

## 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**

July 2014

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

This report is based on information from July 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.

**92.0%** 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>	4	0
<b>Improvement target (year to date)</b>	18	0
<b>Actual to date</b>	12	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 24 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	21
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:	1.21
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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.

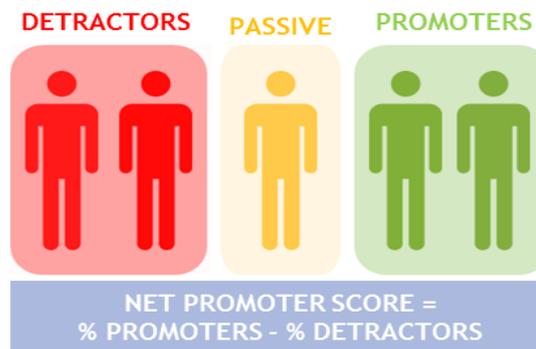
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

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 2596 responses.

**A&E** FFT score\*

62

This is based on 7776 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 1032 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?	83
Were you given enough privacy when discussing your condition or treatment?	94
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?	72

## A patient's story

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Ward 22 admits patients directly to the ward when referred by their GP. Sometimes these patients stay in hospital, sometimes they have a scan and then go home. Following on from feedback we had received both from these patients, and from a research study we participated in, we identified that people were often anxious and unsure about what would happen to them as part of their admission. We therefore came up with an information noticeboard which we placed in our waiting room. Contained within this were details explaining about the type of tests and scans we commonly use, and also an estimated timescale about how long it would take to be seen by the doctor and nurse, and how long it would take for blood results to become available.

Some of the patients that we see on the ward can be discharged home with medication. There could sometimes be a wait for these medications to be dispensed, and so with pharmacy we found a new way of working where we could give the patients their discharge medication from the ward to minimise waiting time.

We also included information about what happens for patient who do not need to be admitted – about the type of tests they would have as an out-patient and again we tried to give a guide as to the timescale involved.

## Staff experience

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We asked 12 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	67
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	67
I am satisfied with the quality of care I give to the patients, carers and their families	83