

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**

February 2017

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

This report is based on information from Febuary 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.

97.75% of patients did not experience any of the four harms whilst an in patient in our hospital

97.79 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	0	0
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	2	
Category 3	0	
Category 4	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: 0.33 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: 0.00 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 1 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
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: 0.06

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 Accident & Emergency (A&E), have received community services or visited the outpatient department. Scores are below;*

In-patient FFT % recommended *	90.40%	This is based on 2027 patients asked
A&E FFT % recommended*	90.40%	This is based on 3761 patients asked
Community FFT % Recommended	93.40%	This is based on 24180 patients asked
Daycase FFT % Recommended	95.60%	This is based on 341 patients asked
Outpatients FFT % Recommended	93.80%	This is based on 21380 patients asked

We also asked 11 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?	91	
Were you given enough privacy when discussing your condition or treatment?	100	
During your stay were you treated with compassion by hospital staff?	100	
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 620 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?	98
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?	99
Did you feel supported during the visit?	99
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 was reaching on top of a wardrobe and slipped, fell and broke my arm. I went to A&E at Salford Royal and had a plaster cast placed on my arm, which I had broken in two places. When I got back home I was having difficulty coping and so was admitted to a Nursing Home.

I was there 6 weeks and did physiotherapy exercise each week. The physiotherapists had me balancing between two parallel bars and also on a rubber tube. In addition, they gave me a walking stick to walk with.

From the Nursing Home, I went to stay with my daughter for 6 weeks. Whilst in my daughter's house, I had my cast changed and I also had a carer who came in every day and helped me to wash and dress. I had second fall whilst in my daughter's house. I got up from the settee, felt dizzy and blacked out as I was walking across the room. I had one or two blackouts before but had never paid them much mind as I thought it was part of ageing and that I had to take these in my stride.

I went back home from my daughters and I had a physiotherapist who came round and was helping me with exercises. She came round and we did exercises in the kitchen and given the nature of my second fall, she recommended that I go and see a geriatrician at Salford Royal and referred me.

When I got there, the geriatrician completely assessed my state. I had had blood tests prior to this assessment and her assessment was to reduce the Risperidone medication I was on. I also had a cardiovascular assessment which didn't show any deficit in lying and standing BP. She requested a 24 hour ECG and heart rate monitoring and again everything was found to be normal. I went to a follow up appointment and a different Doctor suggested a tilt table test and also prescribed vitamin D for me as I had osteoporosis which was the result of a deficit in this. I was reviewed in clinic again in February 2015 following my table tilt test and it was noted that I began feeling unwell 12 minutes into tilting and at that time my blood pressure and heart rate dropped. These results suggested that the falls I had suffered were due to falls in my blood pressure. I returned for another appointment in May 2016 but was discharged after that appointment.

My physiotherapy visits to the house continued and a new physiotherapist came to the house to do different exercises. It was also suggested that I join a class in postural stability and I did once a week (one hour class) for 12 weeks at Walkden Leisure Centre.

Following the reduction in Risperidone, my blood pressure had been going up and down but this corrected when two blood pressure tablets I had been on were stopped by my GP. Since these were stopped, I have not had any falls.

I am still doing the classes on postural stability. We are all collected in a minibus and I have found the classes extremely beneficial from both an exercise and social element as you become familiar with the other people on the class and look forward to socialising with them. The one I am doing at the moment is Tuesday afternoon 1:30pm – 3:00pm; we have the class for an hour and then have tea and coffee afterwards.

I am very careful now when I get up from a settee so that I don't fall but as I said, I haven't had any falls since the blood pressure tablets were stopped. The treatment I have had from Salford Royal has been excellent – I should have raised the alarm sooner as I had the dizzy spells before I started falling but just thought it was a consequence of ageing. I was made aware that I needed to report the falls as these shouldn't be happening and from then I reported each time I had a fall.

Staff experience

We asked 6 staff in the hospital the following questions:

	% recommended
I would recommend this ward/unit as a place to work	100
I would recommend the standard of care on this ward/unit 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

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

The community team are currently reviewing the community falls service and have introduced a triage system. This involves patients receiving a telephone interview and some patients are then allocated places on a postural stability course. There is evidence that that this can reduce the risk of falls.

Supporting information

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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/