I thought "this isn't going to get me". I feel that the doctors have brought me on a lot since that day and I feel like I have been better with time.

The plan was to perform two partial nephrectomies and I had the left one first, this was on the bigger growth. As I mentioned, I am not medically literate and it was great that the consultants even took the time to draw pictures for me which allowed me to see and understand more fully what they were going to do.

Following my procedures, I was taken to HDU. I am cheeky and have always enjoyed a laugh and this was very well received on HDU. The nurses were very open to my sense of humour and always made me feel comfortable. Whilst on HDU, the nurses offered to take me out for a cigarette as I am a smoker. I said that I didn't really feel like one and straight away the nurse asked would I like to try a patch instead. I said I did and I haven't had a cigarette since.

After HDU, I was stepped down to H4 and again the nurses were very receptive to a joke which was really important for me. I also had an excellent experience with Anya Liew who helped with my recovery and planning for going home. I have always been proactive in doing the right things to get me home and it was good to meet Anya who had the same priorities as me. In fact, I even find myself doing my exercises in my chair whilst watching TV to keep me moving, it is known as my "Anya Dance". I cannot praise the doctors, nurses and support workers on H4 highly enough. I was even given a hug on discharge and told I would be missed. My wife says that the nurses deserve a gold medal for putting up with me but I really couldn't have asked for anything more.

## Staff experience

We asked 10 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	60
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	80

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

#### Why was the improvement required?

Communication difficulties in patients with a tracheostomy are well recognised. The prevalence of communication difficulties in this population is reported to be between 16-24% (Thomas and Rodriguez, 2011). Loss of speech whilst a tracheostomy is in place can cause great distress to the patient (National Tracheostomy Safety Project 2013). Studies that look at the impact of having communication difficulties in a critical care environment report that "anxiety, fear, insecurity and inability to sleep are all associated with being unable to speak" (Menzel, 1994). Nurses also often report feeling frustrated and incompetent when they are unable to understand and meet people's needs (Bergbom-Engberg and Haljamae, 1989).

Speech and Language Therapists have specialist skills in assessing communication and providing alternative means of communication when the person is unable to communicate verbally.

#### What was done

The speech and language therapy (SLT) team at Salford have started to trial 'above cuff vocalisation' with some patients with a tracheostomy whereby the tracheostomy cuff is inflated. Tracheostomy cuffs are usually kept inflated due to ventilator requirements or when patients are at risk of aspiration of their saliva. However, an inflated cuff prevents airflow through the larynx and therefore prevents a patient from having a voice.

'Above Cuff Vocalisation' is a method to enable a tracheostomised patient to vocalise with the cuff inflated. Air is fed via the subglottic suction port on the tracheostomy and this is then directed above the cuff, providing laryngeal airflow for voicing.

#### What was the impact on patients

In some patients this is an effective means of communication for short periods and improves the patient experience as it allows them to have a voice. This helps patients to be involved in decision making about their own care and can reduce distress and frustration.

In a recent case, a patient on the neuro high dependency unit had been reliant on mouthing to express his needs which was not always successful. He had also previously been trialled with communication charts and eye gaze equipment to support his communication however these trials had also been unsuccessful. After some practice, he used 'above cuff vocalisation' during a multidisciplinary discussion about his care and was able to communicate his goals for rehabilitation within the critical care setting.

## Supporting information

7 patients developed grade 2 pressure ulcers (partial thickness skin loss involving epidermis, dermis or both, presents clinically as an abrasion or clear blister). 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/>