

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**

November 2014

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

This report is based on information from November 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.

94.1% 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	4	0
Annual Improvement target	18	0
Actual to date	20	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 15 Category 2 - Category 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Category 2	12
Category 3	3
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:	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

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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*	96.03	% recommended	This is based on 1008 responses.
A&E FFT Score	90	% recommended	This is based on 1280 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 1008 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?	58
Were you given enough privacy when discussing your condition or treatment?	98
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

A patient's story

We had a patient who has cerebral palsy and significant learning disabilities. He attended A+E via an ambulance due to seizures.

During the day at home he had choked on some food and this led him to have an aspiration pneumonia. Whilst in A+E, a DNACPR decision was made by medical staff, the medical decision documented on the form did not record the patients clinical conditions as a reason not to resuscitate. However, this was not communicated to the patient or his family.

On discharge, the form was not reviewed by medical staff to his family and instead was sent straight to the patients nursing home. When this was opened by the family, they were extremely shocked by the form, this was due to a communication breakdown when the patient was discharged.

Staff experience

We asked 20 staff the following questions:

	% Recommended
I would recommend this ward/unit as a place to work	95
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	95
I am satisfied with the quality of care I give to the patients, carers and their families	95

3. IMPROVEMENT

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

Calderdale & Huddersfield NHS Foundation Trust (CHFT) worked in collaboration with the family of Dennis, a gentleman with learning disabilities and St Anne's Community Services, his care provider following a complaint they received regarding his experience at CHFT. The film was commissioned by the Deputy Director of Nursing and aims to transform understanding, attitudes and practice of staff around DNACPR and people with learning disabilities.

The Trust wanted to reassure the patient's family that we had made changes and to give clear messages about learning disabilities and quality of life and to dramatically improve communication around DNACPR.

It was premiered at the end of life care improving the experience event within the Trust. It has been shown to every senior divisional board. Over 200 senior nurses watched the film on the Vulnerable Adult leaders course, it is mandatory on the human factors, leadership and simulation training for FY1 and FY2 medical staff. It is part of advanced communication training at the local hospice, and shown on DNACPR and end of life care training events.

The film was also shown at a local and two national palliative care conferences for people with learning disabilities and end of life care. We have sold over 100 copies nationally to other acute trusts and hospices so the film can support educational events and influence on a wider scale. The profit from the film goes back to St Anne's Community Service's so that it can be used directly by the home where Dennis lives.

As well as producing the film we purchased easy read DNACPR booklets, held a training event for carers of people with learning disabilities locally. We changed the Trust guidelines to ensure it stipulated clearly what medical staff should document on the form.

We feel that the film not only raises awareness about the importance of good communication with patients and their families, especially when a patient has learning disabilities. But this was a courageous innovation, which has been hailed a "must see" by all medical and nursing staff. It was also shortlisted for the Nursing Times Award in the category of learning disability nursing, and was an article within October's edition of the Learning