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

January 2017

Open and Honest Care at Salford Royal NHS Foundation Trust : January 2017

This report is based on information from January 2017. 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.

98.31% **of patients did not experience any of the four harms whilst an in patient in our hospital**

98.39% **of patients did not experience any of the four harms whilst we were providing their care in the community setting**

Overall 98.3% **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	6	2
Trust Improvement target (year to date)	21	0
Actual to date	21	2

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	5	5
Category 3	0	2
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:	0.25	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:	0.28	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:	0.10

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 *	88.90%	This is based on 2069 patients asked
A&E FFT % recommended*	89.90%	This is based on 3892 patients asked
Community FFT % Recommended	85.70%	This is based on 1030 patients asked
Daycase FFT % Recommended	94.30%	This is based on 358 patients asked
Outpatients FFT % Recommended	94.10%	This is based on 1758 patients asked

We also asked 20 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?	95	
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	65	
Were you given enough privacy when discussing your condition or treatment?	100	
During your stay were you treated with compassion by hospital staff?	70	
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?	95	

We also asked 292 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?	86

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 on the 27th August 2015 and since then I have had 7 sessions, she is actually due again tomorrow.

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. Coincidentally, I am due back there tomorrow for a follow up.

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 10 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	80
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	70
I am satisfied with the quality of care I give to the patients, carers and their families	80

We asked 5 staff working in the community setting the following questions:

	% recommended
I would recommend this service as a place to work	60
I would recommend the standard of care in this service to a friend or relative if they needed treatment	60
I am satisfied with the quality of care I give to the patients, carers and their families	80

3. IMPROVEMENT

Improvement story: we are listening to our patients and making changes

When I started on the ward morale was low as was TrendCare compliance along with it. We started the TrendCare changes along with myself as a new manager.
Implementing small team nursing encouraged staff to work together as a team, to help teach skills to colleagues, to utilise the most of peoples knowledge and abilities and to lose the 'CSW/nurse divide'.
Although it took time to change staff ideas of the role of shift co-ordinator, nurse and CSW it is now a fluid transition between roles. Nurses wash patients whilst CSW utilise their other skills, e.g. venepuncture. Staff are able to approach more senior staff for help. Patient care is planned and reviewed regularly- we changed the time of certain things to accommodate patient care and team work. For example patients observations are now checked at 9am, meaning after this the nurses are free to support with personal cares, or can the co-ordinator do observations to free the nurse up to help CSWs. This has supported the preceptorship nurses so they do not feel like they have been left alone 'in the deep end' to do everything. Everyone being actively involved in care means things are completed on time- wound care, risk assessments and medication, as more people are involved in care provision.
Through regular discussions and talk of the future and how TrendCare if done correctly will benefit the ward and staff we increased compliance and accuracy.
We are now in the process of roster re-engineering to staff the ward to patient acuity. The roster system is much easier to use and quicker. We are able to document and show when staff are moved to support other areas and visibly see what effect that has on patient care on the ward.

Supporting information

5 patients acquired a grade 2 pressure ulcer in January 2017, while receiving care at Salford Royal, 2 of these were related to medical devices.

Supporting information

There were 3 grade 2 pressure ulcer in the hospital in December. A grade 2 is defined as 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.

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/