

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 NHS Foundation Trust

November 2014

Salford Royal NHS Foundation Trust

This report is based on information from November 2014. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about Salford NHS Foundation 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 NHS 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 harms.

97.6% of patients did not experience any of the four harms

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
Annual Improvement target	21	0
Actual to date	16	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 categories, with one being the least severe and four being the most severe. **The pressure ulcers reported include all validated avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.**

This month 4 Category 2 - Category 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Category 2	4
Category 3	0
Category 4	0

The pressure ulcer numbers include all pressure ulcers that occurred from hours after admission to this Trust.

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:	0.17
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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 includes avoidable and unavoidable falls sustained at any time during the hospital admission.**

This month we reported 3 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
Severe	0
Death	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 falls in different ways, and their patients may be more or less vulnerable to falling 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 1,000 bed days:	0.13
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2. EXPERIENCE

To measure patient and staff experience we ask a number of questions. 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.

The answers given are used to give a score which is the percentage of patients who responded that they would recommend our service to their friends and family.



Patient experience

The Friends and Family Test

The Friends and Family Test (FFT) 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?* We ask this question to patients who have been an in-patient or attended A&E (if applicable) in our Trust.

In-patient FFT score*	76.61%	% recommended	This is based on 774 responses.
A&E FFT Score	77%	% recommended	This is based on 932 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 10 patients the following questions about their care:

	% Recommended
Were you involved as much as you wanted to be in the decisions about your care and treatment?	100
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	100
Were you given enough privacy when discussing your condition or treatment?	100
During your stay were you treated with compassion by hospital staff?	100
Did you always have access to the call bell when you needed it?	100
Did you get the care you felt you required when you needed it most?	100
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	100

A patient's story

November's patient story focuses on a gentleman who required a procedure to relieve the symptoms of a tumour. This was attempted in a simple way in the first instance but this was not possible and the gentleman went on to have a more invasive procedure undertaken.

There was some bleeding after the procedure and the gentleman required specialist treatment in another hospital. *'I spent one night in the other hospital, during which my bleed stabilised and my HB count went up. It transpired it wasn't the emergency that they originally thought it might have been so I was transferred back to Salford Royal'*

The wound site developed a large solid blood clot under the skin and the gentleman was transferred back to the specialist for further treatment. He was eventually discharged home and 11 weeks after his first admission continues to have his wound redressed by the community nursing team.

'Although I have had various complications during my hospital admissions, I can't speak highly enough of the ward at Salford Royal. They have been caring, sympathetic and efficient. With some of the staff I would describe our relationship as having got to almost the point of friendship. My care has been marvellous and I have nothing but praise for Salford Royal. I have been impressed overall with the care I have received from the NHS. Although I think I have been unlucky with regards to some of my procedures being complicated, everyone has always been so caring and I can't fault the care I have received.'

We asked 15 staff the following questions:

	% Recommended
I would recommend this ward/unit as a place to work	100
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	100
I am satisfied with the quality of care I give to the patients, carers and their families	100

3. IMPROVEMENT

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

Our improvement story this month is an update on the progress of the work to reduce the number of Catheter Urinary Tract Infections in the hospital.

In November we held a Trust wide Learning Session which was attended by 86 members of the Nursing Staff, and predominantly the ward managers.

The main aim of the Learning Session was to raise awareness of the guidelines set out for appropriate Catheterisation. The session raised a lot of healthy discussion and amendments were made to the guidelines as a result.

The Learning Session also showcased alternative products to catheters and a Guest Speaker was invited to the session to talk about her experience as a nurse and her work to reduce the use of catheters.

The day closed with the teams agreeing a range of Improvement activities for them to test prior to the next Learning Session in 2015.

Supporting information

The 4 reported pressure ulcers in November were classified as grade 2, where some of the outer surface of the skin (the epidermis) is damaged, leading to skin loss. The ulcer looks like an open wound or a blister. 3 of these pressure ulcers were attributed to medical devices. 2 developed in higher care wards, The other 2 occurred in a neurosurgical and orthopaedic wards.

2 of the 3 falls occurred in the physiotherapy department and 1 on the stroke rehabilitation unit.

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/>

