

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**

January 2015

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

This report is based on information from January 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.

93.6% 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	3	0
Annual Improvement target	18	0
Actual to date	22	0

For more information please visit:

www.website.com

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

Severity	Number of pressure ulcers
Category 2	8
Category 3	9
Category 4	0

The pressure ulcer numbers include all pressure ulcers that occurred 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:	0.80
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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 includes avoidable and unavoidable falls sustained at any time during the hospital admission.**

This month we reported 0 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	0
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:	0.00
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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*	96.59	% recommended	This is based on 909 responses.
A&E FFT Score	92.2	% recommended	This is based on 847 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 909 patients the following questions about their care:

	% Recommended
Were you involved as much as you wanted to be in the decisions about your care and treatment?	90
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	66
Were you given enough privacy when discussing your condition or treatment?	95
Did you get the care you felt you required when you needed it most?	100
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	97

A patient's story

A patient attended the Day Procedure Unit for a planned vasectomy under local anaesthetic. He suffers from Asperger's Syndrome (a form of autism). As routine the administration staff sent out the relevant letter and accompanying information leaflets on both local anaesthetic and vasectomy procedure. The leaflet with information on vasectomy procedures is on A4 sheets of paper folded to replicate the appearance of a booklet. The operation went well and the patient was discharged later the same day. Sometime later the patient contacted the Trust Patient Advice Service and explained that due to his Asperger's Syndrome, he had been confused by the information he had been given and that it had not all been as he expected on the day of the operation. The matron telephoned the patient to gain a better understanding of his concerns. He explained that the leaflet, rather than be folded once into A5 (so that it can be read in sequence) had been folded 3 ways so that it fit into the envelope. This was confusing for him as it should have been easier to read. He also explained that due to the nature of his Asperger's the vasectomy information within the leaflet did not flow and so were confusing.

Staff experience

We asked 15 staff the following questions:

	% Recommended
I would recommend this ward/unit as a place to work	93
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	100
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

The patient agreed to work with the service and assist in modifying the leaflet, following a meeting his comments and recommendations were utilised to design a revised leaflet.

The option to provide information on a link to NHS choices website was discussed and actioned which provided the option of large print and translation into several languages. A telephone number was also made clearer if further information was required.

The partnership working with the patient was invaluable; it involved gaining a clearer understanding of how we provide information and cater for individual client groups needs.