

## 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 2014

# Open and Honest Care at Salford Royal NHS Foundation Trust : February 2014

This report is based on information from February 2014. 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

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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 new harms.

**97.6% 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.

	C.difficile	MRSA
<b>This month</b>	1	0
<b>Improvement target (year to date)</b>	32	0
<b>Actual to date</b>	17	0

For more information please visit:

<http://www.srft.nhs.uk/for-patients/infection-prevention/>

## Pressure ulcers

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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 0 Grade 3 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	7
Grade 3	0
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:0.32
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## Falls

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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 0 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
Severe	0
Death	0

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Rate per 1,000 bed days:	0.04
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## 2. EXPERIENCE

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

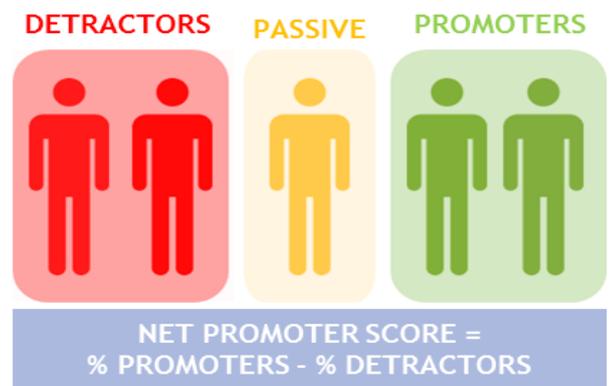
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

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

Detractors - people who would probably not recommend you based on their experience, 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 **72** for the Friends and Family test\*. This is based on 798 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 922 patients the following questions about their care:

	% recommend	
	Yes always	Yes to some extent
When you have important questions to ask a doctor, do you get answers that you understand?	66	29
Do you have confidence and trust in the doctors treating you?	80	17
When you have important questions to ask a nurse, do you get answers that you could understand?	72	23
Do you have confidence and trust in nurses treating you?	81	16
Are you involved as much as you want to be in decisions about your care and treatment?	61	32
Overall, how would you rate the care received on this ward?	66	22

## A patient's story

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This month's patient story focuses on the pain and distress a pressure ulcer can bring to a patient. The patient developed the ulcer following a very long operation and has described the pain as being "horrendous and looking like I have been burnt".

The patient went on to say "the pain was tremendous and radiated around my breast and under my left arm and shoulder".

Treatment was given and the patient has made a full recovery. This experience emphasises to all members of staff the poor experience and suffering that pressure ulcers can bring and enhances our determination and commitment to further reduce and eliminate all forms of patient harm

## Staff experience

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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%

# 3. IMPROVEMENT

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

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As an Acute Specialist Gastroenterology ward, the team on Ward L2 wanted to lead by example by promoting the Nutrition and Hydration week event, held last month, here at Salford Royal.

The team from Ward L2 met with the catering teams and with their valued support were able to hold a 'Come dine with me' event on Wednesday 19 March during the lunch time meal service.

The event gave the patients on the ward the opportunity to invite a loved one or relative to come in and have a meal with them on the ward. The aim of the event was to highlight that eating and drinking is a huge social aspect of our daily lives and how being in hospital can influence this. It was also to give the patients' relatives the chance to sample the excellent food that is served across the organisation, with the opportunity to ask about the nutritional aspects of their meal and the importance of this.

David Simpson, Ward Manager on L2, said: "The event was a success and definitely something we will be trying to hold again in the near future."

## Supporting information

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### Pressure ulcers

This month 7 patients acquired a pressure sore during their admission to Salford Royal in February. Two of these have been attributed to the use of medical device equipment. The wards and departments are as follows; ICU x 3, Stroke Rehabilitation Unit, Medical High Dependency Unit Ward L2 X2. Senior Nurses from each of these areas have attend a meeting to present the reasons as to why these patients have developed a pressure sore and to describe how learning will be applied to prevent reoccurrence.

## **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/>