

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**

August 2015

Open and Honest Care at St Helens & Knowsley Teaching Hospitals NHS Trust : August 2015

This report is based on information from August 2015. 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.

98.9% 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	6	0
Annual Improvement target	41	0
Actual to date	22	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 9 Category 2 - Category 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Category 2	9
Category 3	0
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:	0.53
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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 6 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	2
Severe	3
Death	1

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Rate per 1,000 bed days:	0.36
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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*	97.30%	% recommended	This is based on 2034 responses.
A&E FFT Score	92.20%	% recommended	This is based on 4142 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 162 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?	89
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	94
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?	94
Did you get the care you felt you required when you needed it most?	97
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

My father was admitted to Ward 5C Whiston Hospital after suffering an acute stroke, sadly he passed away. All too often we hear negative comments about the NHS and the staff, however, I am writing to praise the staff on this Ward. They were all very caring and kept us informed of everything. It cannot be an easy job caring for end of life patients and their families, yet my father was treated with respect and with dignity. The Doctor caring for my father spoke to us and explained things to us in such a way that we were able to understand and with such compassion, and we thank her for that.

When we received the call to return to the hospital we were met by one of your Nurses, known only to us as Lucy, who took us into the day room, where she had the difficult task to inform us that my father had passed away. I cannot praise Lucy enough; she is a young girl who handled the situation with tact, diplomacy and compassion. She informed us that she had sat with dad, holding his hand until he passed; that was a great comfort to us, knowing that he was not alone.

She went through all of the paperwork you had out to the families when someone passes, explaining everything as she went and was happy to answer our questions. She didn't rush us or put any pressure on us. We were very impressed with her. We believe Lucy is a credit to your hospital and Ward 5C.

Staff experience

We asked 47 staff the following questions:

	% Recommended
I would recommend this ward/unit as a place to work	100
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	98
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 Butterfly Awards 10th October 2015 – Best Hospital Bereavement Service Nomination

St Helens and Knowsley Teaching Hospitals Trust and the Trust Maternity Bereavement Service have been shortlisted for the category of **Best Hospital Bereavement Service Award** at the upcoming Butterfly Awards. This award is shortlisted by nominations received from patients.

About Us and our Bereavement Service

Our Maternity Unit is based at Whiston Hospital and serves a local population of over 350,000. Our team of experts; midwives, nurses, obstetricians, gynaecologists, paediatricians, neonatal nurses and support staff, all work together to deliver an excellent, safe, and quality service to our patients.

The experience of losing a baby is devastating and can be very different for every family. We endeavour to provide each of our families with individualised, sensitive and responsive care and aim to offer support during their stay in hospital, and the weeks and months following the loss of their baby. At Whiston Hospital, we have two specially designed bereavement suites in which parents are given the opportunity to spend as much time as possible with their baby as a family. We understand that this time is precious to parents and allows them to make memories that can last a lifetime. Our specialist bereavement midwives are devoted to supporting families through what is often the most traumatic time of their life, and their primary aim is to provide compassionate care that helps parents cope with their loss.

By way of creating as many valuable memories as possible, we offer both baby and family photographs, hand and foot prints in both inkless print and ceramic. We also ensure that each family is provided with a memory box, which are donated by both 'Joshua Box' and 'Jakes Boxes'. Teddy bears are offered of an appropriate size for baby, some as small as 2cm, and parents are given the same bear to take home with them, so that in a small way they continue to feel connected to their little one. Clothing for the baby is provided, if required, garments and blankets are available for babies from 14 weeks gestation, up to term. Many of these items are donated from several sources, such as 'Little Baby and Co.', 'Bonnie Babies', and more recently 'Angel Wings', who provide baptism gowns made out of donated wedding dresses. We are so grateful to all of our donors for their ongoing support. To allow a longer stay with baby, the Trust has two cuddle cots, one of which was donated by the Isabella Rose Foundation. These cold cots allow baby to stay in the room with their parents longer and help provide valuable time for the family to spend together.

During their stay, a blessing of the baby is offered and family members are encouraged to attend if this is the parent's wishes. The Trust's dedicated bereavement officers and the hospital chaplain will work with parents of all babies, from 13 weeks of pregnancy, to provide a personal sensitive funeral following parent's wishes. When parents leave the hospital they are supported by the bereavement midwives with an open invitation to contact them as required. This includes the immediate post-natal period and months to follow, pre-conceptual advice and care in subsequent pregnancies. The Trust also hosts an annual Baby Remembrance Service that families can attend. This offers an opportunity for reflection and allows parents to meet with staff and other families and share their experience.

We would like to take this opportunity to once again say how grateful and proud we are for this nomination. It is truly our privilege to be able to support families during such a difficult time, and it is often their bravery and courage that makes us thankful that they are able to place their trust in us and we can be there for them at this sad time. To have them believe us worthy of this recognition is an honour.

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"

