

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**

February 2018

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

This report is based on information from February 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

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.

97.90% of patients did not experience any of the four harms whilst an in patient in our hospital

97.36% of patients did not experience any of the four harms whilst we were providing their care in the community setting

97.76% 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	22	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	2

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: 0.45 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: 0.32 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 6 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
Severe	2
Catastrophic	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: 0.34

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 *	89.00%	This is based on 1824 patients asked
A&E FFT % recommended*	87.20%	This is based on 2599 patients asked
Community FFT % Recommended	92.40%	This is based on 9484 patients asked
Outpatients FFT % Recommended	93.50%	This is based on 9515 patients asked
Daycase FFT % Recommended	95.80%	This is based on 315 patients asked

We also asked 19 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?	100
Were you given enough privacy when discussing your condition or treatment?	100
During your stay were you treated with compassion by hospital staff?	100
Did you always have access to the call bell when you needed it?	95
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?	100

We also asked 464 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?	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

I am an 88 year old lady and have been in Manchester for 64 years, I am originally from Middlesbrough and even though I have spent the vast majority of my life here, it will always be referred to as home. My husband had had dementia for two years and I had been caring for him independently during this time. The family didn't know exactly how bad he was. I went to the toilet in the middle of one night and as I turned round in the bathroom he was stood immediately behind me, I was alarmed and fell, fracturing my hip.

My daughter is a staff nurse at Salford Royal and so I contacted her and she took me to A&E. From there I was taken to the ward. I had surgery on my fractured neck of femur the day after being admitted. The surgeon was pulling my leg that I was coming in for a matching set as I had fractured my other hip 5 years previous.

I cannot complain about the care I received on either A&E or the ward. In fact, upon leaving the ward, I sent them a note thanking them for what they had done for me, I remember including the line 'not all the angels are in heaven'. From the surgeons to the domestics and the ladies who brought you a cup of tea everyone was so loving and caring.

Whilst on the ward, the only issue I had was with the medication I was on. I was being given quite a lot of medication to assist my bowel and I felt this was unnecessary, I had a couple of accidents because of this and it was very distressing for me. In addition, I have suffered from Meniere's disease since the late 1970's and have always had medication for this. It is a condition which affects the middle ear and impacts my balance. Whilst under the care of Salford Royal my medication has been reduced and this meant that when I did get up on my feet my balance felt off and so I couldn't do a lot.

I was transferred to a second ward on the 28th September 2014 and they were equally caring and considerate. I had the ongoing issue with my medication but this did not stop me realising just what a good job the ward team were doing.

I was transferred to intermediate care on the 30th Sept 2014 and my time here has been absolutely brilliant – from cleaners to physiotherapists to nurses everyone is so caring. The issues with my medication have continued since I came here and this has meant that I haven't been able to challenge going downstairs. However, in the last week, my daughter has spoken with the doctor who had changed my medication and this has been changed.

My husband has been at home during my stay and is being care for by the family who are ensuring he gets his meals and medication. They regularly bring him in to visit me and the first thing he says is 'when are you coming home'.

Staff experience

We asked 74 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	100
I would recommend the standard of care on this ward/unit 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

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

The Introduction to Managing Pain group sessions.

The Pain Centre provides rehabilitation for patients with chronic pain, who often need support from clinical psychologists with issues such as depression and anxiety as part of their treatment, as well as specialist physiotherapy input. Previously, our rehabilitation options were either individual treatment or group "Pain Management Programmes". Many of our patients could not manage the full days of a Pain Management Programme, and were therefore put on a waiting list for individual treatment as the only alternative. Unfortunately, the waiting time for this became lengthy. The team therefore developed a new treatment option – the "Introduction to Managing Pain" (IMP) group sessions, run jointly by physiotherapists and clinical psychologists. These are less demanding than Pain Management Programmes, as they are shorter and involve less intensive physical exercise. Over the past year, we have run five IMPs for up to 20 patients per time. This has meant that patients have accessed treatment much more rapidly, and our evaluation shows that the clinical outcomes are good and that patients are very satisfied with this new treatment approach. We therefore believe that this practice improvement has benefited our patients, and has helped us use our resources more effectively.

Supporting information

RCA's for each case of HCAI of *C. difficile* are completed and discussed at the review panel monthly. Any themes/learning are then shared with clinicians and trust staff through training and educational sessions, link nurse sessions, ward safety huddles, monthly reports, divisional governance boards and the clinical effectiveness committee. Salford Royal's *C. difficile* action group (CDAG) has combined with Salford City Council's CDAG and now meets bi-monthly to discuss themes, share patient stories and identify learning for Salford health economy.

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/>