

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**

March 2016

Open and Honest Care at Salford Royal NHS Foundation Trust : March 2016

This report is based on information from March 2016. 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.

98.53% of patients did not experience any of the four harms whilst an in patient in our hospital

97.41% of patients did not experience any of the four harms whilst we were providing their care in the community setting

98.06% 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	0	0
Trust improvement target (year to date)	21	0
Actual to date	14	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	4	6
Category 3	0	1
Category 4	1	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: 0.05 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: 0.28 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 2 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	2
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: 0.09

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 Accident & Emergency (A&E), have received community services or visited the outpatient department. Scores are below;*

In-patient FFT % recommended *	92.00%	This is based on 21602 patients asked
A&E FFT % recommended*	85.00%	This is based on 4238 patients asked
Community FFT % Recommended	79.00%	This is based on 26257 patients asked
Outpatients FFT % Recommended	90.00%	This is based on 21726 patients asked

We also asked 12 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?	92	
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?	92	
During your stay were you treated with compassion by hospital staff?	92	
Did you always have access to the call bell when you needed it?	100	
Did you get the care you felt you required when you needed it most?	92	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	92	

We also asked 627 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?	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

Our journey began in November when my husband was diagnosed and I would have to say that it has been a rollercoaster since then. He was firstly under the care of the surgical team at another North West trust which was not our local trust. The consultant in charge of his care and his team were excellent but the nursing team and the staff on the ward were non communicative and non-caring. In fact, we were even greeted with hostility and aggression by a care support worker on one visit and were always made to feel like we were a nuisance.

He underwent his liver resection and given the negative experience he had had on the ward, asked to be transferred to our local trust. Unfortunately, following this transfer, he became unwell and required a transfer elsewhere. Understandably, we were worried that he would be transferred back to the original trust and this was something that was making my husband extremely anxious. Luckily, we got to speak with a Hepato-Pancreato Biliary Specialist Nurse who was very helpful and reassuring and she was kind enough to get us transferred to ward L2 at Salford Royal.

All of the staff at Salford Royal have been great, both on the ward and when we have been travelling through the Trust. From the minute you walk through the doors, the staff are nice, polite and very helpful which is very reassuring when you have a sick relative. The staff on the ward have been excellent and I couldn't speak more highly of them, everyone from the surgical team to the kitchen staff have been excellent.

My husband is now under the care of a Salford Consultant and isn't doing too well. His liver is deteriorating and he is back in Salford Royal because he was experiencing pain in his hip. It turns out that he has a fracture but the orthopaedic team cannot operate on him until his liver improves.

This is a difficult time but again the ward staff have been excellent and have helped us in any way that they can. The specialist nurse has also been a rock and is always there if you need her. She treats us with dignity and any time I have contacted her she always answers any questions you have which is very reassuring. Knowing she is there takes a lot of worry away and whenever I leave a message with her, she always gets back; she even got back to me at 8:30pm the other day.

Staff experience

We asked 23 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

Within Salford, a single point of contact has been developed for patients into community service and social services. This will mean that a single telephone number will be used by patients and clients. Patients referral will be then directed to the appropriate services. This will stream line and improve communication for patients. To further improve communication we have been trialing having a nurse answering the calls to quickly answer clinical questions, initial feedback has been positive.

Supporting information

4 patients developed grade 2 pressure ulcers (Partial thickness skin loss or blister) one of these was related to a medical device. Sadly one patient developed a grade 4 pressure ulcer (Full thickness tissue loss) while receiving care in an orthopaedic ward. This is currently having a full investigation to identify any lessons to be learned.

Two patients fell and suffered moderate harm while in the acute trust.

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/>