

## 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 2017

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

This report is based on information from October 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.

**98.75%** of patients did not experience any of the four harms whilst an in patient in our hospital

**99.04%** of patients did not experience any of the four harms whilst we were providing their care in the community setting

**98.79%** 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>	11	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	6	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: 0.32 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 7 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	6
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: 0.37

## 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 *	92.00%	This is based on 2724 patients asked
<b>A&amp;E</b> FFT % recommended*	89.20%	This is based on 3962 patients asked
<b>Community</b> FFT % Recommended	93.90%	This is based on 25266 patients asked
<b>Outpatients</b> FFT % Recommended	93.50%	This is based on 23168 patients asked
<b>Daycase</b> FFT % Recommended	94.40%	This is based on 406 patients asked

We also asked 28 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?	86	
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	71	
Were you given enough privacy when discussing your condition or treatment?	86	
During your stay were you treated with compassion by hospital staff?	82	
Did you always have access to the call bell when you needed it?	86	
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?	86	

We also asked 609 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?	99
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?	95

## A patient's story

My partner, had a serious heart attack in August 2011 and was only saved by the sterling efforts of the paramedics and ambulance personnel who responded with speed and appropriate medical intervention. The clinicians and nursing staff in A&E assisted in saving his life and this was followed by excellent care on the Heart Care Unit.

Following discharge, he was extremely poorly and to add to his medical problems his kidney function had deteriorated considerably. Again, intervention from the Renal Unit, District Nurses and GP Practice improved his quality of life. Sadly, in July 2012, he deteriorated considerably. On the 31<sup>st</sup> July 2012 he was admitted to A&E and then the Heart Care Unit and was later transferred to L8.

On the 15<sup>th</sup> August 2012, Frank was again admitted to A&E, transferred to Heart Care and then latterly transferred to L3. On the 31<sup>st</sup> August 2012, he was admitted to A&E, transferred to EAU and latterly admitted to L7.

It was clear at this stage that the deterioration was not reversible and his kidneys were barely functioning. In discussions with clinicians and the nursing staff we agreed to cease treatment. I asked that I be allowed to take him home, as that was where he wanted to be and I wanted to have him. The Rapid Discharge Team were then involved and within 36 hours all arrangements were in place and I brought him home.

The district nursing services were excellent. We also had support from Macmillan Nurses and our GP service, Dr Behardian, was outstanding.

I wanted the Trust to know that through the 3 admissions the care from all in A&E, EAU, Wards L3, L7, L8, the Heart Care Unit and the Renal Unit was outstanding and you are very fortunate to have such caring, competent and professional staff. They cared for me as well as Frank. The Rapid Discharge Team are to be congratulated on making discharge possible and for it to happen so speedily. In addition, you have a district nursing service which is highly motivated, professional and compassionate.

Sadly, Frank passed away on 14<sup>th</sup> September 2012 but thanks to all the efforts of all involved, he was at home. I would be grateful if you would acknowledge the efforts of all involved and tell them how deeply grateful I am to them all.

## Staff experience

We asked 10 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	70
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	90
I am satisfied with the quality of care I give to the patients, carers and their families	70

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

	% recommended
I would recommend this service as a place to work	80
I would recommend the standard of care in this service to a friend or relative if they needed treatment	80
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

At the Well Baby Clinics(WBC) in the Swinton area parents are given a numbered card on attendance so they are seen in turn.

We felt it would be useful to make use of the cards by putting different Health Promotion messages on the back of the cards which were relevant to parents with young children and would be something for parents to read whilst waiting.

Evidence based health promotion messages e.g. Breast feeding, immunisations, home safety, smoking and alcohol use on the back of the cards.

Children Centre staff who give parents the numbered cards on arrival, were advised to make parents aware of the messages on the cards. HV staff also advised parents.

The idea was trialled at the Well Baby Clinic held at the North Children Centre in Swinton and received positive feedback from staff and most importantly from parents attending the Well Baby Clinic with their children.

Parents found the information useful and informative, as well as it helping to fill in a little time before being called through to see the HV Team.

The cards are used at both WBCs now.

## Supporting information

Four patients developed pressure ulcers while receiving in patient care at Salford Royal, one patient had 3 pressure ulcers making a total of 6 grade 2 pressure ulcers.

## 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>
Friends and Family Test Reporting:	<a href="http://www.srft.nhs.uk/media-centre/publications/fft/">http://www.srft.nhs.uk/media-centre/publications/fft/</a>