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:

St Helens & Knowsley Teaching Hospitals NHS Trust

October 2016

Open and Honest Care at St Helens & Knowsley Teaching Hospitals NHS Trust : October 2016

This report is based on information from October 2016. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about St Helens & Knowsley Teaching Hospitals NHS 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.

98.3% **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	3	0
Annual Improvement target	41	0
Actual to date	18	2

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

Severity	Number of pressure ulcers
Category 2	10
Category 3	0
Category 4	0

The pressure ulcer numbers include all pressure ulcers that occured from zero 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:	0.55

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	2
Severe	2
Death	0

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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*	95.74%	% recommended	This is based on 6366 responses.
A&E FFT Score	88.04%	% recommended	This is based on 3825 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 348 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?	92
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	85
Were you given enough privacy when discussing your condition or treatment?	97
During your stay were you treated with compassion by hospital staff?	99
Did you always have access to the call bell when you needed it?	92
Did you get the care you felt you required when you needed it most?	98
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	96

A patient's story

Thank you to wards 1B and 5C

I would like to express my thanks to all the people who treated me during my recent stay at your hospital.

I was seen by my GP expecting to receive treatment for a simple eye infection. My GP realised quickly that this was more serious; particularly because I am immune suppressed.

After arriving at ward 1B at 1020am, I was triaged and had a cannula inserted before 11am; I was then further checked by a Doctor and was put on an antibiotic drip before 12noon. This prompt response helped to alleviate my anxiety and was very much appreciated.

My stay on ward 5C made me realise how lucky we are to have such caring and professional staff, caring for us; there was one particularly difficult patient who was very confused and demanding. The team spirit involved in controlling a very difficult situation was outstanding.

Staff experience

We asked 195 staff the following questions:

	% Recommended
I would recommend this ward/unit as a place to work	88
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	91

3. IMPROVEMENT

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

As a Trust we understand and value the importance of involving our patients in any decisions regarding their health care, as well as engaging patients in any appropriate Trust activities/groups.

We actively encourage members of the community to attend our Patient Participation Groups (PPGs). Groups are held quarterly and topics are decided by those who attend. A different topic is discussed each month e.g. a recent group topic was regarding information governance and demonstrating how as an organisation we protect the data we receive.

The Trust ensures that we demonstrate we are listening to our patients, and when necessary, learn from their feedback. Comments are received in a variety of ways such as; the Family and Friends Test, Comments Suggestions and Compliments forms, Open and Honest questionnaires and Trust surveys. With different methods of collection, we ensure we are using a variety of avenues that appeal to different audiences. This data is then reported to the Trust Patient Experience Council and discussed via a 'Board to Ward' structure, as well as being discussed at various patient experience groups within the organisation. This ensures maximum distribution of comments, compliments and lessons to be learnt.
"You said, we did" is displayed in all ward areas, showing patient comments and how we have improved following the comments raised.

For information on any Trust patient activities, or if you would like to be a part of our Patient Participation Groups, please contact our Interim Patient Experience Manager.

Supporting information

Falls -
Please note that these numbers may be subject to change upon an indepth investigaton of an incident
Pressure Ulcers -
Please note that the one of the grade 3 reported pressure ulcers were unfortunately unavoidable. The definition of an unavoidable pressure ulcer is: "Unavoidable" means that the person receiving care developed a pressure ulcer even though the provider of the care had evaluated the person's clinical condition and pressure ulcer risk factors; planned and implemented interventions that are consistent with the persons needs and goals; and recognised standards of practice; monitored and evaluated the impact of the interventions; and revised the approaches as appropriate; or the individual person refused to adhere to prevention strategies in spite of education of the consequences of non-adherence"