

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

This report is based on information from June 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.

**97.8% 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>	21	0
<b>Actual to date</b>	5	0

For more information please visit:

[www.website.com](http://www.website.com)

## 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 5 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	4
Grade 3	0
Grade 4	1

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: 0.219

## 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 3 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

## 2. EXPERIENCE

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

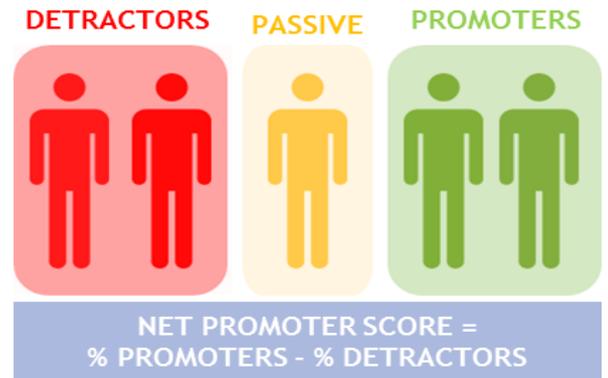
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

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 **69** for the Friends and Family test\*. This is based on 600 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 1067 patients the following questions about their care:

Questions	Responses	
	Yes always	Yes sometimes
When you have important questions to ask a doctor, do you get answers that you understand?	70%	26%
Do you have confidence and trust in the doctors treating you?	82%	16%
When you have important questions to ask a nurse, do you get answers that you could understand?	75%	22%
Do you have confidence and trust in nurses treating you?	83%	16%
	Yes definitely	Yes to some extent

Are you involved as much as you want to be in decisions about your care and treatment	68%	27%
Did we deliver what matters most to you during your stay	76%	18%
	<b>Excellent</b>	<b>Very good</b>
Overall, how would you rate the care received on this ward?	71%	18%

## A patient's story

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This month's story focuses on a young patient who ultimately developed a stroke whilst being treated on the Intensive Care Unit. The patient's story begins with a description of suffering from very high blood pressure. This was diagnosed following a visit to an optician who referred the patient to a local hospital. Before being seen at the hospital the patient describes very serious event "One Saturday morning I woke up and couldn't see and I couldn't move. I was supposed to be going to work but I just about managed to crawl to the bathroom where I started vomiting. My boyfriend picked me up, put me in the car and drove me to my local A&E. I can laugh about it now but we were both very scared because we knew something was really wrong.

I went from A&E to an ICU bed at another hospital where I stayed for 3 weeks. Whilst on ICU I had a stroke. I know this sounds silly but it was lucky I was on ICU when it happened. I think that if I had been on a ward, the response may not have been the same and I could be dead by now. My mum told me the hospital rang her to ask for her permission to do a tracheostomy. I don't remember much of all this, some hazy visions of visitors and some very nice dreams but nothing else.

In June 2013, I was transferred to Salford Royal because my renal function was only at 5%. I was admitted to the High Dependency Unit and by this time life was getting more difficult and frustrating. My mum brought in a blackboard and some chalk so that I could try to write down anything I wanted but I couldn't write anything. I was on dialysis in a side room, on my own and felt very scared and lonely. The student nurses were good and would come in sometimes and try to have a laugh with me and cheer me up but my mood could just change in seconds. I'd cry and have tantrums and throw things at doctors and nurses. I was angry and I couldn't see anyone else moving apart from when visitors came. The next thing was, I couldn't pass water so I had to have another tube and I couldn't poo either. They tried to make me happy and laugh. I love to laugh but those times were few and far between. Without my boyfriend to comfort me, I don't know what I would have done. The care I was given may have been good but I don't know because I hated it.

From HDU, I was transferred to the renal ward but started being sick all the time so quickly went back to HDU. It felt like I was back to where I started which was frustrating. My concentration was shot to pieces. I could read a couple of pages of a book but that was all because I couldn't concentrate and I couldn't hold the stupid book with my stupid hand. I would watch TV for a few minutes but that was all. I didn't want to be sociable but felt extremely lonely. I have since been told that all these feeling are to be expected because I couldn't process information properly so the coping mechanism is to cry and throw tantrums.

I was again transferred to H3. Whilst on there I was started on physiotherapy, I didn't mind the physiotherapy and slowly getting back the use of my body but during this time, I seem to have lost all sense of inhibition. I am not very PC anymore and my sister hates it when I play up on my stroke but I find it very funny. The ward tried their best with me and they made me a birthday cake and gave me a card but it was a rubbish birthday because I was in hospital.

I was moved to the Stroke Rehab ward for a few weeks but I was unhappy on there too. I couldn't understand why they insisted on getting me up at 8am each morning, even though I didn't have anywhere to go apart from doing physiotherapy and dialysis.

Around the beginning of September 2013, I began to be told that I could go home. I really wanted home cooking because I missed it so much and the food in hospital is awful. At first I had carers at home but I now manage myself. I have dialysis at Salford Royal on Tuesday and Thursday and physiotherapy on Mondays, Wednesdays and Fridays. Apart from this keeping me alive, I hate being here and where at one time I didn't mind needles I'm now terrified of them."

## Staff experience

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We asked staff the following questions:

I would recommend this ward/unit as a place to work	96%
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	98%

## 3. IMPROVEMENT

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

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As promised in our April report we have now completed a rigorous test of a new tool designed to support decision making for the insertion and removal of urinary catheters. This tool was debated at one of the Trust's assurance meetings and it has been agreed to commence a formal trial of the agreed criteria. Several wards will be invited to commence the testing and asked to refine the criteria.

A formal meeting is being arranged for early autumn where ward teams will come together to begin this exciting initiative.

### Supporting information

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This month 4 patients have acquired a grade 2 pressure sore during their admission to Salford Royal. Two of these have been attributed to the use of medical device equipment. The wards and departments are as follows; theatres, H2 X2 and H4. One patient developed a grade 4 pressure sore. A serious incident investigation was immediately commenced, led by an Executive lead. The investigation will establish the root cause as to why the patient developed this sore and establish lessons which can be learned in order to ensure it never happens again. A full apology has already been offered to the patient and the full report will be fed back to them. Prior to this, the Trust has not seen a pressure sore of this severity for 1088 days. We are all determined to eliminate this and other harms and we will report back our learning from this event in future reports.