

# 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 2017

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

This report is based on information from July 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

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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.

**97.5% of patients did not experience any of the four harms whilst an in patient in our hospital**

**98.5% of patients did not experience any of the four harms whilst we were providing their care in the community setting**

**Overall 97.9% 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)

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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
<b>This month</b>	1	0
<b>Trust Improvement target (year to date)</b>	21	0
<b>Actual to date</b>	7	0

For more information please visit:

[www.website.com](http://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	9	11
Category 3	0	3
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: 0.49 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: 0.56 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: 0.27

## 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;*

<b>In-patient</b> FFT % recommended *	89.9%	This is based on 2604 patients asked
<b>A&amp;E</b> FFT % recommended*	90.7%	This is based on 3693 patients asked
<b>Community</b> FFT % Recommended	91.4%	This is based on 24369 patients asked
<b>Outpatients</b> FFT % Recommended	93.2%	This is based on 19473 patients asked
<b>Daycase</b> FFT % Recommended	96.1%	This is based on 380 patients asked

We also asked 25 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?	96
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?	96
During your stay were you treated with compassion by hospital staff?	80
Did you always have access to the call bell when you needed it?	92
Did you get the care you felt you required when you needed it most?	92
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	96

We also asked 778 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?	94

## A patient's story

I can count on one hand the number of times I have written letters in the last 20 years, but I feel compelled to write this one. I am writing to express my gratitude to the endocrine nurses at Salford Royal.

I am 41 years old and was a fit and healthy fireman. Last May, I was suddenly taken ill and two days later I was told I had a brain tumour, was being transferred to Salford Royal and would be operated on as soon as possible. I cannot express my gratitude enough to my surgeon, her team and the ward team who looked after me for those 10 days.

This has without doubt been life changing for both my family and I and when I was discharged home my mental and physical state was quite poor. I was anxious, in pain and was uncertain what the future would bring. Other than my appointments that followed my return home, I found the specialist nurse always willing to return a phone call or reply to an email giving support and guidance, constantly reassuring and explaining things to my family and I. She has been 100% reliable and has always gone the extra mile to assist me where possible.

I can quite honestly say that she has helped my recovery, not only physically but psychologically. The professionalism that the nurse and this department shows is a credit to your hospital.

I have worked with the emergency services for nearly 30 years and have come to recognise and appreciate professionalism over that time. I also recognise that it is a team game and that everyone plays an important role in that game. The success of Salford Royal can only be put down to people like this and the important role the endocrine department has.

## 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	60

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

Health Visiting has 5 high impact areas for improving health and wellbeing of children under five. High impact area five is managing minor illness and accident prevention. Within Health Visitor Teams accident and emergency attendances are documented. It was recognised that children were regularly attending accident and emergency inappropriately for minor illnesses such as coughs, colds and viral illness and diarrhoea and vomiting.

It was decided that a drop in session to cover minor ailments would be offered monthly within the children's centre. A board was made covering the main points, and attendees were given a common childhood illness booklet. This was well attended and evaluated. However staff recognised it did not necessarily target the repeat accident and emergency attenders.

With support from senior nurse team it was decided to adapt sessions to invite actual parents of children who had attended accident and emergency three or more times in the last 6 months.

The group called 'Your DIY Health Toolkit' consists of five weekly sessions covering coughs colds and ear pain, diarrhoea vomiting and dehydration, feeding issues including choking and first foods, rashes and skin conditions, eczema, and accident prevention. These will be co-facilitated with other professionals from community setting including a local pharmacist who will explain the minor ailments scheme. A bid was put together for innovation funding from the CCG which has been successful. The bid includes funding to train all staff with an on line health visitor minor ailments module. Also funding to provide a DIY toolkit to take away after week five and a common childhood illness booklet for attendees, the sessions will be evaluated and a target has been set to reduce attendances by a third.

## Supporting information

### Further information

Board Papers:	<a href="http://www.srft.nhs.uk/about-us/board-meetings/">http://www.srft.nhs.uk/about-us/board-meetings/</a>
Council of Governors' (CoG) Papers:	<a href="http://www.srft.nhs.uk/for-members/council-of-governors/governors-meetings/">http://www.srft.nhs.uk/for-members/council-of-governors/governors-meetings/</a>
Membership Engagement Events:	<a href="http://www.srft.nhs.uk/for-members/membership-news-events/upcoming-events/">http://www.srft.nhs.uk/for-members/membership-news-events/upcoming-events/</a>
Our Values:	<a href="http://www.srft.nhs.uk/about-us/values/">http://www.srft.nhs.uk/about-us/values/</a>
Videos / Films:	<a href="http://www.srft.nhs.uk/media-centre/films/">http://www.srft.nhs.uk/media-centre/films/</a>
Friends and Family Test Overview:	<a href="http://www.srft.nhs.uk/for-patients/fft/">http://www.srft.nhs.uk/for-patients/fft/</a>

