

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**

January 2017

Open and Honest Care at St Helens & Knowsley Teaching Hospitals NHS Trust : January 2017

This report is based on information from January 2017. 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.

97.8% 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	1	2
Annual Improvement target	41	0
Actual to date	22	4

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 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:	0.42
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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 4 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
Severe	2
Death	1

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Rate per 1,000 bed days:	0.21
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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*	95.90%	% recommended	This is based on 6026 responses.
A&E FFT Score	86.36%	% recommended	This is based on 3800 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 408 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?	90
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?	96
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?	95
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?	98

A patient's story

Thank you to Paediatrics!

Dear Ms Marr, I felt compelled to write to you regarding our recent experiences at St Helens and Whiston Hospitals and our own GP practice, to offer our thanks at the outstanding patient care our daughter has received in practically every area of treatment we have encountered over the past four months. My 16 year old daughter, Isabel, who has had no health conditions at all prior to August this year, suddenly began experiencing severe abdominal pain and vomiting which continued on a daily basis. Between then and now Isabel has had 3 emergency admissions, x-rays, ultrasound scans, MRI scans, colonoscopy and blood tests, all of which culminated in a speedy diagnosis of the difficult to diagnose Crohn's disease and identified an area of disease in a section of her small bowel. After this diagnosis, she was admitted on 21st December to undergo a right hemicolectomy, which, so far, seems to have been highly successful in alleviating the debilitating symptoms she had been suffering with. We appreciate she still has a long way to go in her recovery and long term management of the disease, but after our experience so far, are highly confident in the skills of your medical staff to enable this to be done as effectively as is possible. Although there were a couple of issues with the appointments department, which at times hindered the treatment the medical staff were trying to deliver, and paediatrics refused to treat her as a minor, this actually meant we met the most exceptional staff on wards 4B and 4C where Isabel was admitted. I cannot praise enough the quality of patient care and dedication your nurses and doctors have shown throughout this difficult time to both Isabel and ourselves. My husband, through his business, has private medical care: the speed and quality of treatment Isabel has received, I believe has been superior to any she would have met within the private healthcare system, and is a testament to the hard work and dedication of your staff. I would like to name some of the staff I believe have shown exemplary patient care, and would be happy for you to pass on our very best regards and thanks to them. Debbie - nurse on Ward 4B Rob, Paul and Louise - nurses on Ward 4C (as well as all other nurses we met there, but whose names I'm unable to recall I'm afraid) Katie - Admissions department Mr Raj - Surgeon Dr Halsall - GP (Rainhill Village Surgery) Two members of your staff have not only shown exemplary patient care, but really gone above and beyond to offer Isabel advice, contact and support at this very difficult and stressful time, whenever she has needed it. I know they have taken a personal interest in her case and are so grateful for the care, time and support they have offered to us all - Brian - Colonoscopy/IBD department and Siobainn - IBD nurse. Once again, thank you to all your staff for the outstanding and speedy healthcare Isabel has received, which has meant she has already been able to resume her A Level studies, without the need to re-sit the entire year: a massive deal to a 16 year old! With our very best regards

Staff experience

We asked 240 staff the following questions:

	% Recommended
I would recommend this ward/unit as a place to work	87
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	93
I am satisfied with the quality of care I give to the patients, carers and their families	92

3. IMPROVEMENT

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

Trust Patient Experience Champions (PECs)

As a Trust we value and understand the importance of involving staff to become ambassadors for quality and as a result of this we have developed Patient Experience Champions (PECs). Our PECs are ward experiences representatives that actively promote the benefits of receiving feedback from patients about their care; which they demonstrate through various routes, including the Friends and Family Test, open and honest care questionnaires and informal feedback to staff. PECs highlight the importance of making changes at a local level as a result of the feedback. In addition, they are conduits for relaying information through the Patient Experience Manager to the Patient Experience Council to ensure the constant development of patient experience Trust wide.

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.

