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

May 2015

Open and Honest Care at Calderdale and Huddersfield Foundation Trust : May 2015

This report is based on information from May 2015. 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

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.

95.0% **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	21	0
Actual to date	2	1

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 12 Category 2 - Category 4 pressure ulcers were acquired during hospital stays.

Severity	Number of Pressure Ulcers
Category 2	12
Category 3	0
Category 4	0

The pressure ulcer numbers include all pressure ulcers that occured from 72 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:	137.93

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

Severity	Number of falls
Moderate	1
Severe	0
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:	11.49

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*	96.9	% recommended	This is based on 1815 responses.
A&E FFT Score	90.5	% recommended	This is based on 945 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 patients the following questions about their care in the National Inpatient Survey 2014:

Were you involved as much as you wanted to be in the decisions about your care and treatment?	7.6/10
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	6.3/10
Were you given enough privacy when discussing your condition or treatment?	8.6/10
Did you get the care you felt you required when you needed it most?	8.9/10

A patient's story

A complaint was received from a patient who raised issues regarding care and communication issues. In the complaint, the patient described how they felt ta certain member of staff displayed a poor attitude along with a lack of respect and dignity towards patients. Not only this, but issues were raised around poor communication and certain facilities having inadequate hygiene levels.

Staff experience

We asked 6 staff the following questions:

	% Recommended
I would recommend this ward/unit as a place to work	83
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	83
I am satisfied with the quality of care I give to the patients, carers and their families	100

3. IMPROVEMENT

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

A meeting was held with the identified nurse, matron and ward sister. The complaint letter was read out to the staff member as it was felt that this provided more of an impact as opposed to the staff member simply reading it.
The staff member was immediately upset and apologised for the lack of care and compassion shown to the patient in question. She acknowledged that she needs to improve her communication skills and acknowledged that she could "see herself "doing the concerns raised in the letter.
It was agreed that the staff member would meet weekly with the ward sisters for the next 2 months to ensure that no further concerns were raised and to offer support and guidance as required. It was explained that an improvement by means of no further complaints is expected to be achieved.
The staff member has also been encouraged to spend 15 minutes at the end of a shift to sit, listen and taken note of noise on the ward- from telephones, to buzzers, to how staff communicate with patients etc.; to highlight how distressing noise can be to patients in our care and how this can influence how they feel that they are being cared for. As soon as this is undertaken the information is to be feedback at the next ward meeting and disseminated to all members of the team. It is hope that this will enable the staff member involved to see how important communication is when caring for patients who are by their very nature vulnerable.

The ward environment only has two bathrooms- one with an electronic bath and the second with a shower. The toilets are designated male and female but are interchangeable. However it is noted that some patients (of either sex) may not feel comfortable (as the patient in question did) in showering in what was designated as a male toilet. Ward staff to be reminded that the toilets are interchangeable but as patients very rarely use the electronic bath then the ward manager to