

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**

April 2014

Open and Honest Care at Salford Royal NHS Foundation Trust : April 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

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.

98.6% 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)

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	2	0
Improvement target (year to date)	21	0
Actual to date	2	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 0 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	0
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	0
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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 we reported 0 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
Severe	0
Death	0

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Rate per 1,000 bed days:	0.13
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2. EXPERIENCE

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

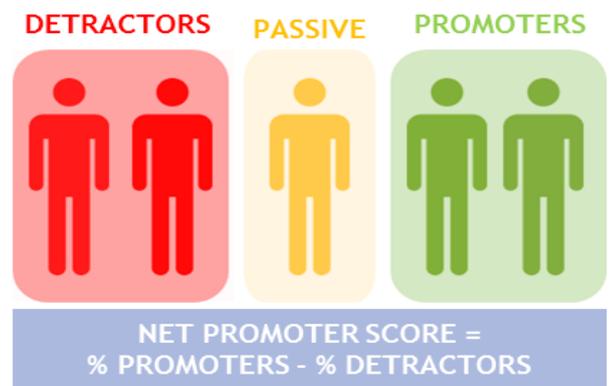
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

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 **74** for the Friends and Family test*. This is based on 717 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 1051 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?	67	30
Do you have confidence and trust in the doctors treating you?	81	17
When you have important questions to ask a nurse, do you get answers that you could understand?	75	23
Do you have confidence and trust in nurses treating you?	84	14
Are you involved as much as you want to be in decisions about your care and treatment?	66	28
Overall, how would you rate the care received on this ward?	70	21

A patient's story

This month's story relates to a very positive experience that a patient experience whilst being cared for within the Gynaecological service at the Trust. It has focused on a patient who developed severe abdominal swelling, was assessed and treated by an out of hours GP service and was first cared for as an outpatient.

Following investigations a diagnosis was agreed by the clinical team caring for the patient and an operation date was agreed. The support that the patient received from specialist nursing staff following the diagnosis was described as 'excellent, so lovely and calm, taking time to explain everything to me so clearly and putting my mind at rest to some extent.

The patient required an operation and described within the story the excellent personalised care they received from anaesthetic, theatre and recovery staff. Particular praise was given to a student nurse who supported the patient in the lead up to being taken to the operating theatre and immediately following the operation. One of the important things that mattered most to the patient and their immediate family was that, a message was relayed immediately after the operation had been completed to let them know the outcome. The patient and the family commented on how particularly please they were that this had been undertaken.

Post-operative care was managed by staff in the discharge ward and also by district nurse's and again the patient commented on the care and dedication of the team who provided this. The patient concluded by thanking staff for the positive patient experience they received.

Staff experience

We asked staff the following questions:

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	94%
I am satisfied with the quality of care I give to the patients, carers and their families	90%

3. IMPROVEMENT

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

The trust has been working on a project which is designed to remove Urinary Catheters from patients who no longer require them. This type of catheter is an essential component of care for a small group of patients however; they can also cause infections and other serious complications. A significant amount of testing has been undertaken by teams from across the Trust to agree criteria for the removal of these devices. In August we are going to have an extraordinary meeting in which the new criteria for both insertion and removal will be launched. Nursing staff will be then be providing a daily review of all patients from across the Trust to ensure only patients who absolutely require a catheter have one in situ and of there are any unnecessary ones they are immediately removed. We will provide feedback as to our progress with this test of change through our open and honest care report in future months.

Supporting information

Pressure ulcers

This month we are delighted to report that for the first time zero patients have acquired a hospital pressure ulcer for the month of April. We believe this it is attributable to our Nursing teams focus, dedication and determination to see a sustained reduction in the numbers of pressure ulcers. We can assure all patients and their families that we will continue to keep a constant focus on this area and will continue to find new and better ways of stopping pressure ulcers from developing whilst in our care.

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/>