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

This report is based on information from May 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.

95.2% **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)

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	4	0
Improvement target (year to date)	18	0
Actual to date	7	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 10 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	10
Grade 3	0
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:	0.50

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

Severity	Number of falls
Moderate	0
Severe	3
Death	0

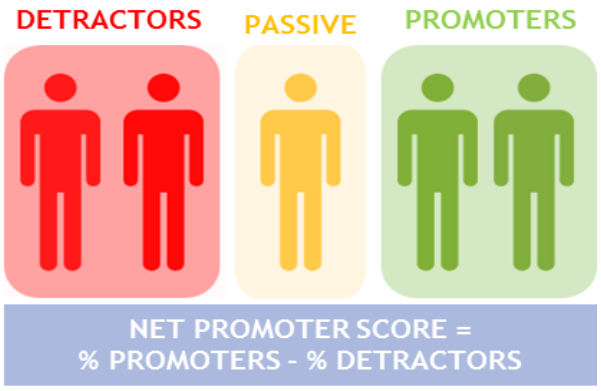
So we can know if we are improving even if the number of patients we are caring for goes up or down, we also calculate an average called 'rate per 1,000 occupied bed days'. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals, as their staff may report 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:	0.15

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 74 for the Friends and Family test*. This is based on 2461 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 164 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?	86
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?	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?	97
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	74

A patient's story

Mr X attended the Emergency Department at the Calderdale Royal Hospital following retention of urine. He was seen fairly promptly and the decision was made to insert a catheter. Prior to the catheter, Mr X yawned and dislocated his jaw. He knew he had dislocated his jaw because, as well as being unable to open and close his mouth he had also dislocated his jaw twice previously. The doctor who was looking after Mr X, inserted the catheter then looked at the jaw. He felt it was not dislocated but was in spasm so gave Mr X 2mg of diazepam. Mr X was then transferred to the Surgical Assessment Unit at Huddersfield Royal Infirmary without any further treatment.

When Mr X arrived on the Surgical Assessment Unit early in the morning he was unable to eat or drink anything as he could not open and close his mouth. Mr X was sent for an x-ray in the afternoon.
Mr X's family left the Surgical Assessment Unit at the end of visiting time, still very concerned that the jaw had not been relocated and that Mr X had not had any oral fluids or any diet prior to the dislocation of the jaw.

At 10pm, Mr X's family rang the Surgical Assessment Unit to enquire after their relative and to enquire whether the jaw had been reduced. They said they were made to feel that they were an inconvenience by ringing up the ward and they were also told that their father was not a medical priority as a dislocated jaw was not life threatening. His family persisted and eventually spoke to a doctor who offered to go and see their father whilst they remained on the phone and he was able to relocate the jaw some 21 hours after the jaw had been dislocated.

Mr X and his family are upset by the incident and feel that the discomfort their relative and his basic needs were not met. Mr X feels he was not listened to right at the beginning when he explained to the doctor his jaw was dislocated and then after transfer he was no longer important to them.

Mr X was eventually transferred to ward 7 where he received exemplary care from all the nurses who looked after him. He also accessed services within the Trust since this incident and has again received exemplary care. Mr X and his family are going to come in and talk to the staff on the Surgical Assessment Unit and the Emergency Department regarding their experience and we will learn and share to ensure best care at all times.

Staff experience

We asked 18 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	89
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	56
I am satisfied with the quality of care I give to the patients, carers and their families	67

3. IMPROVEMENT

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

Patient experience and care delivery is closely monitored in our Accident and Emergency areas. A monthly multidisciplinary Patient Experience Group has been running successfully for some time which covers both acute hospital sites. This provides a forum not only to monitor and share complaints and experiences, but to ensure the timely response and actions which are owned by the whole team. Patients are invited to share their stories and this has proved to be a powerful and motivational method of feedback for the team. This also supplements the monthly feedback obtained from Friends and Family.

The name of the nurse in charge of each unit is now clearly displayed in each department so the point of contact is clear if issues arise. Patient handover is undertaken outside each cubicle and with the inclusion of the patient, so there is timely communication and an opportunity to answer questions from patients and relatives. CARE logs are commenced on each patient in the ‘majors’ area of the department to ensure patients have up to date information and understand the processes in the department. Welcome packs will also be introduced shortly to provide patients with information about the patient journey and why certain things happen.

It is clear from the patient story that this man’s initial treatment was provided promptly however the impact of a lengthy delay in manipulating his jaw resulted in restricted nutritional intake, discomfort and anxieties which could have been managed more effectively at the start of his patient journey. Again did we stand in the patient shoes?

Supporting information