

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 2013

Open and honest care at Salford Royal NHS Foundation Trust : October 2013

This report is based on information from October 2013. 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

Safety thermometer

On one day each month we check to see how many of our patients suffered harm whilst in our care. We call this the safety thermometer. The safety thermometer look at four harms in particular: 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 new harms.

98% 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.

	C.difficile	MRSA
This month	1	0
Improvement target (year to date)	21	0
Actual to date	11	0

For more information please visit: <http://www.srft.nhs.uk/for-patients/infection-prevention/>

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 grades, with one being the least severe and four being the most severe. We also record whether the pressure ulcer developed within 72 hours of being in hospital, or anytime after 72 hours in hospital.

This month 5 of our patients suffered Grade 2 - Grade 4 pressure ulcers.

	Pre 72 hours	Post 72 hours	Total
Grade 2	0	5	5
Grade 3	0	0	0
Grade 4	0	0	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 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 1000 bed days:	0.2294
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Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause.

This month 0 patients suffered a fall that caused at least moderate harm.

Severity	Number of falls
Moderate	0
Severe	0
Death	0

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Rate per 1,000 bed days:	0
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2. EXPERIENCE

To measure patient and staff experience we use a Net Promoter Score.

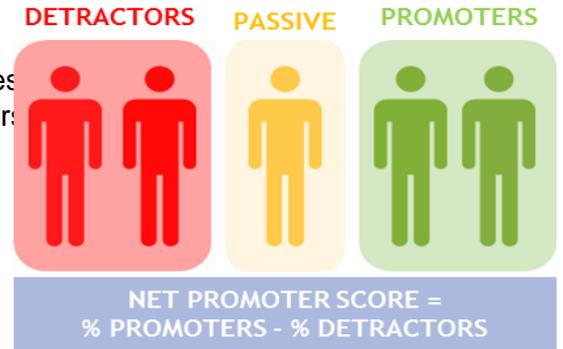
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

From the answers given 3 groups of people can be distinguished:

Detractors - people who would probably not recommend you based on their experience

Passive - people who couldn't really say one way or another

Promoters - people who have had an experience which they would definitely recommend to others



This gives a score of between -100 and +100, with +100 being the best possible result.

Patient experience

We asked 913 patients the following questions about their care:

	Yes definitely	Yes to some extent
Were you involved as much as you wanted to be in the decisions about your care and treatment?	67%	28%
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	63%	25%
	Yes always	Yes sometimes
Were you given enough privacy when discussing your condition or treatment?	84%	12%
Did you have confidence and Trust in the doctors treating you ?	85%	13%
Did you have confidence and trust in the nurses treating you ?	87%	11%
	Excellent	Very good
Overall, how would you rate the care you received ?	71%	22%
How likely are you to recommend our ward to friends and family if they needed similar care or treatment?	75.34% Extremely likely	

Whilst the above list is not exhaustive, the Trust considers these elements of patient experience important and focuses attention on improvement of the most positive responses ie yes definitely, yes always responses.

The Friends and Family Test

The Friends and Family Test requires all patients, after discharge, to be asked: *How likely are you to recommend our ward to friends and family if they needed similar care or treatment?*

The hospital had a score of **70** for the Friends and Family test. This is based on 661 responses.

*This result may have changed since publication, for the latest score please visit:

<http://www.srft.nhs.uk/media-centre/publications/ohc-di>

Patient stories

Patient stories are an essential component of our quality improvement strategy. The Board of directors have opened every board meeting with a patient story since 2008. This story is then shared widely across the organisation. Patient stories are also a prominent feature in our improvement collaborative meetings. The following are excerpts from the stories which have been shared;

“I couldn’t feel the pain as I have no feeling in my legs, but in some respects that was worse. I could see this horrible wound and yet felt nothing.”

“The pain I suffered was immense, it was hard to move and yet I was told that was the best thing to do.”

“My Grandad died with an infected Grade 4 pressure ulcer acquired in care. Seven years on, when I close my eyes and think about it I can still smell his rotting flesh.”

“... because of my pressure ulcer I had to move from the residential home I shared with friends to a nursing home where I knew no one. I felt alone.”

“I became obsessed with my skin. I would take a mirror to the toilet so I could check my skin for blemishes. It affected my relationships.”

To date significant reductions in have been realised ;

- 60% reduction in grade 2 hospital acquired pressure ulcers in ward areas since the start of the collaborative.
- 0 Grade 3 pressure ulcers in over 1 year.
- 0 Grade 4 pressure ulcers in over 2 years
- Community Acquired pressure ulcers reduced by 66% since May 2013.

Patient stories have played a very important role in the achievement of these results.

Staff experience

We asked staff the following questions:

	Score
I would recommend this ward/unit as a place to work	94
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	96

When patient harm occurs Nursing staff reflect and make plans to improve delivery of care so to reduce the likelihood of reoccurrence. This data in part reflects the personal accountability that nurses feel when a harmful event is observed. It should be noted that in the recent National Staff survey Salford Royal received the highest ratings of staff satisfaction on any NHS Acute Trust. The Trust continues to strive to ensure the staff we employ are cared for and included in the decision making processes within the Trust. We have established that the most frequent reason for patients developing pressure ulcers is through the use of medical device equipment (e.g. Oxygen devices, feeding tubes).

Nursing staff have established a regular meeting which shares information and tests new ways of managing these devices to ensure they don't cause pressure ulcers. This is a particularly challenging area to work in as we are but we are determined as Salford Royal Nurse to eradicate this particular type of harm.

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3. IMPROVEMENT

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

Salford Royal has a wide range of improvement projects which have been designed to reduce mortality and harm. Nursing staff, supported by the Board of Directors, are committed to play a prominent role in the Trust becoming the safest organisation in the NHS. Significant improvement in harm relating to Hospital acquired pressure ulcers and falls have already been realised. All Clinical teams at the Trust are determined to see these harms continue to reduce and therefore patients will continue to report high levels of satisfaction relating to the care they receive.

A recent initiative which we have recently implemented is a process where nursing staff deliberately visit all patients hourly to ensure they are both safe and receiving a positive experience. We are delighted with the feedback we have received from both patients and staff in response to this initiative. Current compliance to this metric is measured at >95% which demonstrates the system is highly reliable.

As part of the Trusts ambition to continuously improve the care and services it provides a new patient experience strategy has been developed. Patient led focus groups have been held and agreed recommendations have been included in the strategy. Nursing teams in partnership with patients are testing new ways in which to work to improve experience. Some of these tests are -

- What matters most to me - laminated A4 sheet of a paper where staff record on admission what matters most to the patient whilst being inpatient in their area. This is then displayed behind the patient's bed.
- Pen and pad at the patient bedside - Patients to be provided with pen and pads during their hospital stay. This provides opportunity for patients and relatives to record any questions they may have for staff they may have forgotten to ask during ward round. This can also be used as patients' diary during their stay.
- Staff uniform key - Wards are displaying staff uniform key in visible area on the ward. Each role has a colour picture of their uniform. This is to improve communication with patients and relatives as they can now see the different roles and approach the right staff for questions.

- Teach back - Teams have been a concept called 'teach back' in relation to medication. This is to improve knowledge regarding medications in language applicable to them and help prevent medication errors. The main focus of teachback in this collaborative is around medication on discharge but teachback can be utilised for other areas.
- Patient journey video - to improve patient information prior to surgery, theatres teams are in process of testing the filming of a patient's journey from ward pick up to arrival to theatres. A rolling PowerPoint illustrating this journey will be displayed in the pre-operative clinic.

- Local Information sheet for visitors - to improve relatives and patients experience ICU team have developed information sheet with useful information provided (i.e. nearest hotel, supermarket, petrol station etc.) this is currently in the preparation stage and will be tested in the near future.

- Medication information - The development of posters and leaflets regarding drug information

- Volunteer ward rounds - To improve patient experience through volunteers interacting with patients and spending time with relatives on wards

- Open visiting hours - To improve the patient experience by having longer visiting hours. This has been taken up by a number of ward areas and they have reported that patients, relatives and carers have all preferred it. Anecdotally it is also positive for staff too as they do not have the rush of all visitors arriving and so having to deal with questions all at once, or all visitors leaving at once and so have to deal with patient requests all at once.

Supporting 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/>

Films, videos

<http://www.srft.nhs.uk/media-centre/films/>