

## 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:

**Calderdale and Huddersfield  
Foundation Trust**

January 2014

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# Open and Honest Care at Calderdale and Huddersfield Foundation Trust : January 2014

This report is based on information from December 2013. 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

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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.

**92.2%** 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)

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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
<b>This month</b>	1	0
<b>Improvement target (year to date)</b>	28	0
<b>Actual to date</b>	14	2

## Pressure ulcers

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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 33 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	22
Grade 3	9
Grade 4	2

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:	1.54
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## Falls

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

Severity	Number of falls
Moderate	2
Severe	2
Death	0

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Rate per 1,000 bed days:	0.19
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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

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#### 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 2516 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 641 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?	75
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	53
Were you given enough privacy when discussing your condition or treatment?	91
During your stay were you treated with compassion by hospital staff?	
Did you always have access to the call bell when you needed it?	
Did you get the care you felt you required when you needed it most?	95
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	77

## A patient's story

Mrs X was admitted to ward 19 following a fall down some stairs at her over 60's club. The fall caused her to a fractured hip.

Surgery was performed and Mrs X was recovering well, unfortunately she experienced a second fall post-operatively causing the surgical fixation to become loose. Whilst not requiring surgical intervention immediately to repair this, it is highly likely that Mrs X may require further surgery in the future should the fixation fail.

Being a really active and fully independent person with an active social life Mrs X is finding adapting to her current situation difficult and she is worried about the prospect that her mobility will not allow her to return to her previous active and independent position, also the thought of further surgery is an additional worry for her. Another worry for Mrs X is that she will now be more dependent on her family and whilst they will be very supportive she is concerned that they have their own busy lives and she does not want to be dependent upon them for too long. The thought of not being able to get to her over 60's club for the foreseeable future for company is upsetting her.

Mrs X in-patient fall occurred when staff had assisted her to the en-suite toilet facilities, whilst Mrs X was safe to leave in the toilet unaccompanied and she said staff had informed her to ring when she has ready Mrs X assumed they meant after she had wiped herself, she was unable to do this sat down so she stood up whilst in on her own.

The investigation into the fall has highlighted that whilst staff had told her to ring when she was ready they had not given a clear instruction that she should not stand up without their assistance.

Although Mrs X has experienced an in-patient fall in hospital she feels her care by all those she has come into contact with has been excellent, and when asked if there was anything we could do to improve on she said she had really excellent care, the facilities were marvellous having had her own private room with en-suite facilities and she was pleased that she has not had to move wards during her stay.

Mrs X said despite the fall she would rate the ward 10 out of 10.

As part of this patient story she has asked that we make a note that she would like to personally thank all staff involved in her care throughout her whole journey, the treatment by the paramedics at the scene of the fall, whilst in A& E staff, the nurses, doctors and physiotherapy staff on ward 19 for the excellent care and treatment she has received. Whilst Mrs X says it will be some time before she gains her full confidence back as she is anxious about falling down the stairs again she has had good support from the physiotherapists to support her getting her confidence back when using stairs.

One thing Mrs X found she did not like although she appreciated why there was a need for it, was the pressure relieving mattress, she found it uncomfortable and she was unable to sleep well because of it being so uncomfortable. She was glad it was removed as soon as she was more mobile.

Q: Were you involved as much as you wanted to be in the decisions about your care and treatment?

A: I got the right level of information, the risks of the surgery were explained and they have kept me informed.

Q: If you were concerned or anxious about anything while you have been in hospital, did you find a member of staff to talk to?

A: The nursing staff have been lovely and very easy to talk to.

Q: Were you given enough privacy when discussion your condition or treatment?

A: I have been in this lovely side room since I have come in and I am very lucky it has it's own en-suite facility. I have had full privacy.

Q: During your stay have you been treated with compassion by hospital staff?

A: Yes, they cannot do enough for you, the nurses are lovely, everyone has been nice.

Q: Did you always have access to the call bell when you need it?

A: Yes the nurses have always made sure it was near me.

Q: Did you get the care that you felt you required when you needed it most?

A: Yes, from the paramedics, in A&E and on the ward.

Q: How likely are you to recommend our ward to fiends and family should they need similar care or treatment. A: Extremely likely, it is an excellent ward, I am really glad I have not had to move wards. I rate the ward 10 out of 10, cannot fault it. The only thing is I would say the food is just passable as long as you have salt, but the puddings are lovely.

## Staff experience

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We asked 47 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	30
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	55
I am satisfied with the quality of care I give to the patients, carers and their families	47

## 3. IMPROVEMENT

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

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#### Diagnostic Information sheet for Patients

Each ward now has a laminated copy of the common diagnostic procedures, e.g CT SCAN , MRI Scans, that are patient friendly and provide information to share with the patient and relative. This provides standardised information pre-procedure in an attempt to reduce anxiety and provide information. This is undertaken by the doctor or the named nurse for the patient and provides the opportunity for further discussion.

#### Dear Doctor

Patients are provided with a paper headed "Dear Doctor". This provides the opportunity for patients and relatives to record any questions they may wish to ask the doctors or nursing staff during the ward round. This can also provide general information back to carers if they are not available on the ward round.

#### Train Volunteers for Cognitively Impaired Patients

The trust is actively supporting the recruitment of hospital volunteers that have a particular interest to support patients with cognitive impairment to help facilitate the distraction activity on the ward areas. This is being supported by the trust-wide dementia collaborative work.

### Supporting information

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