

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 2015

Open and Honest Care at Salford Royal NHS Foundation Trust : February 2015

This report is based on information from February 2015. 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

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 NHS 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.

97.0% of patients did not experience any of the four harms

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.

	C.difficile	MRSA
This month	4	0
Annual Improvement target	21	0
Actual to date	23	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 validated avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.**

This month 5 Category 2 - Category 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Category 2	5
Category 3	0
Category 4	0

The pressure ulcer numbers include all pressure ulcers that occurred from 72 hour hours after admission to this Trust.

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 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 1000 bed days:	0.26
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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.**

This month we reported 0 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	0
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:	0.00
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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 (FFT) requires all patients, after discharge, 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 or attended A&E (if applicable) in our Trust.

In-patient FFT score*	77.30%	% recommended	This is based on 789 responses.
A&E FFT Score	76.26%	% recommended	This is based on 876 responses

*This result may have changed since publication, for the latest score please visit:

<http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

We also asked 9 patients the following questions about their care:

	% Recommended
Were you involved as much as you wanted to be in the decisions about your care and treatment?	89
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?	44
Did you get the care you felt you required when you needed it most?	100
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	100

A patient's story

February's patient story is about a lady who had chronic severe abdominal problems as a result of cancer treatment given 40 years ago. The lady had been under the care of the intestinal failure team on ward H8 over many years and described the nurses on the unit as 'dear friends, the unit is unique, and there really is no place like it' It is very satisfying that this lady's experience over the years has been so good despite her chronic illness.

There was some dissatisfaction expressed in the provision of food and nutrition and she stated that hospital food is generally appalling. This is an area we have been paying attention to and have developed new menus over the last few months.

Staff experience

We asked 21 staff the following questions:

	% Recommended
I would recommend this ward/unit as a place to work	95
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	95

3. IMPROVEMENT

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

Bereavement Trainer for Children and Families

The scoping of bereavement and support services available for children and families who are resident in the City of Salford has been undertaken to inform and enhance current knowledge and resources. Education, family support, charities and health care services formed the foundation of the scoping activity. It is hoped that this broad range of knowledge relating to the availability of services and resources will be used as a guide by practitioners and families whom care for and provide support to children, young people and families who have experienced bereavement. This available information has so far been a resource for and discussed with clinical teams that include – Macmillan services, Diana Community Services, Trust staff members, family members attending the organisation who have experienced a child death or families that have experienced the death of an adult who supports children, ICU and ward L2.

An aspect of the scoping has explored the loss, grief and bereavement training needs of practitioners who come into contact with children, young people and families. Following this bespoke and taught training workshops have commenced. Bespoke training for health practitioners working directly with children and families have focused on the concepts of adult and child reactions to bereavement and grief. Practical support responses to grief and the identification of support activities and resources that children, families and health practitioners can access and utilise pre and post bereavement have been discussed. An evaluation of this workshop *"it was really informative and useful"*. A training workshop for Palliative care link nurses who work with adult patients focused on developing their awareness of support services that they can access to support families and children during and post bereavement. Services such as paediatric and adult bereavement groups located in Salford, telephone support services for adults experiencing grief reactions and charities which support children's funeral costs formed aspects of this workshop.

There were no falls with harm at Salford Royal in February, however there were a total of 5 grade 2 (partial thickness, skin loss or blister) pressure ulcers. One was as a result of a medical device. The pressure ulcers developed in critical care, theatres, the stroke unit, a medical ward and a surgical ward.

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/>

