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 2016

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

This report is based on information from January 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

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.

99.6% **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	0	0
Annual Improvement target	41	0
Actual to date	25	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 2 Category 2 - Category 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Category 2	2
Category 3	0
Category 4	0

The pressure ulcer numbers include all pressure ulcers that occured from zero 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:	0.10

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

Severity	Number of falls
Moderate	2
Severe	1
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:	0.15

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*	97.00%	% recommended	This is based on 1970 responses.
A&E FFT Score	92.07%	% recommended	This is based on 3799 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 300 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?	89
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?	91
During your stay were you treated with compassion by hospital staff?	94
Did you always have access to the call bell when you needed it?	88
Did you get the care you felt you required when you needed it most?	91
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

Thank you from Patient's Family to A&E and Ward 5A

My Nan was brought to the Emergency Department in January after taking ill. It soon became apparent that she was very poorly and she was moved to the resuscitation area of the department where she remained for many hours. The care she received was second to none, Doctors Alex and Friede were wonderful and Nan gradually improved. Nurses Nicola, Louise, Gabi and Lyndsey (amongst others) were so caring and a credit to their profession.

After a short spell on Obs/EAU, Nan was moved to ward 5A where she was looked after by Dr Gowda and team. We were regularly updated and kept informed as to what was happening. Sadly it became apparent that Nan would not recover. My family cannot praise the staff on ward 5A highly enough. Every member of staff that we came into contact with was so caring and professional at all times (medical, nursing, catering and domestic staff). In my Nan's final days/hours nothing was too much trouble and we were constantly asked if there was anything we needed. We were looked after as well as Nan.

Nan was a remarkable woman who brought myself and my brother up from ages 4 and 3, following the death of our mum. It is of great comfort to all of our family that she was looked after so well in her final days. Nan sadly passed away in February surrounded by all of her loving family and we will never forget how well she was cared for and looked after at Whiston Hospital.

Staff experience

We asked 64 staff the following questions:

	% Recommended
I would recommend this ward/unit as a place to work	95
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	97

3. IMPROVEMENT

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

Thank you Ward 4A

The patient had experienced 4 years of abdominal pain during which time she underwent many investigations as an inpatient and outpatient. This included several scopes of her bowel and bowel resection. The patient has other comorbidities including Addison's disease. She has also been a carrier intermittently of c-difficile since December 2012 but is negative at present. Her long term condition of Crohn's disease culminated in the patient requiring formation of ileostomy undertaken by Mr Raj in November 2015. The patient was readmitted again during December 2015 with severe abdominal cramps when she attended the A&E Department. She was subsequently admitted to ward 1C and moved to 4A. She underwent diagnostic tests which diagnosed an inflammation of part of the large bowel. Intravenous fluids and steroids were administered due to vomiting. On this occasion the total length of the patients hospital stay was 11 days. On discharge the plan was for the patient to be followed up as a Gastroenterology patient for a further scope.

The patient stated that on every occasion that she attended the Trust all members of staff had been compassionate, showed empathy and displayed very dignified care. The patient commented on the form that asks "during your stay were you treated with compassion by hospital staff", she responded "yes at all times, even on dark days. Due to the long duration and pain, there was always a hand to grab to pick me up". The patient was very complimentary of all staff including, domestics, nurses, doctors; who all would take time to ensure that the patient was made to feel respected and treated as an individual. Any interaction was explained and consent gained to proceed to examine her on every occasion. Her dignity and privacy was maintained at all times.

The patient had an issue with one of her routine medications not being prescribed during one of her admissions. This concern was escalated on the ward and when staff were informed of the oversight the patient stated that this issue was quickly rectified with an apology for the delay. The patient exclosed that during her admission her daughter, carer and herself were struggling to cope at home. Therefore the consultant arranged for the patient to be referred to the relevant services to ensure an appropriate support package was put in place. The patient described the consultant as "he not only ran a mile but he did the marathon". The patient also commented on how we as a Trust made it easy to allow her sons to visit as they live some distance away. On discharge the patient felt as if she could stay until her son could come and pick her up off the ward, so she was not being rushed.

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 25 confirmed avoidable cases YTD. The Trust is appealing a further 7 cases (panel to be held in January 2016). RCAs are currently being undertaken.