

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**

November 2014

St Helens & Knowsley Teaching Hospitals NHS Trust

This report is based on information from November 2014. 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.

98.8% 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	19	0
Actual to date	34	2

For more information please visit:

www.sthk.nhs.uk

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

Severity	Number of pressure ulcers
Category 2	7
Category 3	1
Category 4	0

The pressure ulcer numbers include all pressure ulcers that occurred from 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:	0.45
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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 2 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	2
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:	0.11
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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 Friends & Family Test

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*	95.49	% recommended	This is based on 554 responses.
A&E FFT Score	95.51	% recommended	This is based on 423 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 213 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?	88
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	88
Were you given enough privacy when discussing your condition or treatment?	92
During your stay were you treated with compassion by hospital staff?	96
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?	92
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	94

A patient's story

Please pass on a HUGE "thank you" to the staff at Ward 1E, Coronary Care Unit, and the staff at the angiogram suite, for providing me with WORLD CLASS care during my stay after my heart attack. The people who cared for me were BRILLIANT, and set a truly awe-inspiring example for others to follow.

Patient A

I attended A & E as my eye was very bloodshot and because I take Warfarin I was somewhat concerned. The passage through reception was all the better for the way in which the receptionist greeted me. Given the number of people waiting I was seen in a very reasonable amount of time and the triage nurse who attended me was excellent. I was then seen very shortly afterwards by a nurse practitioner called Dominic Gath. He too was excellent. I was thoroughly examined and reassured and I have healed very well. I would like to thank all the people who attended me, they were a credit to your hospital.

Patient B

Staff experience

We asked 131 staff the following questions:

	% Recommended
I would recommend this ward/unit as a place to work	92
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	93

3. IMPROVEMENT

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

Feedback from patients and visitors, has led to a Trust wide survey looking at the current visiting times on inpatient wards. The results of the survey will be finalised in January 2015, and shared at our next Patient Power Event and Patient Experience Council meeting. Any changes will once again show the value of feedback received from patients and visitors and the Trust's commitment to make changes that improve its facilities and services provided.

Supporting information

Infection Control -

You will notice from the report above that the C.difficile figures are increasing against our targets. However, the Trust has engaged in an appeals process against a number of these results. The Trust has a robust action plan to work towards reducing the numbers of cases.

Falls -

Please note that these numbers may be subject to change upon an in-depth investigation of an incident

