

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**

October 2014

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

This report is based on information from August 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.

97.7% 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	14	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 1 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

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	1
Severe	0
Death	0

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Rate per 1,000 bed days:	0.04
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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 723 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 1028 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?	75	22
Do you have confidence and trust in the doctors treating you?	84	14
When you have important questions to ask a nurse, do you get answers that you could understand?	81	17
Do you have confidence and trust in nurses treating you?	88	10
Are you involved as much as you want to be in decisions about your care and treatment?	73	22
Did we deliver what matters most to you during your stay?	82	14
Overall, how would you rate the care received on this ward?	76	17

A patient's story

The story this month has focused on the experiences of providing care as told by one of the Trusts volunteers. I tend to undertake one volunteering shift a week, generally on a Thursday afternoon. At the start of my shift I will go and see a member of the nursing team and they will provide me with a list of 5 or 6 patients who would benefit from my input. I then work through this list in an afternoon and of the 5 or 6 names provided, I can see anywhere between 1 and 5 people. The beauty of volunteering is that the time I spend is varied and tailored to what the patient needs. I can spend a few hours with a person or I may only need to spend 20 minutes before they are calm and may wish to take a nap.

I have good links to different members of staff on the ward and will always inform the nurse in charge of the patient that I am going to spend some time with them. I am also known to the therapy staff and having just completed a degree in speech and language therapy, I have been allocated speech therapy patients who I am able to work through automatic speech i.e. days of the week or numbers with.

Staff experience

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	96%

3. IMPROVEMENT

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

Part of the ongoing challenge for all staff is to ensure we provide the correct level of care to the correct patient at a time when they need it. One of the ways we provide nursing input is too often provide 1 nurse to 1 patient care to some of our most vulnerable patients. The teams have been working hard to try and ensure we are more accurately predict when patients need this intervention and then devise additional supporting activities to further enhance experience.

Supporting information

This month's pressure ulcer was developed in theatres during a complex operation. The team is working to establish the reason for the ulcer and design new ways of care delivery to stop it from happening again.

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-
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/