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

August 2015

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

This report is based on information from August 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.

92.4% **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	3	0
Annual Improvement Target	21	0
Actual to date	7	2

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

Severity	Number of Pressure Ulcers
Category 2	12
Category 3	1
Category 4	0

The pressure ulcer numbers include all pressure ulcers that occured 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:	0.66

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

Severity	Number of falls
Moderate	2
Severe	0
Death	0

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Rate per 1,000 bed days:	0.10

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*	97.1	% recommended	This is based on 2181 responses.
A&E FFT Score	84.8	% recommended	This is based on 257 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 patients the following questions about their care in the National Inpatient Survey 2014:

Were you involved as much as you wanted to be in the decisions about your care and treatment?	7.6/10
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	6.3/10
Were you given enough privacy when discussing your condition or treatment?	8.6/10
Did you get the care you felt you required when you needed it most?	8.9/10

A patient's story

The patient is a gentleman who underwent major abdominal surgery. Initially well but a few days after going home, developed severe abdominal pain and attended A&E. He was admitted to HRI with a life threatening condition, requiring a return to theatre for further major surgery.

The patient was admitted to the Intensive Care Unit (ICU) post operatively. He was extremely poorly in multi organ failure. He needed all of the nursing skills and medical battery of the Intensive Care team. He remained critically ill for several days – his wife was told that we did not know the outcome of this episode and he could further deteriorate, despite continued supporting treatment, and die.

As the patient was unable to breath without help at this time, he had a breathing tube placed in his throat rather than his mouth. This allowed him to be roused from his medically induce coma.
The journey to wakefulness was complex and difficult –sleeping off prolonged sedation and his critical condition meant that he was not initially aware of his surroundings or the people around him, including his family.
As the patient started to improve, his confusion cleared and he started the long process of recovering physically.

During the first few days of the patient's illness he developed skin blisters, a common side effect of such an extreme illness. One of these was on the back of the patient's head which popped and was classified as a grade 2 pressure ulcer, which is a reportable incident. Sadly the pressure ulcer deteriorated to a grade 3, requiring further reporting and close investigation.

The root cause analysis (RCA) concluded that there were many contributing factors to the development of the pressure ulcer and its deterioration. Among these was the severity of the patient's medical condition for a prolonged time, his

Staff experience

We asked 25 staff the following questions:

	% Recommended
I would recommend this ward/unit as a place to work	92
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	80

3. IMPROVEMENT

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

Following on from the investigation the ICU has trialled a new pillow that hopefully will reduce the chance of this harm occurring again while maintaining the comfort of the patient.

A Duty of Candour letter was given to the patient and his wife – they appreciated it but did not wish to have any further update from ourselves regarding the investigation. His wife was just so pleased that the patient was recovering after such a devastating illness. The pressure ulcer was healing well and he was making continued headway into his recovery.

After an ICU stay of 38 days, the patient was discharged to the ward to continue his recovery there.
The patient's wife came to the ICU to let us know that her husband was going home. She could not thank everyone enough but she singled out two members of staff with whom she had developed a special bond and who, she felt, had gone