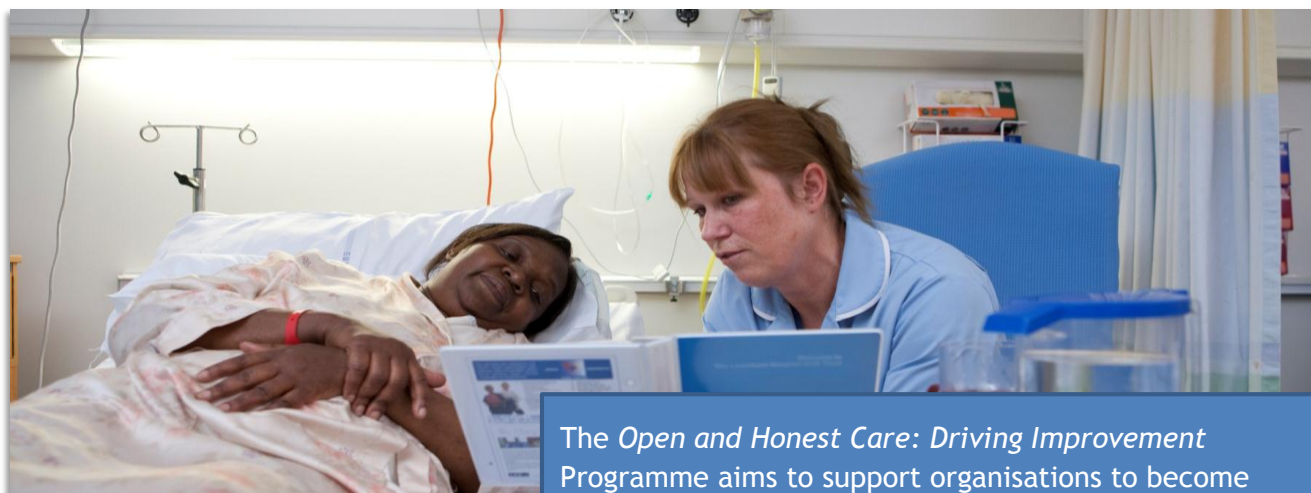


Open and Honest Care in your Local Hospital



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 - July 2015**

July 2015

Open and Honest Care at Stockport NHS Foundation Trust : July 2015

This report is based on information from July 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

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.

96.0% 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	17	0
Actual to date	6	0

For more information please visit:

www.website.com

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

Severity	Number of pressure ulcers
Category 2	14
Category 3	0
Category 4	0

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:	0.78
-------------------------	------

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 4 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	4
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:	0.22
--------------------------	------

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*	96%	% recommended	This is based on 1218 responses.
A&E FFT Score	88%	% recommended	This is based on 1173 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 277 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?	84
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	53
Were you given enough privacy when discussing your condition or treatment?	94
During your stay were you treated with compassion by hospital staff?	97
Did you always have access to the call bell when you needed it?	58
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?	34

A patient's story

The following story of care is an account from a lady who was a patient on ward D2 recently. The matron for patient experience spoke with the lady on the telephone who was happy to share what she described as a 'positive experience' and 'fantastic service' by all she met when admitted.

The patient is a 56 year old retired nurse who underwent a knee replacement. When I spoke with her she was fourteen days post-operative and had recovered well. The lady primarily lived alone but helped foster care adults who had learning disabilities so she was anxious to recover fully and had arranged extra support to assist her in her recovery from her daughter.

I asked her what her first impressions were during her admission. She stated staff could not have done any better and they were friendly, professional and caring. She also stated she was impressed with the medical staff, especially the anaesthetist whom she found very professional. The patient explained she was very concerned and anxious about the anaesthetic, but the anaesthetist put her at ease, and she underwent the surgery with an epidural, which she found very effective with no problems.

I asked if she felt anything could be improved. The patient stated the only thing she observed was there did not seem enough storage on the ward and so staff had to negotiate around obstacles when pushing trolleys.

When asked if there was anything she would like to see staff do differently she stated '*not really – all staff did not let the side down*'.

I asked if there was anything else we could do to make life easier for our patients and she responded no.

The patient when asked about her overall experience stated she had been in receipt of a 'fantastic service' and was extremely grateful. The patient reflected on previous poor experiences of care in other hospitals but went onto to say she had received excellent care at Stepping hill Hospital and again stated the hospital was '*fantastic*'.

I thanked the patient for sharing her story and she stated she would be willing to assist in the future with regards sharing her experience.

Action:

All feedback received has been shared with the ward manager and business group and the patient has permitted her experience to be shared on the open and honest website.

Staff experience

We asked 10 staff the following questions:	
I would recommend this ward/unit as a place to work	% Recommended 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

Falls
More focused work has commenced on wards where there has been more than one fall in the first 3 months of the year. This includes a review which has looked at when the patient fall occurs eg, time of day, day of week, location and whether fall was witnessed. Staff will visit these wards to observe practice, look at the environment and review documentation at the specific times of the day that the fall has occurred in order to identify any changes in practice. Staff on the ward will also be interviewed and discussion will take place in relation to relevant equipment used to reduce falls .

Supporting information

