

## 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**

August 2014

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

This report is based on information from August 2014. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about Calderdale and Huddersfield Foundation 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 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.

**93.2%** 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>	2	0
<b>Improvement target (year to date)</b>	18	0
<b>Actual to date</b>	11	0

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

Severity	Number of pressure ulcers
Grade 2	13
Grade 3	3
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:	0.84
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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 includes avoidable and unavoidable falls sustained at any time during the hospital admission.**

This month we reported 2 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	2
Severe	0
Death	0

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Rate per 1,000 bed days:	0.10
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## 2. EXPERIENCE

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

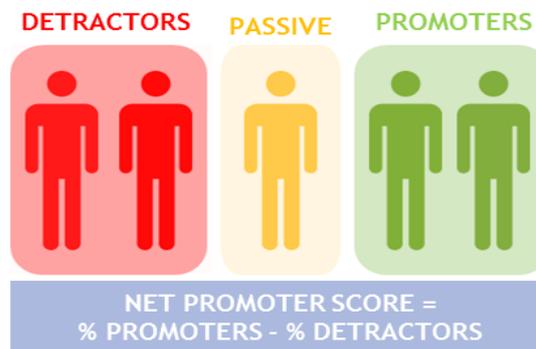
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

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 (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 and/or attended Accident & Emergency (A&E). Both scores (if applicable) are below;

**In-patient** FFT score\*

72

This is based on 2381 responses.

**A&E** FFT score\*

58

This is based on 7414 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 987 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?	84
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	75
Were you given enough privacy when discussing your condition or treatment?	91
Did you get the care you felt you required when you needed it most?	93
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	72

## A patient's story

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Mrs G shared her patient experience with the Trust via the Patient opinion website regarding the neurology service provided at HRI:

"I had a scheduled first appointment at neurology for 3pm and arrived at 2. 45pm. There were long waits and there were families there who had been waiting over an hour and had appointment times half an hour before mine. I have a number of co morbidities including gastro intestinal problems and asthma and cannot sit for long. The family who had a 2. 30pm appointment didn't get in to see the consultant until 3. 35pm and I knew then it would be past 4pm before it was my turn. As I was finding it difficult to sit and to breathe I left at 3. 35pm. Nobody came out at any time to let us know that there was a delay of how long we could expect to wait. The family sitting next to me who had been sitting for over an hour were very upset. Another family scheduled to see one of the consultants also went to see the nurse to see what was happening before I did.

No dignity and no respect for the patient. I understand that sometimes patients appointment times run over but this was ridiculous. If I could sit for that length of time I probably shouldn't have been attending neurology in the first place. The appointments system needs a complete overhaul with regular updates after, say 20 minutes if a patient is waiting more than this time after their scheduled appointment."

## Staff experience

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We asked 14 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	14
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	86
I am satisfied with the quality of care I give to the patients, carers and their families	71

# 3. IMPROVEMENT

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

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Following an internal review of the concerns Mrs G had raised, she responded to our feedback:

"I have received a positive response outlining the intention to monitor the neurology clinics in order to identify what is causing the delays and from there address those issues. I have received a new appointment to see the neurologist. Further, the clinic staff have been reminded of the need to keep patients informed of any delays. Further concerns I have raised have already been addressed as evidenced by my visit to another clinic in the past week. I wish to thank the Operational Manager for initially contacting me regarding my concerns and then following this up with an email outlines their intentions. Exemplary practice!"