

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**

October 2014

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

This report is based on information from October 2014. 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.

94.4% 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	2	0
Annual Improvement target	18	0
Actual to date	16	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 9 Category 2 - Category 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Category 2	7
Category 3	2
Category 4	0

The pressure ulcer numbers include all pressure ulcers that occurred from 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:

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

Severity	Number of falls
Moderate	1
Severe	0
Death	0

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Rate per 1,000 bed days:

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 Friends & Family Test

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*	0.9617	% recommended	This is based on 1176 responses.
A&E FFT Score	0.8912	% recommended	This is based on 1719 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 1176 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?	85
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	57
Were you given enough privacy when discussing your condition or treatment?	94
During your stay were you treated with compassion by hospital staff?	xx
Did you always have access to the call bell when you needed it?	xx
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?	96

Staff experience

We asked 0 staff the following questions:

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

3. IMPROVEMENT

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

Working with the NHS Improvement Academy ward 5 has implemented a new strategy called "safety briefings" that focuses on safety issues in relation to patient care on the ward. The safety briefings are clinically led by the consultant but are attended by the whole multi-professional team including domestics, doctors, nurses and therapy staff. The Improvement Academy is supporting frontline teams to integrate multi professional safety huddles into their routine clinical care as part of a systematic approach to reducing harm. Team huddles, led by senior consultants, involve all levels of staff and provide important space for discussion of patient safety issues. They occur daily at 09.00 and focus on the plan of care for each individual patient ensuring that all staff is aware what the plan is and that all involved are happy with it. It empowers staff to discuss concerns in relation to the patient's medical condition, treatment including removing indwelling devices e.g. catheters, discharge planning as well as identifying patients who are most likely to fall or develop pressure damage. The ward recently achieved the NHS Improvement Academy Gold Award for achieving 38 days without a patient fall. Ward Manager K Ashton is very proud of how all the staff have embraced this work and states "it is brilliant that it is consultant led and that it has really gelled the team together by giving everyone a voice on the ward at all levels, no- staff member is excluded." Thirty-five frontline teams from 15 organisations are now working with the Improvement Academy to reduce patient harm. Our first Gold Certificate for 30 days without a fall was awarded in September. Congratulations to the whole team on Ward 5 at Huddersfield Royal Infirmary. The Improvement Academy is mobilising and inspiring frontline teams to reduce harm; involving everyone from cleaners to consultants, in hospitals, community and mental health settings. We are changing the conversations about safety. Our aim is to use evidence and practical support to help our partners become High Reliability Organisations for safety.