

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**

October 2016

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

This report is based on information from October 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.

97.74% of patients did not experience any of the four harms whilst an in patient in our hospital

97.51% of patients did not experience any of the four harms whilst we were providing their care in the community setting

97.76% 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	11	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	6	8
Category 3	0	1
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: 0.27 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 3 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
Severe	1
Death	1

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.



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%	This is based on 1978 patients asked
A&E FFT % recommended*	88%	This is based on 4277 patients asked
Community FFT % Recommended	92%	This is based on 28282 patients asked
Outpatients FFT % Recommended	93%	This is based on 20147 patients asked
Daycase FFT % Recommended	93%	This is based on 401 patients asked

We also asked 18 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?	88	
Were you given enough privacy when discussing your condition or treatment?	100	
During your stay were you treated with compassion by hospital staff?	65	
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?	100	

We also asked 669 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?	98
Were you/your carer or family member involved decisions about your care and treatment as much as you wanted them to be?	xx
Did you feel supported during the visit?	xx
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

I suffered a vertigo attack in August 2015 and was taken to the Accident and Emergency department at Salford Royal. I underwent a number of tests whilst in the department but they could not find any underlying cause for the attack and so I was discharged. Upon discharge, I was informed that I would be visited by the rapid response team.

The rapid response team turned up the afternoon after I was discharged from A&E which was very impressive and they arranged for a physiotherapist to come out to assess me. The physiotherapist first came to see me in August 2015 and after this I had 8 sessions.

The vertigo attack really shook my confidence and it has meant that I am unsteady on my feet, especially in the mornings. When I get up out of bed, it feels like I am walking on the deck of a ship but the work I have done with the physiotherapist has been such a help to me. I know I have nerve damage in my legs from a previous surgery at another Trust and this means that there is an element of weakness but the physiotherapy has meant I can feel steadier and far more confident.

In addition to the physiotherapy input, the rapid response team arranged for me to be assessed by audiology as there was a query about whether the vertigo was linked to my hearing and balance. I visited the audiology team for an assessment and they arranged for me to have a hearing aid.

The follow up since my visit to Salford Royal has been second to none. I live in Little Hulton and many of my friends go to another hospital as a matter of course but I would not go to anywhere apart from Salford Royal.

Staff experience

We asked 7 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	86
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	86
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

Barton Brook Care home have trailed a system to reduce the stress experienced by their residents with dementia and delirium when they need come into hospital. The idea is a 'passport' which details the individuals normal routine, likes, dislikes, nick names etc. The idea is that the healthcare team have a detailed information regarding the person and can attempt to maintain soem noramilty for teh person and reduce the impact on their dementia and delerium, which is often affected when a person is taken from their usual enviroment. The staff at Barton Brook and in the ward areas are very positive about the project.

Supporting information

There were 6 grade 2 pressure ulcers (partial-thickness skin loss involving epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion or blister. Surrounding skin may be red or purple) in October 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/