

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**

December 2016

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

This report is based on information from December 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.

99.5% 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	41	0
Actual to date	21	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 5 Category 2 - Category 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Category 2	4
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:	0.25
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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	0
Severe	1
Death	1

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:	0.10
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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*	95.36%	% recommended	This is based on 5862 responses.
A&E FFT Score	86.07%	% recommended	This is based on 3611 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 314 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?	94
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	90
Were you given enough privacy when discussing your condition or treatment?	98
During your stay were you treated with compassion by hospital staff?	100
Did you always have access to the call bell when you needed it?	96
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?	99

A patient's story

A Huge Thank you!

I received a SI injection yesterday with Dr Aseri and his team. I would just like to praise the whole staff for their kindness and professionalism.

I was impressed with every member of staff that I met there, from the employee at the main reception who directed me to the Sanderson suite and the receptionist at that clinic, to the nurses and nursing assistant who looked after me on the ward. Anna was particularly friendly and efficient. I was then taken by Sue to the area, where I was to have the injection, and she, along with Jim and Terry really put me at ease. Although I wish I could remember some of the jokes! There was a student ODP there too who was helpful and friendly. Dr Aseri was kind and carried out the procedure with care. The whole team worked extremely well together and I feel really pleased that I was with this team at this time. It was a really confident team. I had been really nervous so their friendliness and banter helped me to relax and the procedure wasn't as bad as I thought it was going to be. I apologise if I have missed anyone out.

This is the first time that I have attended St Helens Hospital, and although it was such a long way for me to travel, I am thankful that so many friendly, kind and knowledgeable medical staff were there.

A huge thank you to the whole team

Staff experience

We asked 157 staff the following questions:

	% Recommended
I would recommend this ward/unit as a place to work	90
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	96
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

Story from the Interim Patient Experience Manager

Mrs M attended the Emergency Department with abdominal pain in December 2016. Following a clinical examination, blood investigations and radiological studies, Mrs M was diagnosed with acute cholecystitis, (inflammation of the gall bladder). A decision was made to admit Mrs M to the Surgical Assessment Unit. Mrs M was informed that she may need to have her gall bladder surgically removed the next day, following review by the Consultant Surgeon. Mrs M was made nil by mouth, administered intravenous fluids, antibiotics, and analgesia. Mrs M was closely monitored overnight, having frequent observations of blood pressure, pulse rate and urine output undertaken by the ward staff. Mrs M understood following discussions with the surgical team that she would be having an operation which was planned for the next day.

Following a review by the surgeon the next day, it was decided that as Mrs M's clinical symptoms had improved with antibiotic therapy, that there was now no indication for Mrs M to undergo surgery that day and that this could be conducted at a later date.

Mrs M raised a concern that she felt that the information provided to her was not clear as she had understood the plan was to remove the gall bladder the following day which is why she was nil by mouth. She had not been informed that this would only be undertaken if her symptoms had not improved. This highlighted the importance of effective communication with patients informing them of all possible treatment plans and outcomes. Mrs M wanted to know that there was a possibility that urgent surgery could be avoided if medical management of her condition proved beneficial.

This lesson of including all details and options of the plan of care with a patient has been shared with the surgical teams to ensure that patients are fully informed at all times of treatment plans. Mrs M subsequently received a full explanation with reassurance that we would use this as a point of learning to enhance the care of future patients.

Supporting information

Falls -

Please note that these numbers may be subject to change upon an indepth investigaton of an incident

Infection Control -

There have been 20 cases of C-Diff YTD, however 3 have been categorised as unavoidable at appeal.

