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

This report is based on information from January 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.

96.6% **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	1	0
Annual Improvement target	32.5	0
Actual to date	16	3

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

Severity	Number of pressure ulcers
Category 2	7
Category 3	4
Category 4	0

The pressure ulcer numbers include all pressure ulcers that occured 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:	0.54

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	0
Severe	3
Death	0

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Rate per 1,000 bed days:	0.15

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*	0.95	% recommended	This is based on 800 responses.
A&E FFT Score	0.88	% recommended	This is based on 1029 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 800 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?	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?	60
Did you get the care you felt you required when you needed it most?	91
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	95

A patient's story

I would like to tell you about my experience of attending A&E on Friday 9th January 2015. I had to get an ambulance to attend to my friend aged 95, who collapsed at home. The ambulance arrived in about 10 minutes and the telephone operator stayed on the line the whole time telling me what to do, which was very reassuring. We arrived at A&E at approximately 5pm and yes it was very busy but we were triaged within about five minutes. My friend had to wait on a trolley in the corridor but after around one hour a doctor came to see her on the corridor which of course isn't ideal but she was then moved into a cubicle. She was treated very well and professionally by the doctor and nurses. So was I, by the way as the Dr Farooq provided both my friend and I with some sandwiches at 7pm as we hadn't eaten since breakfast! Everyone was extremely kind and I would like to express my thanks to everyone in the A&E department for their wonderful care in difficult circumstances.

I was therefore very angry to see a report on BBC North West News on Saturday evening which was very derogatory of A&E.

Please could you pass my comments on to Dr Alistair Gray and his team who are doing an excellent job in difficult and demanding circumstances.

Staff experience

We asked staff the following questions:

	% Recommended
I would recommend this ward/unit as a place to work	94
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	100

3. IMPROVEMENT

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

The Pressure Ulcer Reduction in Stockport Project (PURIS) lead has now established a collaborative working group and is starting to work closely with identified pressure ulcer champions. In addition to tackling prevention strategies the lead is examining ways of measuring pressure ulcer healing rates and standardising wound care protocols and practices across the whole health econcomy this will include the development of a trust wide wound care formulary being devised.

Supporting information