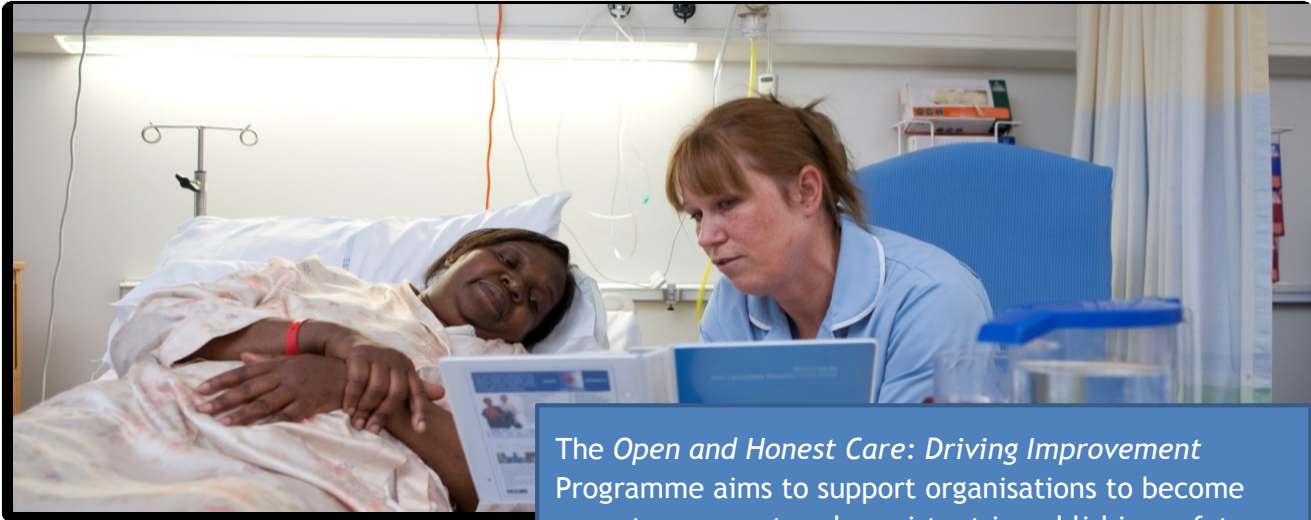


## Open and Honest Care in your Local Hospital



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**

February 2016

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

This report is based on information from February 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

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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.

**99.0%** 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)

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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.

|                                  | <b>C.difficile</b> | <b>MRSA</b> |
|----------------------------------|--------------------|-------------|
| <b>This month</b>                | 0                  | 0           |
| <b>Annual Improvement target</b> | 41                 | 0           |
| <b>Actual to date</b>            | 28                 | 0           |

For more information please visit:

[www.website.com](http://www.website.com)

## Pressure ulcers

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

| Severity   | Number of pressure ulcers |
|------------|---------------------------|
| Category 2 | 6                         |
| 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: | 0.32 |
|-------------------------|------|

## Falls

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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 5 fall(s) that caused at least 'moderate' harm.

| Severity | Number of falls |
|----------|-----------------|
| Moderate | 2               |
| Severe   | 3               |
| 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: | 0.27 |
|--------------------------|------|

## 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.



**The Friends & Family Test**

### Patient experience

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#### 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.

|                              |               |               |                                   |
|------------------------------|---------------|---------------|-----------------------------------|
| <b>In-patient</b> FFT score* | <b>92.97%</b> | % recommended | This is based on 11044 responses. |
| <b>A&amp;E</b> FFT Score     | <b>84.64%</b> | % recommended | This is based on 4002 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?                          | 81            |
| If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to? | 82            |
| Were you given enough privacy when discussing your condition or treatment?   | 82            |
| During your stay were you treated with compassion by hospital staff?   | 86            |
| Did you always have access to the call bell when you needed it?  | 80            |
| Did you get the care you felt you required when you needed it most?  | 84            |
| How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?          | 83            |

## A patient's story

To all the staff in A&E Whiston and Ward 2B,

I was having trouble breathing and my daughter took me to the A&E Department. I want to thank all the staff from the lady in reception, the porter, the staff in x-ray and the nurses and doctors who have helped me. I had to stay overnight and I was made so comfortable by the nurses and also the lady from the catering department. They all had lovely smiles on their faces and while all working so hard.

On the Monday morning I was transferred to Ward 2B, where of course I was looked after by two doctors and lovely nurses. Thank you everyone for your help. I went home on the Tuesday.

I returned to Whiston on the Friday and attended Ward 1A. I had fluid taken from my right lung. I am feeling much better thanks to Carol Dawson, Macmillan Nurse and the doctors. I now attend the Chest Clinic and the staff are again so helpful.

Thank you to everyone for making my stay in Hospital so comfortable.

## Staff experience

We asked 51 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 | 98            |
| I am satisfied with the quality of care I give to the patients, carers and their families                 | 96            |

## 3. IMPROVEMENT

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

**WHISTON and ST HELENS HOSPITALS' CHARITY**  
**TAKING THE PLUNGE FOR OUR CHARITY**

Hundreds of fundraisers took the plunge and helped to raise thousands of pounds at the launch of our very own Whiston and St Helens Hospitals' Charity last month, by abseiling down the side of Whiston Hospital.

Crowds formed outside the hospital's main entrance to cheer on the intrepid bunch who descended in pairs – some quicker than others! Amongst the fearless fundraisers was former Saints skipper Paul Sculthorpe who was "roped" into celebrating the charity launch.

Ahead of the abseil, Paul said: "I haven't got a great head for heights but I've done a few abseils before so I know what I'm letting myself in for. It's for a good cause - I personally know people who've been cared for here, and it's already wonderful. This charity will only make things better for people who need hospital care."

Over 100 people signed up for the abseil, including many staff and patients. So far the abseil alone has raised over £12,000.

Claire Simmo, Radio City 2 Presenter, also came to 'hang out' at the launch, and for those less daring it was a chance to brighten their day and show support by wearing bright colours for the day!

Ann Marr, Chief Executive, said: "We are very excited about our hospitals' charity and it is wonderful to see how our staff, patients and local community have embraced it. There will be lots more fun ways for everyone to get involved in the coming months, today is just the start!"

**WHAT WILL YOU DO?**  
There are many fantastic ways you can raise money for our charity.

- Sponsored walk / run / cycle / swim
- Cake sales
- Sponsored silence
- Team bake off!
- Bad tie day / odd clothes day
- Car wash
- Coffee mornings
- Raffles

**HOW TO DONATE**  
Anyone wishing to make a donation to the charity can visit:  
[www.justgiving.com/WSHospCharity](http://www.justgiving.com/WSHospCharity)  
or donate by text: Text - WSHC11 followed by £5 or £10 to 70070

## 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"

### CDIs -

Please note the tolerance for C.Difficile in 2015-16 is 41 cases. In total there have been 28 confirmed avoidable cases YTD. The Trust is appealed a further 7 cases (panel held in January 2016). RCAs are currently being undertaken.



