

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**

July 2015

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

This report is based on information from July 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.

95.4% 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 | 41 | 0 |
| Actual to date | 16 | 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 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

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: | 0.32 |
|--------------------------|------|

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 741 responses. |
| A&E FFT Score | 92.20% | % recommended | This is based on 1848 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 10 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? | 70 |
| 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? | 90 |
| During your stay were you treated with compassion by hospital staff? | 78 |
| Did you always have access to the call bell when you needed it? | 90 |
| Did you get the care you felt you required when you needed it most? | 80 |
| How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment? | 80 |

A patient's story

Thank you to Accident & Emergency Department

A huge thanks to Whiston A&E department, who provided an outstanding service when I attended with a broken arm. Special thanks to Nurse Monica, who put my cast on. She was absolutely brilliant! The care I received is as good as anywhere in the world. I am sorry I cannot give you any suggestions on how to improve as this was an example of the NHS at its best!

Staff experience

We asked 5 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 | 100 |
| 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

In recent years, the Trust website had become dated and was difficult to navigate, it had been designed some years ago and did not incorporate the latest use of technology. At the regular patient forums held by the Trust, the suitability of the website was raised as a concern by patients who felt that it negatively affected the Trust's ability to communicate effectively with patients and visitors.

The Trust agreed that the site hindered its ability to use the latest technology and media channels for communication and set about planning, designing and creating a new site that incorporated the use of social media and video technology. The new site is designed with patients in mind, the ease of navigation and clear sign posting to services paramount. It is a bright, welcoming site, with at a glance information hubs to allow those searching for information easy access to the latest news about the Trust.

Before launching the new website, members of the Trust's patient forum group were invited to 'test drive' the new site to gather feedback on its suitability and consider any further improvements that may be required. The new design, navigation and use of the latest technology were a resounding success, with the patients highly impressed with the ease of use and the level of information available to users.

Now the site has been fully launched, patient forum groups will continue to offer valuable insight into how the Trust can continue to engage effectively with its online community.

Supporting information

Falls -
Please note that these numbers may be subject to change upon an in-depth investigation 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 person's 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"

