# 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

November 2013

# Open and Honest Care at Salford Royal NHS Foundation Trust : November 2013

This report is based on information from November 2013. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about the trust's performance.

# 1. SAFETY

## 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 new harms.

98.9% **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)

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)** | 0 | 0 |
| **Actual to date** | 0 | 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.

This month 9 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

| Severity | Number of pressure ulcers |
|---|---|
| Grade 2 | 8 |
| Grade 3 | 1 |
| Grade 4 | 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: | 0.79 |

## Falls

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

This month we reported 2 fall(s) that caused at least 'moderate' harm.

| Severity | Number of falls |
|---|---|
| Moderate | 2 |
| Severe | 0 |
| Death | 0 |

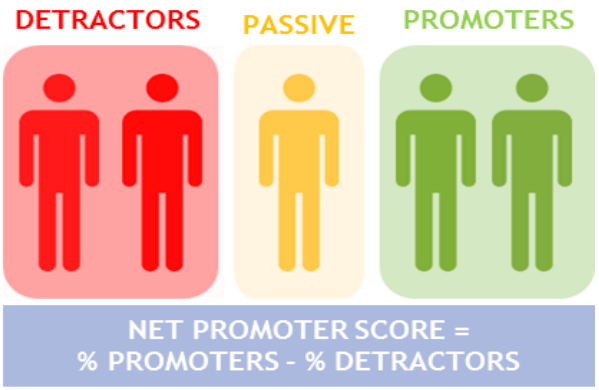
So we can know if we are improving even if the number of patients we are caring for goes up or down, we also calculate an average called 'rate per 1,000 occupied bed days'. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals, as their staff may report 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: | 0.17 |

# 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, or couldn't say .
Passive - people who may recommend you but not strongly.
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

### 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 74 for the Friends and Family test*. This is based on 832 responses.

*This result may have changed since publication, for the latest score please visit:
http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/

We also asked 749 patients the following questions about their care:

| | |
|---|---|
| Were you involved as much as you wanted to be in the decisions about your care and treatment? | **68% yes definitely, 26% yes to some extent** |
| If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to? | **65% yes definitely, 25% yes to some extent** |
| Were you given enough privacy when discussing your condition or treatment? | **81% yes definitely, 15% yes sometimes** |
| Did you have confidence and Trust in the doctors treating you ? | **86% yes always, 13% yes sometimes** |
| Did you have confidence and trust in the nurses treating you ? | **87% yes always, 11% yes sometimes** |
| Overall, how would you rate the care you received ? | **72% excellent, 21% very good** |
| How likely are you to recommend our ward to friends and family if they needed similar care or treatment ? | **78.49 % 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 i.e. yes definitely, yes always responses.

## A patient's story

The Trust uses a number of different techniques in which to inspire staff in their desire to continue to make care more safe for our patients. The link to the following presentation has been used as part of the learning events where staff came together to commit to reduce the number of hospital acquired pressure ulcers and share best practice in order to improve care and patient experience.

Download the presentation

## Staff experience

We asked staff the following questions:

| | Net Promoter Score |
|---|---|
| I would recommend this ward/unit as a place to work | 92 |
| I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment | 96 |
| I am satisfied with the quality of care I give to the patients, carers and their families | 94 |

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.

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.

# 3. IMPROVEMENT

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

**Listening to our patients - Catheter UTI**

Sometimes when patients are unwell it becomes necessary to use a urinary catheter. While catheters are used to help patients, they can sometimes lead to a urinary tract infection. The chance of infection can be reduced by reducing the length of time the catheter is in place. SRFT is working on reducing the length of time patients have catheters in place and prevent catheters from being inserted when it is not strictly necessary.

As part of this project patients have been surveyed twice to help us understand patient perception of catheterisation. This data is then presented back to the teams involved in the project to help drive them to make improvements.

The most recent survey results showed that:
• 5% of patients found it painful
• 16.7% of patients felt that it restricted their daily activities
• 95% felt that they could not manage without a catheter
• 56% did not know why they were catheterised
• 56% patients did not have the process of catheterisation explained clearly to them
• 56% did not understand the problems associated with catheters

**Significant areas of work have included:**
- TRAPP
o an algorithm for providing a rational for catheter insertion. Catheters can be inserted for these reasons: tissue viability, retention of urine, acutely unwell, patient preference and post urological surgery.
- Nurse Led Removal
o Is the TRAPP indication still applicable? If not refer for review at next medical ward round.

**Achievements:**
The collaborative wards achieved a 12% reduction in catheter days and a 44% reduction in catheter related urinary tract infections.

**Pressure Ulcers**
For two years the Trust has been working hard to eliminate Hospital Acquired Pressure Ulcers. A total of 8 patients acquired 9 pressure sores this month. Two of these are attributable to medical devices.
There have been no grade 4 ulcers for over 900 days and the Trust had just exceed a complete calendar year (370 days) without the development of a grade 3 pressure ulcer. However in November a grade 3 pressure sore has developed on ward L5. A full review is currently underway to understand why this harm has occurred and we will share the learning from this within Decembers Transparency report.
The wards teams where the pressure ulcers develop are required to present the reasons as to why they have developed to a Deputy Director of Nursing and ensure new ways of care delivery are undertaken following this.

## 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/ |
| 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/ |