

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**

June 2014

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

This report is based on information from June 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.

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)

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	1	0
Improvement target (year to date)	18	0
Actual to date	8	0

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

Severity	Number of pressure ulcers
Grade 2	9
Grade 3	4
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:	0.68
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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 0 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	0
Severe	0
Death	0

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Rate per 1,000 bed days:	0.00
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2. EXPERIENCE

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

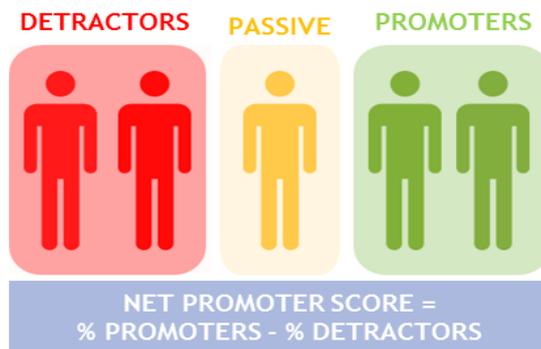
The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

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 **73** for the Friends and Family test*. This is based on 2480 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 284 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?	81
Were you given enough privacy when discussing your condition or treatment?	86
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?	73

A patient's story

My relative was admitted to the A&E at Huddersfield Royal Infirmary, and from there to the Medical Assessment Unit and later to the Acute Stroke Unit. I would like to express my sincere gratitude for the exemplary care and consideration shown to my auntie and close family members from the Ambulance Service who initially transported her to the whole NHS team. The standard of care has been outstanding and was always delivered with care and compassion. Not only had my auntie suffered a stroke but as a family we were also coming to terms with her dementia, she was now unable to communicate in any way with the family. This we found the most difficult and heart-breaking. The standards we encountered throughout her final illness were exemplary and something for which the Trust can be proud. All of the members of the team were very compassionate and professional and provided us with regular updates but their support was invaluable. Nothing was too much trouble. My thanks go to not just doctors and nursing staff but all healthcare workers including the domestic staff and therapy team.

Staff experience

We asked 0 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	0
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	0
I am satisfied with the quality of care I give to the patients, carers and their families	0

3. IMPROVEMENT

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

The stroke unit is a dedicated and accredited unit based at Calderdale Royal Hospital where we have direct access to radiology. There is also a Stroke Physician of the day who performs daily ward rounds including the weekend. Patients are admitted onto a stroke pathway and their acute care needs are met within the unit for usually up to five days. Once the patient has been assessed by the multidisciplinary team they then receive further stroke rehabilitation in one of our stroke rehabilitation wards which is on the same site. Clinical decisions will also be made in the patients best interests and such as this patient story the patient stayed within the unit.

Along side the unit we offer 24/7 thrombolysis and facilitate practice out of hours by the use of telemedicine within a regional network. We also have a team of thrombolysis nurses who facilitate and support the patients receiving this.

There is a daily rapid access TIA clinic within the unit.