

# 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:

**Stockport NHS Foundation  
Trust - March 2015**

February 2015

# Open and Honest Care at Stockport NHS Foundation Trust : February 2015

This report is based on information from February 2015. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about Stockport NHS Foundation 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 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.

**96.4% 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)

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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>	5	0
<b>Annual Improvement target</b>	35.75	0
<b>Actual to date</b>	21	3

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

Severity	Number of pressure ulcers
Category 2	8
Category 3	3
Category 4	1

The pressure ulcer numbers include all pressure ulcers that occurred from 72 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:	0.65
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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 includes avoidable and unavoidable falls sustained at any time during the hospital admission.**

This month we reported 1 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	0
Severe	1
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:	0.05
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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*	34%	% recommended	This is based on 13472 responses.
A&E FFT Score	28%	% recommended	This is based on 3470 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 4576 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?	83
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	51
Were you given enough privacy when discussing your condition or treatment?	93
During your stay were you treated with compassion by hospital staff?	98
Did you always have access to the call bell when you needed it?	57
Did you get the care you felt you required when you needed it most?	92
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	91

A patient's story

It was just a normal Tuesday morning, 3<sup>rd</sup> December 2013, getting ready to go to work and to catch the 7.09am train to Manchester when I stood in my bedroom feeling sick and ill. I shouted my husband, he came immediately. When he found me I was collapsed just like the stroke awareness adverts show. My husband reassured me saying he was going to get me checked out, next I could hear him giving 999 team my details and that he felt sure that I had had a stroke.

The next thing I heard was a knock at the door. It was the paramedics who attended to me and explained what was going to happen. I was put in a chair, strapped in, then into the waiting ambulance.

When we got to Stepping Hill Hospital the stroke team was waiting for me and what a team they are! I remember the calming nurses explaining to me that I would be going for a scan. My husband filled in the gaps afterwards telling me that the doctors explained to him and my eldest son the Thrombolysis procedure and what needed to happen. At all times this fantastic team were working on me checking and saving me, I felt self in their hands. On reflexion it's amazing how much I can recall and how I felt at the time, my instincts told me I was gravely ill. When the process was completed, I was transferred to Ward E1. My husband told me he knew I was out of danger but the outcome of damage was yet to unfold.

At this point I must say how very lucky and fortunate I am with very little long term symptoms which I believe in time they will probably fade but can work around them. E1, what a lovely ward with dedicated caring professional staff who looked after me, made me feel respected and cared for, who helped me in the early days. The OT team introduced themselves and offered me physiotherapy and all that was available to me which I embraced all the help I could. Ten days later on Friday 13<sup>th</sup> December 2013, I was taken home to be assess to make sure that I was safe and independent.

E1, a special ward. The lady in the next bed struggled to speak and so one day a nurse put a CD of all old favourites (Magic Moments), and the whole ward sang. When her family visited at night they were completely overwhelmed. This is what makes E1 very special.

The Star team took over my care at home with regular visits offering me all I needed physiotherapy, speech therapy, they all did their bit. The counsellor on E1 visited me whilst I was on the ward to offer her services which gave me the confidence to contact her when I realized counselling would help me. This personal touch is priceless when you are in a very vulnerable place emotionally.

Stepping Hill Stroke team are the best there is and other hospitals should aspire to them. In my opinion Stepping Hill Hospital should be the flag ship for other hospitals and could learn so much.

**Life after my stroke:**  
By working through my emotions in counselling this has helped me discover the 'new me' to get my old life back make necessary changes and enjoy again. This includes going back to work which I am hoping to 'faze back' end of June.

Thank you Stepping Hill Hospital, the paramedics, the stroke team, E1, the OT team, the star team, Rachel Smith (counsellor), I am proud

Staff experience

We asked 22 staff the following questions:	
I would recommend this ward/unit as a place to work	% Recommended 95
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	95
I am satisfied with the quality of care I give to the patients, carers and their families	95

3. IMPROVEMENT

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

The Trust target for 2014/15 is to reduce the number of falls, major, severe and catastrophic by 10%. There has been one severe fall in February which is currently under investigation.

A new database has been created in order to analyse falls in more detail and to identify recurring themes in relation to where falls are occurring eg bathrooms, at the bedside. Further work in relation to falls and footwear has been undertaken and during the last twelve months 58 pairs of slippers have been provided for our patients.

Work is continuing to roll out the new falls alarms throughout the trust, with the next steps to include analysis of data, mapping of response times, locations etc.

Supporting information



