

# 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**

Aug-17

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

This report is based on information from May 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.

**96.75%** of patients did not experience any of the four harms whilst an in patient in our hospital

**98.43%** of patients did not experience any of the four harms whilst we were providing their care in the community setting

**97.30%** 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>	2	0
<b>Trust Improvement target (year to date)</b>	21	0
<b>Actual to date</b>	8	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	8	4
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: 0.42 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: 0.24 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	5
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: 0.26

## 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 *	91.20%	This is based on 2347 patients asked
<b>A&amp;E</b> FFT % recommended*	92.70%	This is based on 4229 patients asked
<b>Community</b> FFT % Recommended	91.20%	This is based on 23583 patients asked
<b>Outpatients</b> FFT % Recommended	93.3%	This is based on 20409 patients asked
<b>Daycase</b> FFT % Recommended	95.9%	This is based on 348 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?	84
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	84
Were you given enough privacy when discussing your condition or treatment?	100
During your stay were you treated with compassion by hospital staff?	68
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?	84
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	84

We also asked 862 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?	89

## A patient's story

I would like to take this opportunity to thank all the district nurses who helped to look after my husband.

Peter had no wish to die in hospital and these people made it possible for him to remain at home. This meant the world to both of us as time was very precious. Their help made a very difficult time in our lives so much easier for us both.

The help we received continued after Peter had passed away as two of your nurses attended to him and treated him with dignity and respect and I was able to be here and help them to make him comfortable for the next stage of his last journey. Because he passed away at home I had more time to spend with him both before and after he had passed.

I had a further four hours to spend with him and took comfort from the fact that I could just sit with him and talk to him even though his spirit had gone; my Peter was still there during those hours before the undertaker took him.

All of this would not have been possible for either of us if Peter had been in hospital and you will never know how much it means to me that, with your help, I was able to give my husband his last wish, to be at home with his family. From the bottom of my heart, I thank you all for this gift which was more precious than anything else.

## Staff experience

We asked 12 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	83
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	92
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

One of the trust health visiting teams began to notice that they were becoming less productive at work and spending time taking about non work related activities. The team leader took action and introduced Team Ground Rules or Golden Rules as they are now called, with the aim of increasing productivity within the team, for the ultimate benefit of our clients.

Examples of the Golden Rules being;

Quiet time between 2 and 4 pm.

Mindful that we are here to work.

Feel comfortable in reminding other staff of the Golden Rules if they are not adhering to them.

Lunch will be eaten in the kitchen if staff wish to chat, as this will then enable other staff to work.

These Golden Rules are re-in forced monthly at the Team Meetings and are open to discussion, change and review by all staff.

The impact on clients has been that staff have had more time to spend with clients and possibly provide more support, as there is more client contact time available.

The staff feel less stressed with work overload and by reducing their stress levels they are enabled to listen to clients more effectively, without other stresses on their minds.

Team members have said they feel they have more time in the day to focus on documentation, telephone advice to clients and peer support/discussion that enable the team to provide a more effective service to their clients.

## Supporting information

8 patients developed a grade 2 pressure ulcers while receiving treatment at Salford Royal Hospital.

### 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/>

