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

May 2014

Open and Honest Care at Salford Royal NHS Foundation Trust : May 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.

97.4% **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	4	0

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 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	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	0.29

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

Severity	Number of falls
Moderate	0
Severe	1
Death	0

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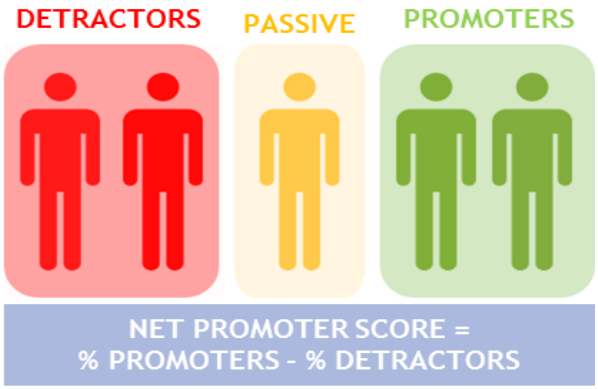
Rate per 1,000 bed days:	0.04

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 76 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 1160 patients the following questions about their care:

A patient's story

This month's patient story has focused in issues with regards to alcohol abuse and the positive impact Nursing staff can have on patients' lives. The story describes a patient with a long history of alcohol abuse which impacted both of marriage and occupation.
A nurse from the alcohol unit worked with the patient to help him both understand the nature of alcohol dependency and strategies to help overcome it. The patient recalls "He was fantastic and one thing he said to me that has always stuck with me is that it was my own fault that I drank. I put the booze in my basket at the shops; it didn't leap off the shelves itself. This helped me to finally take responsibility for my drinking.
Significant financial issues soon followed and the patient describes the following "Basically I was left with two choices, I could borrow money off people and lie to them, or I could stop drinking and turn my life around. I decided I had been living a lie for too long and so decided to stop drinking. The alternative was that I would embarrass myself asking people for money and I didn't want to do that anymore.
At this time the patient referred to the district nurse team "It was about this time that I first

Staff experience

We asked staff the following questions:

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	96%
I am satisfied with the quality of care I give to the patients, carers and their families	96%

3. IMPROVEMENT

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

In May 2014, reviewed nursing establishments and agreed new standards around the numbers of Registered Nurses availiable for duty. Establishments have been increased to reflect this and recruitment is currently underway to fill these established posts.

The Board expectations around safe nurse staffing have been defined as follows:

- Supervisory ward manager
- Supernumerary shift co-ordinator
- 1 RN to 8 patients as a standard that should never be breached.
- 3 registered nurses allocated to night duty

Supporting information

This month 5 patients have acquired a grade 2 pressure sore during their admission to Salford Royal in May. All of these have been attributed to the use of medical device equipment. The wards and departments are as follows; B6, theatres x 3 and Accident and Emergency. We can assure the public that each of these harms are thoroughly investigated and the lessons learned are shared across the Trust. We are committed to continue to see the on-going reduction in the numbers of pressure sores that are developed. We will continue to report our

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