# 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

July 2016

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

This report is based on information from July 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.

98.4% **of patients did not experience any of the four harms whilst an in patient in our hospital**

97.1% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 98.0% **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** | 1 | 0 |
| **Trust Improvement target (year to date)** | 7 | 0 |
| **Actual to date** | 6 | 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 | 7 | 8 |
| 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: | 0.33 | Hospital Setting |

The pressure ulcer numbers include all pressure ulcers that occured 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 3 fall(s) that caused at least 'moderate' harm.

| Severity | Number of falls |
|---|---|
| Moderate | 3 |
| 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: | 0.14 |

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

| | | |
|---|---|---|
| **In-patient** FFT % recommended * | 89.40% | This is based on 2941 patients asked |
| **A&E** FFT % recommended* | 85.50% | This is based on 911 patients asked |
| **Community** FFT % Recommended | 92.60% | This is based on G98 patients asked |
| **Outpatients** FFT % Recommended | 93.50% | This is based on patients asked |

We also asked 7 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? | 85 | |
| 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? | 60 | |
| 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 | |

We also asked 646 patients the following questions about their care in the community setting:

| | |
|---|---|
| Were the staff repectful 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? | 92 |

## A patient's story

My story begins in April 2013 whilst I was working as a waitress in Chorley and living in Burnley with my boyfriend. Although I'm only 28 years old, I have a history of high blood pressure, my systolic pressure sometimes being over 200. I was feeling okay apart from blurred vision in my right eye so I took myself off to the optician who had a look at my eye and said I should go to my local hospital, which I did. I was in there for about a week and then discharged with an out-patient appointment.
One Saturday morning I woke up and couldn't see and I couldn't move. I was supposed to be going to work but I just about managed to crawl to the bathroom where I started vomiting. My boyfriend picked me up, put me in the car and drove me to my local A&E. I can laugh about it now but we were both very scared because we knew something was really wrong.
I went from A&E to an Intensive care (ICU) bed at another hospital where I stayed for 3 weeks. Whilst on ICU I had a stroke. I know this sounds silly but it was lucky I was on ICU when it happened. I think that if I had been on a ward, the response may not have been the same and I could be dead by now. My Mum told me the hospital rang her to ask for her permission to do a tracheostomy. I don't remember much of all this, some hazy visions of visitors and some very nice dreams but nothing else.
In June 2013, I was transferred to Salford Royal because my renal function was only at 5%. I was admitted to the High Dependency Unit (HDU) and by this time life was getting more difficult and frustrating. My mum brought in a blackboard and some chalk so that I could try to write down anything I wanted but I couldn't write anything. I was on dialysis in a side room, on my own and felt very scared and lonely. The student nurses were good and would come in sometimes and try to have a laugh with me and cheer me up but my mood could just change in seconds. I'd cry and have tantrums and throw things at doctors and nurses. I was angry and I couldn't see anyone else moving apart from when visitors came. The next thing was I couldn't pass water so I had to have another tube and I couldn't poo either. They tried to make me happy and laugh. I love to laugh but those times were few and far between. Without my boyfriend to comfort me, I don't know what I would have done. The care I was given may have been good but I don't know because I hated it.
From HDU, I was transferred to the renal ward but started being sick all the time so quickly went back to HDU. It felt like I was back to where I started which was frustrating. My concentration was shot to pieces. I could read a couple of pages of a book but that was all because I couldn't concentrate and I couldn't hold the stupid book with my stupid hand. I would watch TV for a few minutes but that was all. I didn't want to be sociable but felt extremely lonely. I have since been told that all these feeling are to be expected because I couldn't process information properly so the coping mechanism is to cry and throw tantrums.
I was again transferred to the ward. Whilst on there I was started on physiotherapy, I didn't mind the physiotherapy and slowly getting back the use of my body but during this time, I seem to have lost all sense of inhibition. I am not very politically correct anymore and my sister hates it when I play up on my stroke but I find it very funny. The ward tried their best with me and they made me a birthday cake and gave me a card but it was a rubbish birthday because I was in hospital.
I was moved to the Stroke Rehab ward for a few weeks but I was unhappy on there too. I couldn't understand why they insisted on getting me up at 8am each morning, even though I didn't have anywhere to go apart from doing physiotherapy and dialysis.
Around the beginning of September 2013, I began to be told that I could go home. I really wanted home cooking because I missed it so much and the food in hospital is awful. At first I had carers at home but I now manage myself. I have dialysis at Salford Royal on Tuesday and Thursday and physiotherapy on Mondays, Wednesdays and Fridays. Apart from this keeping me alive, I hate being here and where at one time I didn't mind needles I'm now terrified of them.

## Staff experience

We asked 5 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 | 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 our patients who are coming to the end of their lives the District Nursing Team are providing further support if a family is in crisis. This is when a family maybe struggling to cope and need immediate support from a health care professional. A clinical support worker is available for a 4 hour period to support the family and patient. This support can be to just listen, allow the family to rest, and provide personal cares to the patient, whatever the family and patient need during that time. This service can prevent admissions to hospital and allow the patient and family to feel safe and supported during what can be a frightening experience for all. The service improves the patient's quality of life and experience during an emotional time.

## Supporting information

In July 15 patients developed a grade 2 pressure ulcer whilst being cared for by Salford Royal NHS Foundation Trust. This is a significant increase on previous months. 3 patients experienced a fall with moderate harm during the same period.

Support from the Quality Improvement Team is being given to areas where an increase in harm has been noted to increase awareness, engagement, training and eduaction to support reducing harm experienced by our patients.

**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/ |