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 overall aim of improving care, practice and culture**

Report for:

Southport & Ormskirk Hospital NHS Trust

December 2019

This report is based on information from October 2019. The information is presented in three key categories: safety, experience and improvement. These reports will also signpost you towards additional information about Southport & Ormskirk Hospital NHS Trust (SOHT) performance.

1. SAFETY

Safety Thermometer

The NHS Safety Thermometer is used nationally but is designed to be a local improvement tool for measuring, monitoring, and analysing patient harms and developing systems that then provide 'harm free' care. The NHS Safety Thermometer has been designed to be used by frontline healthcare professionals to measure a 'snapshot' of harm once a month from pressure ulcers, falls with harm, urinary infection in patients with catheters (CAUTI) and treatment for blood clots (VTE). These harms are measured in two ways, harms which are old and sustained prior to admission and new harms which occurred whilst the patient was in hospital. The data is used alongside other outcome measures to help us understand themes, analysis findings and plan improvements in care delivery.

The score below show the percentage of patients who received harm free care whilst an inpatient during October 2019

98.89% of patients did not experience any of the four harms

In October 2019, SOHT achieved 98.89% harm free care, with 1.11% of patients on the day recorded in the category of 'new' harm (sustained whilst they were in our care). Broken down into the four categories this equated to 0 falls with low harm, 3 VTE, 2 CAUTI and no incidents of pressure ulcer development of category 2 or above.

Progress is monitored through the Trusts Quality & Safety Committee

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 nationally monitored as we are trying to reduce the incidence of these infections. 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 do 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 are 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 MRSA bacteraemia infections and are working towards reducing C Difficile infections; 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 which has been set for us by the National Health Service Improvement (NHSi) Agency and results for the year to date. The Trust also sets its own 'internal stretch' targets as a way of improving ourselves even further.

	C. difficile	MRSA
October 2019	**5**	**0**
Annual improvement target	16	0
Actual year to date	21	1

Each incident of infection is reviewed and a thematic analysis undertaken. This is monitored through the Trusts Quality & Safety Committee

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.

The pressure ulcer numbers include all pressure ulcers that occurred from 72 hours after admission to this Trust

October 2019	8	Category 2 to category 4 pressure ulcers that were acquired during hospital stays

Severity	Number of Pressure Ulcers
Category 2	6
Category 3	2
Category 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 1,000 occupied bed days	0.63

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.

October 2019	2	Falls that caused at least moderate' harm

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Rate per 1,000 occupied bed days	5.10

Safe Staffing

In 2014 NHS England and the CQC launched 'Hard Truths Commitment'. This work complimented the National Quality Board guidance to optimise nursing and midwifery staffing capacity and capability. Each month the

Trust will publish data that demonstrates the planned versus actual number of staff on each shift for each day of the month. The Hard Truths data will be available on the Trust website & NHS Choices for the public to see. The data is presented in a format that is user/public 'friendly' and supported by a narrative to enable an understanding of the information provided.

The Trust Safer Staffing numbers are reported as part of the Public Trust Board papers, accessible via the following link: SOHT Trust Board Agendas and Papers

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 to be asked, at periodic points or following discharge, '*How likely are you to recommend our ward /A&E /service /organisation to friends and family if they needed similar care or treatment?'*

October 2019

Clinical location	Number of responders	% who would recommend
Inpatient wards (inc. children's ward)	1164	93.66 %
A&E (SOHT only)	1097	88.79%
Maternity	56	100 %
Overall Trust * Also includes Children's A&E)	2287	91.60%

*This result may have changed since publication, for the latest score please visit:

[Southport & Formby District General Hospital](#)
Ormskirk & District General Hospital

3. IMPROVEMENT

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

Nursing innovation gets patients on move to theatre

Well done to all those at Ormskirk Hospital involved with creating a bespoke training solution which has resulted in one of our first nursing associates working in new role as 'Theatre Escort Nursing Associate (TENAS). The training package was specifically created to develop this role which enables theatre and ward staff to remain on their own areas caring for patients. This is an excellent example of innovative thinking and departments working together to find solutions. Well done all!

Professor celebrates 'huge progress' in Orthopaedics

A year on from officially launching our Getting It Right First Time (GIRFT) programme in Orthopaedics, the programme's national champion Prof Tim Briggs returned this week to inspect progress.

He was in for a treat as Mr Chetan Sangani, Clinical Director for Orthopaedics, and Medical Director Dr Terry Hankin walked him through the many improvements the team and their support team have made. This includes:

- A near 100% Advancing Quality score for hip and knee operations
- Achieving four-joint list on some all-day lists – minimum is 3 joints and 1 or 2 arthroscopies
- Golden Patient introduced in July
- Changed from reverse hybrid hip replacement to fully cemented hip 70+
- All surgeons undertaking at least 20 primary hip and knee a year
- Consultant of the Week introduced in March
- Dedicated Paediatric trauma at Ormskirk every week

The aim of GIRFT is to deliver improvements in clinical quality and process by reducing varia-tion in practice and making sure patients get the best care. Implementation to occur

at pace, but be sustainable in the long-term.

Prof Briggs (below) said the Orthopaedic team had been on a challenging journey and made huge progress - "and, one thing I do know from work with other trusts, no one will want to go back to how you were". He added there was still lots more to do but "don't aim to be average, aim to be the best!"