

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

This report is based on information from June 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.

97.6% of patients did not experience any of the four harms whilst an in patient in our hospital

96.2% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 97.3% 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)	5	0
Actual to date	5	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	1	5
Category 3	1	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: 0.10 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: 0.20 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 5 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	4
Severe	1
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: 0.25

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 *	90.20%	This is based on 3318 patients asked
A&E FFT % recommended*	91.10%	This is based on 896 patients asked
Community FFT % Recommended	92.10%	This is based on 698 patients asked
Outpatients FFT % Recommended	93.30%	This is based on patients asked

We also asked 10 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?	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?	90	
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?	100	
Did you get the care you felt you required when you needed it most?	90	
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	100	

We also asked 146 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?	95

A patient's story

It's a year ago since I lost my son. He was 14 years old and was out with his mates in the early evening. He usually crossed a very busy road using the overhead bridge on his way out but for some reason took a chance crossing the carriageway on his way back and was hit by an oncoming car. The first person on the scene was an off duty paramedic who took care of Cameron until the ambulance arrived. When I arrived at the scene, I saw the ambulance leaving. I remember thinking that I must speak to him about using the pedestrian bridge rather than the carriageway.

I arrived at the A&E department and gave his name at the desk. The nurse who greeted me took me into a room some distance from the waiting room where I expected to see Cameron with his leg in plaster. However, it became apparent that the situation was much more serious. The nurse told me that my son was seriously injured and from hearing this news, events became blurred. I remember screaming and feeling very trapped, I was shouting that I wanted to see my son now.

In the next room, a large number of clinical staff were working on a patient around a small bed. The leading doctor told the team to give one more round of resuscitation and then stop. My son had died. I again screamed out and my body began to shake uncontrollably and my heart felt as if it had stopped.

My mum and other relatives soon arrived and were taken into a relative's room in A&E. My mum not only had to deal with the loss of her Grandson but was becoming increasingly worried about her daughter who was uncontrollably shaking from head to toe, looking pale and cold. One of the nurses wrapped me in blankets and even took off her own socks to put on my feet. I was given a warm drink but the solutions weren't effective and as I was starting to look like I was convulsing, the crash team were called. Eventually I came around and began to stop shaking. I remember two nurses in A&E who took care of the whole family. His father and I went into see Cameron on our own. I wanted to wash my son to remove any traces of blood from his face and arms. At first I was given cold water to do this but I wanted warm soapy water to wash my child, this was quickly arranged by the nurses.

After some time a problem for the medical staff developed because I had agreed for my son's organs to be donated but I didn't want to leave him. The nurse asked how she could help me to leave him when I had agreed to do so. She understood the situation and asked which would be more bearable, for me to leave him in the room or for my son to leave me in the room. They then arranged for him to be moved from the room I was in.

The love and support my family and I felt from everyone following the loss of my son was heart-warming. Hundreds of people attended his funeral; money was raised for charity in his name and still today many friends comment on his Facebook site. The family are comforted by how popular he was with his friends. One cherished letter I often read is a letter of grateful thanks and an account of the people who have benefited from organ donation.

My mum and I wanted to tell this patient story because we feel the staff on duty in the A&E department on the night he died acted so kindly and professionally in such a difficult situation, especially the two nurses who were most actively involved in our loss. They showed great care and consideration above and beyond their role. Sometime after Cameron's death, my mum came around to my home with tea, coffee and biscuits saying that the family had taken all the A&E staff supplies on the night of Cameron's accident and maybe they should take some back to A&E. To date, I haven't been able to face going back there. I want the staff to know how grateful I am and one day I hope to be able to say thank you in person to the nurses and doctors who were there for my son and my family on that night, but not yet.

Staff experience

We asked 10 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	90
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	90
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	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

To support patients being discharged from hospital and individuals who maybe beginning to struggle to maintain independence at home, we have developed a model of care called HomeSafe. This model is bringing together social and health care services. The team will include nurses, therapist and social workers who will support patients discharged from hospital, offering therapy and nursing care to help in supporting them remaining in their own home.

Within the HomeSafe model, pathways are being developed to look at how individuals can be supported in managing their health conditions and increasing social interaction, preventing isolation which can impact on their long term health.

Supporting information

During the month of June six patients developed a grade 2 pressure ulcer and five patients experienced a fall, four with moderate harm, one with severe harm whilst under the care of Salford Royal Hospital Foundation Trust.

A full RCA is undertaken following any harm experienced by our patients so that any lessons can be learnt and improvements to patient care made. The RCA is shared throughout the organisation to ensure lessons are learnt in all areas and not only where the harm occurred.

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/>