

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**

March 2015

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

This report is based on information from March 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.

93.3% 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	1	1
Annual Improvement Target	18	0
Actual to date	27	1

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	11
Category 3	5
Category 4	1

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:	0.82
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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 3 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
Severe	0
Death	0

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Rate per 1,000 bed days:	0.15
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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*

96.4	% recommended	This is based on 1113 responses.
89.6	% recommended	This is based on 823 responses

A&E FFT Score

*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 1113 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? If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	88
Were you given enough privacy when discussing your condition or treatment?	63
Did you get the care you felt you required when you needed it most?	98
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	100
	96

A patient's story

CHFT have been undertaking real time patient monitoring RTPM based on the Picker institute survey . One of the question asked patients on discharge was around the Quality of inpatient hospital food .On a regular basis comments were made with regard to the quality of the soups provided to patient on both hospital sites. Comments made were:

“Soups horrible no taste”

“Soups watery lack flavour and body “

This was also reported during the regular food tasting session where membership councillors and staff on the wards were invited to sample the food provided to inpatients.

Health watch Kirklees undertook an independent survey of patient food in May 2014. Although there were few comment relating to soups one of the most important things patients said the Trust should take into consideration is the taste of the food provided

On the back of this feedback homemade soups were introduced on the Huddersfield site in August 2014 and on the Calderdale site in September 2014.

Staff experience

We asked 20 staff the following questions:

	% Recommended
I would recommend this ward/unit as a place to work	90
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	90
I am satisfied with the quality of care I give to the patients, carers and their families	90

3. IMPROVEMENT

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

The soups are now made on both sites using fresh products including vegetables and the menus were agreed in partnership with patients, visitors, staff and the dietetic team .

Through this years Nutrition and Hydration week the feedback given has been really positive especially for older people . The soups are fortified so provides the nutrition and calories required for those patients who have smaller appetites.

Feedback received now states:

“Soup particularly good in fact super”

“Soups brilliant” “Soups are excellent”

One gentleman who was an inpatient on Ward 3 HRI in April stated :

“Excellent Food enjoyed everything. Look forward to mealtimes. Most likely have put on weight? All soups are substantial. No complaints”