

Open and Honest Care at Calderdale and Huddersfield Foundation Trust : March 2014

This report is based on information from March 2014. 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

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.

98.0% 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)

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
Improvement target (year to date)	28	0
Actual to date	15	2

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 grades, with one being the least severe and four being the most severe.

This month 21 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	15
Grade 3	5
Grade 4	1

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:	1.02
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Falls

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

Severity	Number of falls
Moderate	0
Severe	1
Death	0

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Rate per 1,000 bed days:	0.05
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2. EXPERIENCE

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

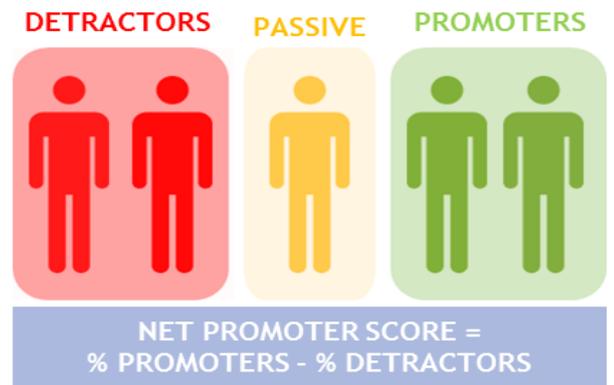
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

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

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 **76** for the Friends and Family test*. This is based on 2467 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 257 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?	83
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	82
Were you given enough privacy when discussing your condition or treatment?	90
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?	94
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	76

A patient's story

One of our matrons met with the Mrs C whose mother had been a patient on our orthopaedic ward following surgery in 2012. This meeting took place 9 months after Mrs C's mother had been discharged and it had been arranged to show the improvement work and ward environment upgrade that had been undertaken to support our patients and in particular patients who suffer from dementia and delirium.

Mrs C had initially raised several concerns during her mother's stay at some areas of care for her mother and told us how she had found her mother very anxious and upset in the days following her surgery.

She had said: "Staff were busy, I can appreciate that, but there seemed to be no time for staff to talk or reassure my mother who was confused and anxious. There were times when I would come and my mother had not touched her meal and it was left cold, she could feed herself but needed prompting. There were times when we visited and she cried as she wanted to go home, we wish we could have stayed longer or taken her to a quiet area to read to her or listen to music, I am sure she would have been more settled"

After meeting with us, she said: "The Matron discussed the Butterfly scheme with me, what a brilliant idea to find out all the information that is important to my mum, to help care for her. I was so impressed with the improvement work which had been put in place since my mother was a patient it actually brought tears to my eyes, patients on the ward look well looked after, the environment was calm and staff interaction with the patients was very visible. I wish my mother had been a patient now rather than in 2012."

Staff experience

We asked 30 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	73
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	70

3. IMPROVEMENT

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

As part of the improvement work with our vulnerable adults within the acute surgical /orthopaedic wards at Huddersfield there has been several areas of work undertaken that is having a positive impact on the patient and carers experience.

The day rooms on both wards have been changed into dining rooms so that we can get patients together at meal times to encourage socialisation. Funding has also been granted to employ engagement and care support workers. They will work Monday to Sunday to take forward the work already in place to support both patients with dementia and delirium, engaging with them either in groups or on an individual basis where needed.

We will have coffee mornings/afternoons and do group activities, such as listening to music, reminiscence work, playing bingo or generally just stimulation through conversation. It is our aim to reduce the need of 1:1 observation of patients, through engagement during the day it will hopefully promote rest and sleep during the night. We will have one engagement and care support worker supporting both wards during working night so that they will support with 1 :1 supervision this will improve the patient experience through consistency of appropriate Trust personnel in preference to unfamiliar agency staff.

Open visiting on ward 19 and actively encourage relatives to be present should they wish to continue providing there nearest and dearests care and on ward 20 we have extended visiting to a three session day rather than open visiting (slightly different client group) but for vulnerable patients we will allow open access. Our local secondary college has worked closely with the Trust and we have also actively used volunteers to support this engagement work, they have proved to be fantastic with the patients and provided them with valuable insight into the care of our elderly population and their health care needs. The 'My Life' IT interactive system has been used in groups to support reminiscence work and on a one to one basis, involving family members.

It is the intention to use this valuable work across the organisation to compliment the Dementia Collaborative work and the nationally recognised Butterfly Scheme which is being supported on all ward areas.

Supporting information
