

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 NHS
Teaching Hospitals**

February 2015

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

This report is based on information from February 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 NHS Teaching Hospitals'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.

98.2% 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	2	0
Annual Improvement target	19	0
Actual to date	42	2

For more information please visit:

www.sthk.nhs.uk

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	5
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:	0.29
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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	3
Death	0

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Rate per 1,000 bed days:	0.24
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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 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*	97.07%	% recommended	This is based on 648 responses.
A&E FFT Score	92.75%	% recommended	This is based on 814 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 144 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?	94
During your stay were you treated with compassion by hospital staff?	95
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?	94
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	92

A patient's story

Recognition to Burns and Plastics Services

I have recently been on Ward 3A at Whiston Hospital. I was under the care of Mr Graham and had an operation which was done by both Mr Graham and Mr Koshy. I was anaesthetised by Dr Wong. I wanted to say what fantastic care I had. Mr Graham, Mr Koshy and Dr Wong are not only very kind but they all are really excellent at ensuring that both I and my family have a very clear understanding of what any procedure entails and what possible complications there may be. This meant I was making properly informed consent. I was not too anxious about the operation even though it is a major one as I have been operated on previously by both Mr Graham and Mr Koshy and I think I would have to search extremely hard to find better care. This isn't just the standard of the surgery; but the attention to a patient's emotional preparedness and interest in how they are recovering both physically and mentally.

My faith in Dr Wong was fully justified; I had not been anaesthetised by Dr Wong before. I knew that both Mr Graham and Mr Koshy think highly of him. Whilst on the ward, all the staff were really very caring, I felt safe. The staff were so attentive, everything was done with both warmth and a high level of professionalism.

I would also like to say the ward was spotless. In particular, there was a domestic called Jamie who was so friendly and hardworking that he really stood out. I have been involved with Tina and Alison, Reconstruction Nurses for three years and I have really valued their help and support. I must also mention both Mr Graham and Dr Wong's secretaries. I have rung them on a number of occasions and often have been feeling stressed and anxious. They have always been so kind, as well as finding the information I was looking for and getting back to me quickly.

As someone who also works in the NHS, I am under no illusions of the pressures felt by all departments and to maintain such high standards despite this is amazing.

Staff experience

We asked 119 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	97
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

The Trust is committed to listening and engaging with patients. One area for improvement was the booking and rearrangement of appointments. A new 'Queue Buster' system has been commissioned by the Trust, that calls patients back should they choose not to wait in a queue at busy times. If they opt for the call back option, they can hang up and without losing their space in the queue, an appointments clerk calls them back when it is their turn.

The new service has been working well, with patients commenting on how useful the service is. The Trust believes this is a great example of listening to patients and making the necessary improvement for patient care.

Supporting information

Infection Control -

You will notice from the report above that the C.difficile figures are increasing against our targets. However, the Trust has engaged in an appeals process against a number of these results. The Trust has a robust action plan to work towards reducing the numbers of cases.

Falls -

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

