

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 Trust**

March 2014

Open and Honest Care at St Helens & Knowsley Teaching Hospitals Trust : March 2014

This report is based on information from March 2014. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about the 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 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 new harms.

98.1% of patients did not experience any of the four harms in this trust.

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	8	0
Improvement target (year to date)	31	0
Actual to date	26	4

For more information please visit:

<http://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 grades, with one being the least severe and four being the most severe.

This month 5 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	5
Grade 3	0
Grade 4	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 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:	0.28
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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 month we reported 6 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	6
Severe	0
Death	0

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Rate per 1,000 bed days:	0.34
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2. EXPERIENCE

To measure patient and staff experience we use a Net Promoter Score.

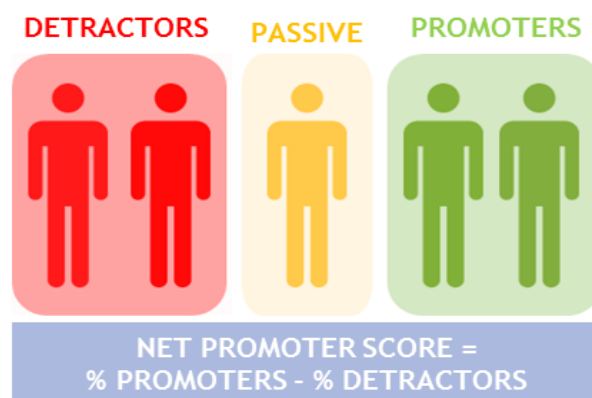
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

From the answers given 3 groups of people can be distinguished:

Detractors - people who would probably not recommend you based on their experience, or couldn't say .

Passive - people who may recommend you but not strongly.

Promoters - people who have had an experience which they would definitely recommend to others.



This gives a score of between -100 and +100, with +100 being the best possible result.

Patient experience

The Friends and Family Test

The Friends and Family Test 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?*

The hospital had a score of **77** for the Friends and Family test*. This is based on 1213 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 168 patients the following questions about their care:

	Net Promoter Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	46
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	52
Were you given enough privacy when discussing your condition or treatment?	63
During your stay were you treated with compassion by hospital staff?	73
Did you always have access to the call bell when you needed it?	72
Did you get the care you felt you required when you needed it most?	62
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	69

1) Excellent care received from the A&E department right through to the ward (2D) where the staff from the cleaners, caterers, doctors, nurses, sisters and all (too numerous to mention), were always pleasant from the moment they introduced themselves. This was my first time at this hospital and I would not hesitate attending again - will also post this comment on the NHS feedback site, thank you.

2) I have never received the high quality of care, help, treatment and compassion as I have in my confinement at this hospital (and have had various treatment and surgery in a variety of hospitals in my lifetime). A report showing outstanding treatment and care should be shown to the media, i.e. TV, NHS and newspapers. Thank you so much.

3) I have been on ward 5D several times and I find the staff are very compassionate in their job and look after me very well. When you need something done it is not a problem for them -the ward has been amazing.

A patient's story

Dear Ms Marr, I wish to congratulate your staff on Ward 4B on the way a difficult situation was dealt with.

Yesterday 1st April I reported to Ward 4b for a Hernia repair operation (or is it procedure now) at about 10.45 am, went through all the usual procedures and saw my Consultant who explained what was going to happen and then I went back to the waiting room.

People came and went and at about 4.30 pm I was given a bed and changed into the gown and stockings and waited for the Porter and wheelchair to take me into surgery.

However at about 5 pm the Staff Nurse came to see me and apologised very sincerely that my operation had been postponed in that the Consultant was involved in a lengthy operation.

Having had a few straight forward ops I fully understood the situation and got changed but the staff insisted that as I had not eaten all day I must have some food. In a very short space of time a tray appeared with soup, sandwiches and a desert.

The main point of this note is to say thank you to the Staff Nurse for the very sympathetic way that she and her colleague handled the difficult situation and to the health care assistant for dealing with the food etc.

I do hope that you will pass my comments on to them and thank them for their kindness.

Staff experience

We asked 104 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	45
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	64
I am satisfied with the quality of care I give to the patients, carers and their families	53

in order to make it even better I would suggest....

I understand the trust is looking at revising the nursing documentation as a workstream as part of the Nursing & Midwifery strategy. This would certainly help with my delivery of direct patient care that is essential.

3. IMPROVEMENT

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

A patients wife recently contacted the hospital after she had arrived to visit her husband on X ward at 14.55 hours only to be told at 15.00 hours that visiting time had ended. The lady was very upset as she wanted to spend time with her husband and had travelled in a taxi to see him. The lady was put into contact with the Matron immediately and it became apparent that the information being shared on the Trusts website was incorrect. This was rectified the same day and demonstrated the value of patient and public engagement and listening to our patients and carers to make positive changes.