

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 - May 2015**

May 2015

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

This report is based on information from May 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	2	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 7 Category 2 - Category 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Category 2	6
Category 3	1
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:	0.36
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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 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 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*	35%	% recommended	This is based on 1186 responses.
A&E FFT Score	29%	% recommended	This is based on 924 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 244 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?	50
Were you given enough privacy when discussing your condition or treatment?	95
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?	49
Did you get the care you felt you required when you needed it most?	93
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

This story is taken from a gentleman who has suffered from Parkinsons disease for 14 years and spent six weeks in hospital early in 2015. The patient wrote to us wishing to share his experience, having experienced some issues whilst an inpatient, and offered some advice on how improvements could be made for those patients suffering from Parkinsons disease.

The patient spent some time in the intensive care unit (ICU) and was transferred to Ward C6. The gentleman found C6 noisy after the quietness of the ICU. The patient describes not being completely aware of why he was there and experienced difficulty in attracting the staff attention due to his voice being weak. He felt that generally he was ignored. The patient described being on a 'normal bed' which he found difficult and it was his daughter who requested an electric bed to allow him more ease of movement. However, due to the patient having limited movement due to his illness, after a few days on C6 he awoke one day to reduced mobility and described rigid joints. Again the patient describes being sometimes ignored by staff as they were giving out breakfasts and assuming he was cold, which was not the case. A visiting doctor assisted the patient.

The patient following medical intervention, describes being 'made to sit out' and this compounded his illness of feeling unwell. He stated he felt know one understood he had Parkinson's or understood what it meant. Unfortunately the patient also described a poor experience on Ward A10 with similar issues.

During his account of his stay the gentleman does describe a positive experience on Ward B3. He described helpful, cheerful staff who welcomed you as an individual and took a genuine interest in the progress of each patient. He described nothing as appearing to much trouble.

To conclude in his account the gentleman offers some solutions into making a stay in hospital for a patient suffering from Parkinsons disease more comfortable. The patient advises staff should check medication times and be aware some Parkinsons medications can be given as required. He asks patients are aware of where call buzzers are and are able to reach them. In addition the staff response to call buzzers to be as timely as possible, and for staff to be aware some patients reactions can be slow and facial expressions blank, requesting staff need to be aware of how parkinsons disease can manifest itself.

Ideally he advises Parkinson patients should be nursed in an electric bed to assist mobility and joint problems. And never to assume the patient will be automatically able to do something or follow instructions without requiring assistance, especially during mealtimes.

Action:
All feedback received has been shared with the medical director and business group to ensure awareness is raised amongst staff about the needs of the patient suffering from parkinsons in order to ensure safe care and a positive experience.

Staff experience

We asked 48 staff the following questions:	
I would recommend this ward/unit as a place to work	% Recommended 85
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	88
I am satisfied with the quality of care I give to the patients, carers and their families	81

3. IMPROVEMENT

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

Supporting information

