

## 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**

July 2014

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

This report is based on information from July 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.

**98.2% 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.

	<b>C.difficile</b>	<b>MRSA</b>
<b>This month</b>	0	0
<b>Improvement target (year to date)</b>	21	0
<b>Actual to date</b>	5	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 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	1
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:0.04
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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	0
Severe	0
Death	0

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Rate per 1,000 bed days:	0.00
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## 2. EXPERIENCE

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

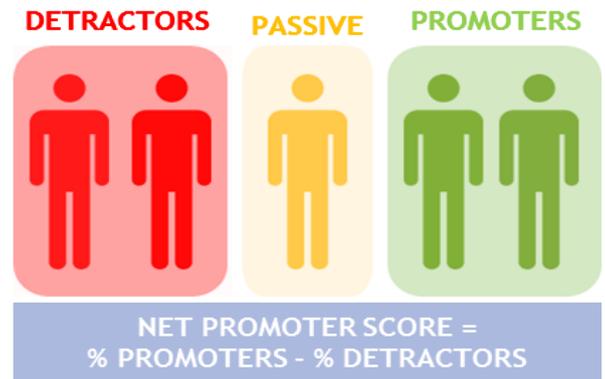
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

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 **75** for the Friends and Family test\*. This is based on 869 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 1000 patients the following questions about their care:

We also asked 1160 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?	71	25
Do you have confidence and trust in the doctors treating you?	81	16
When you have important questions to ask a nurse, do you get answers that you could understand?	79	18
Do you have confidence and trust in nurses treating you?	86	12
Are you involved as much as you want to be in decisions about your care and treatment?	69	24
Did we deliver what matters most to you during your stay?	78	17
Overall, how would you rate the care received on this ward?	73	18

## A patient's story

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This month's story captures how a 'normal' life can be completely transformed due to ill health and the impact that this can have on life. The story starts with the patient, who was then 27 years of age describing his home life. He describes a series of life changing events starting with the commencement of severe abdominal pain and coughed up blood. An emergency admission followed with the diagnosis of a large intestine blood clot which was preventing the circulation of blood around his intestines. An extensive surgical procedure followed which resulted in the removal of a large part of the patient's bowel being removed. A further series of tests concluded that a protein that is present in blood which stops blood clots forming was deficient. To prevent blood clots the patient has to take a medication which stops the formation of blood clots for the rest of his life. The patient cannot even recall how he felt at the time of his diagnosis. He says his laid back personality helped him to accept such life changes and he wants to take everything in his stride. He doesn't mind that he is unable to eat more than a small taste of food during a meal. The nutrients he needs to live on are now administered from various bags pumped through a central line into his body most nights of the week. The pump makes a clicking noise so he wakes up frequently during the night. He is an expert in the contents of each of these bags and how to administer them. He has had line sepsis twice in his life and is able to recognise the early signs and symptoms. He also knows the best way to prevent line infections when cleaning the line site and over the years has kept up to date with the latest clinical practice. He says that members of staff whose dressing techniques have fallen below standard have been told so immediately. He is not concerned about telling people who don't do it correctly because the consequence can be devastating. He knows his body and knows how to look after it.

The patient recalls that he has been cared for by the Intestinal Failure Unit here at Salford for many years and has witnessed staff graduate from junior members of staff to be now managers of the unit and professors in surgery. He has seen the growth of the unit from four beds caring for people with Intestinal Failure to a state of the art unit. He has done some work for the unit in discussing with other patients how to adapt to life using TPN and best practice. He is happy to do this and wants to tell people that it is possible to have a decent quality of life with intestinal failure. There are problems to contend with, he says it's a constant monitoring exercise but people do get used to it.

He now cares for his mother who has dementia and accesses the day centre at Salford Royal. His mum has carers in the morning before she goes to the day centre. He is very happy taking care of his mother and on Sunday's he does a dinner for his mum, his daughter and his granddaughter. He might try a little bit himself but doesn't mind not having the full roast.

## Staff experience

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We asked staff the following questions:

I would recommend this ward/unit as a place to work	98%
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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We continue to observe a reduction in the number of pressure sores patient acquire whilst in our care. Whilst significant reductions have already been realised we are determined to continue with this trend and observe a sustainable reduction. We believe that the nurse led interventions and organisation of care has further improved and as a result we are seeing significantly lower numbers of acquired pressure ulcers. If the current trend continues we will be able to describe a further improvement in the reliability of care provided by nursing staff here at Salford. We will continue to keep you informed as to our progress.

## Supporting information

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### Pressure ulcers

The pressure ulcer we have reported this month developed under a plaster of Paris cast which was applied to a patient following a fracture. We are reviewing the root cause of this pressure ulcer and will continue to learn from the subsequent investigation.

### Further information

Board Papers:	<a href="http://www.srft.nhs.uk/about-us/board-meetings/">http://www.srft.nhs.uk/about-us/board-meetings/</a>
Council of Governors' (CoG) Papers:	<a href="http://www.srft.nhs.uk/for-members/council-of-governors/governors-meetings/">http://www.srft.nhs.uk/for-members/council-of-governors/governors-meetings/</a>
Membership Engagement Events:	<a href="http://www.srft.nhs.uk/for-members/membership-news-events/upcoming-">http://www.srft.nhs.uk/for-members/membership-news-events/upcoming-</a>
Our Values:	<a href="http://www.srft.nhs.uk/about-us/values/">http://www.srft.nhs.uk/about-us/values/</a>
Videos / Films:	<a href="http://www.srft.nhs.uk/media-centre/films/">http://www.srft.nhs.uk/media-centre/films/</a>
Friends and Family Test Overview:	<a href="http://www.srft.nhs.uk/for-patients/fft/">http://www.srft.nhs.uk/for-patients/fft/</a>
Friends and Family Test Reporting:	<a href="http://www.srft.nhs.uk/media-centre/publications/fft/">http://www.srft.nhs.uk/media-centre/publications/fft/</a>