

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**

August 2016

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

This report is based on information from August 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.

97.72% of patients did not experience any of the four harms whilst an in patient in our hospital

97.9% of patients did not experience any of the four harms whilst we were providing their care in the community setting

Overall 97.7% 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	2	0
Trust Improvement target (year to date)	21	0
Actual to date	8	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	2	9
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: 0.09 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: 0.36 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.



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 *	89.20%	This is based on 1835 patients asked
A&E FFT % recommended*	89.80%	This is based on 4315 patients asked
Community FFT % Recommended	91.60%	This is based on 3065 patients asked
Outpatients FFT % Recommended	93.10%	This is based on 10918 patients asked
Daycase FFT % Recommended	93.50%	This is based on 363 patients asked

We also asked 12 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?	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?	100
During your stay were you treated with compassion by hospital staff?	58
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?	100
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	92

We also asked 704 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?	92

A patient's story

I was diagnosed with high non-Hodgkin's lymphoma in September 2014. At the time of the diagnosis and tests I was completely unaware of the process I would go for and what tests would be needed to establish the condition. Following initial tests and examination and diagnosis of lymphoma, I was transferred to the haematology unit at Salford Royal and was put into contact with their specialist nurses who explained what the next steps were.

The first step was to undertake a bone marrow biopsy, this was undertaken by one of the specialist nurses and everything was explained clearly so that I was assured what the process was. This made me feel at ease and comfortable throughout the process and the people I dealt with always wore a smile. Following this I was asked to attend a consultation where I was informed of the findings and the treatment I would need was outlined to me.

The communication, information, support and updates from the haematology team have been fantastic throughout and are a real positive in my journey. My main point of contact has been the specialist nurses and they have always been helpful and have answered any questions I had. They have explained and helped me to understand the treatment plan, what I could expect and how long things would take. The information has helped me get through my treatment with a positive attitude.

In addition to the specialist nurses, the team in the haematology unit are superb. Everyone was always happy, helpful and caring – from reception staff to those giving the treatment itself. The team made the treatment days almost something to look forward to. They always explained what the drugs were for and the effects would be, they took an interest and talked about normal things away from the treatment, making me feel at ease throughout the treatment. Another positive was the free car parking provided during the treatment.

From the diagnosis and the obvious fear associated with the cancer and its treatment, the haematology team have worked to quell any fears and have helped me and my family get through what has been a difficult time. The care, knowledge and information have been second to none and I have no real negative comments about my experience – other than the food. The sandwiches and soup during the treatment days was not the most appetising.

Finally, I would like to say that the support group has been positive and has helped me to understand that I wasn't alone. I heard there are positive outcomes and it was incredibly uplifting to see people getting back to normal. I found that sharing the experiences is a good way of working through the treatment and the consultant presentations helped all understand the effects and how indiscriminate these types of diseases are.

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	100
I am satisfied with the quality of care I give to the patients, carers and their families	100

We asked 41 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

The Thrombosis Committee is pleased to announce that in response to a direct 'ask the executive' question, it has recently delivered a piece of work aiming to improve capacity and quality for ultrasound imaging in suspected deep vein thrombosis (DVT). This is a condition that affects at least 1 of our patients every single day, and has serious clinical consequences. When combined with pulmonary embolism it is known as Venous Thromboembolism (VTE), which is one of the top three cardiovascular killers.

DVT is diagnosed by compression ultrasound. At SRFT, we order over 1000 of these scans every year. Previously, this demand on already stretched ultrasound services has created long delays for imaging. As such patients with suspected disease have waited in excess of 7 days to find out if they have a DVT or not. Whilst awaiting scan, national guidelines recommend treating with anticoagulation. However, DVT is only confirmed by scan in between 10 and 20% of cases. As such, these delays can mean that 80% of our patients previously received costly and potentially harmful blood thinning injections for several days, with no clinical benefit.

Working together with radiology, stroke medicine and acute medical services, the Thrombosis Committee has helped organise a test of change where our general sonographers work alongside specialist vascular technicians. This has increased capacity for imaging in suspected acute DVT by doubling the daily slots available and providing point of care access in the emergency village. As such, patients attending in working hours with suspected DVT can have their imaging the same day and only receive treatment if it is likely to be of clear benefit.

The vascular technicians also scan the leg more extensively and image the upper limb veins in cases of suspected arm DVT; previously these services could only be delivered by consultant radiologists, or several scans would be required to achieve a definitive diagnosis. As a result of this change, our consultants and sonographers now have more time to concentrate on other vital work in the Trust.

Sir David Dalton, Chief Executive, said: "This is a fantastic piece of work ensuring we continue to put patient safety at the heart of everything we do.

"Thanks to this collaborative project, our patients are not experiencing unnecessary delays and are instead receiving their vital scans in a much more timely manner.

"Well done to everyone who has been involved in this excellent piece of work."

The new vascular technicians also provide increased access to early imaging of the carotid arteries, a vital test in the work up of suspected and confirmed acute stroke. This facilitates the excellent work of the stroke team in managing ambulatory patients with mini-strokes (Transient Ischaemic Attacks) and meeting national targets on investigation after diagnosis of stroke.

This change could not have been delivered without the expertise and organisational skills of several groups, including the radiology department, acute medical services, general sonographers, stroke team, health care assistants and specialist DVT nurses. As the imaging service becomes embedded in the trust, watch out for an update of the VTE guidelines for the trust which are currently being submitted to the clinical effectiveness committee and several online EPR documents designed to make the assessment and management of patients with suspected VTE simpler and more reliable.

Supporting information

Both pressure ulcer were developed on patients as a result of medical devices.

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/>