

## 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:

County Durham and Darlington  
NHS Foundation Trust

November 2014

# Open and Honest Care at County Durham and Darlington NHS 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 County Durham and Darlington NHS Foundation Trust's performance.

## 1. SAFETY

### NHS Safety thermometer

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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 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 whilst an in patient in our Trust**

For more information, including a breakdown by category, please visit:

<http://www.safetythermometer.nhs.uk/>

### Health care associated infections (HCAIs)

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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.

Patients in hospital setting	C.difficile	MRSA
<b>This month</b>	1	0
<b>Trust Improvement target (year to date)</b>	28	0
<b>Actual to date</b>	11	3

For more information please visit:

[www.cddft.nhs.uk/](http://www.cddft.nhs.uk/)

## Pressure ulcers

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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 avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment. In the community setting this includes any avoidable and unavoidable pressure ulcers that are identified at any time whilst the patient is on the caseload that were not present on initial assessment.**

This month 9 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 2 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Community setting		
Category 2	7	1		
Category 3	2	1		
Category 4	0	0		

In the hospital setting, so we know if we are improving even if the number of patients we are caring for goes up or down, we 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 1,000 bed days: 0.37 Hospital Setting

In the community setting we also calculate an average called 'rate per 10,000 CCG population'. This allows us to compare our improvement over time, but cannot be used to compare us with other community services as staff may report pressure ulcers in different ways, and patients may be more or less vulnerable to developing pressure ulcers than our patients. For example, our community may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

Rate per 10,000 Population: 0.03 Community

## Falls

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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.** Falls within the community setting are not included in this report.

This month we reported 6 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	6
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: 0.25

## 2. EXPERIENCE

### Patient experience

#### The Friends and Family Test

The Friends and Family Test requires all patients, after discharge from hospital, 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 and/or attended Accident & Emergency (A&E). Both scores (if applicable) are below;*

	% Recommended	
In-patient FFT score	<b>88</b>	This is based on 1114 patient responses
A&E FFT score*	<b>75</b>	This is based on 1532 patients responses

\* Currently the Friends and Family Test is in development for community services, but we use similar questions to help us understand our patients' experience.

We also asked patients the following questions about their care in the hospital which are a measure of responsiveness of care:

	Mean rating (see supporting information for definition)
Did you feel involved enough in decisions about your care and treatment?	84
Were you given enough privacy when discussing your condition or treatment?	87
Did you find a member of staff to discuss any worries or fears that you had?	87
Did a member of staff tell you about any medication side effects that you should watch out for after you got home in a way that you could understand?	78
Did hospital staff tell you who you should contact if you were worried about your condition or treatment after you left hospital?	88

### A patient's story

#### Lindsay's Story

Lindsay is 26 years old with three children. She has two boys aged 5 and 6 and a baby daughter of eighteen weeks. She also looks after her 2 year old nephew. Her oldest child has cerebral palsy and her nephew has some challenging behavioural problems. Lindsay lives with her partner and is currently moving house, although remaining close to her family and support network.

Lindsay moved to the North East from Wales in 2009 and is very happy with the care she receives here from the Health Visiting service. Lindsay explains that she feels much more comfortable with the help and support available to her. Lindsay explained that her Health Visitor is very respectful of Lindsay's point of view and always listens to what she has to say.

*"You don't feel pressurised, you are not told what to do, there is a much more mutual relationship here and my opinions count which has made me feel much more confident about the decisions I make"*

Lindsay's 6 year old child has cerebral palsy and the support and advice she has received from her current Health Visitor has been fantastic. Her nephew is also displaying some behavioural issues which require support and Lindsay often phones her Health Visitor for advice.

*"If she is not there she will always ring me back to offer me support. Because my children have various problems, I am in contact with the hospital for appointments, the Occupational Therapist, Orthotics and Physiotherapists. This needs a lot of co-ordination and my Health Visitor helps me all the way"*

This gives Lindsay piece of mind and reassurance and helps her to take responsibility for remembering meeting dates and appointments.

Lindsay and her family are now moving house which would have meant a change of Health Visitor. Lindsay has requested that she continues to receive support from her current Health Visitor as she has a very positive constructive relationship with her. This has been agreed in order to ensure ongoing support.

Lindsay explained that she has not needed to attend clinic appointments with her baby daughter, as her Health Visitor will weigh her baby at home and monitor development. This is important, as Lindsay's daughter requires specialist appointments and support due to her lactose intolerance.

Lindsay's Health Visitor involves Lindsay in all aspects of her children's care. Currently she is providing support regarding nursery placements for her nephew and the issues surrounding his behavioural problems. This is always done with Lindsay's point of view in mind.

*"She doesn't look down at me, she doesn't speak down to me, I don't feel like I am constantly being watched and I am not being judged. She is friendly, approachable, I can talk to her"*

Lindsay's Health Visitor also brought along a student Health Visitor to meet Lindsay – asking Lindsay if she was happy with this before they both visited. Lindsay had no problem with this and can remember her own Health Visitor being very supportive and encouraging during this visit.

Lindsay concludes by explaining that she has known her Health Visitor since 2009, she has a great relationship with her and has received great support throughout this time.

*"I couldn't have asked for anything better. This is why I really wanted her to stay my Health Visitor when I moved addresses. She is like a second mum –there for advice, always supportive, never judging me – brilliant!"*

### Staff experience

We asked staff in the Trust the following questions:

	% Extremely Likely & Likely
I would recommend this ward/unit as a place to work	52
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	59

### 3. IMPROVEMENT

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

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Family felt uninformed about the patient's discharge and the reasons that she had been sent to a care home. A number of relatives had been given updates.

**Action:** A more robust discharge procedure is now in place to avoid such errors. A visitor's board is now in place, allowing a key member of the family to be identified for updates on patient's care. This avoids multiple members of the family being told separate pieces of information and allows them to liaise with each other more effectively.

#### Supporting information

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All figures are based on November performance with the exception of:

Staff Friends and Family is Q2 2014/15

Friends and Family In Patient & A&E is October 14

Patient Experience Acute is Q2 2014/15

Falls and Acute pressure ulcers are October 14

Community pressure ulcers are for September 14. The pressure ulcers reported this month were unavoidable. The most recent validated information will be reported as it is available.

Pressure ulcers Acute excludes maternity and paediatrics and includes two community hospitals. These pressure ulcers represent those that are present 72 hours post admission and include avoidable and unavoidable ulcers.

Patient experience mean rating - The mean rating score allocates a 'weight' to each response, with positive scores (e.g. excellent, very good, good) allocated a higher score than negative responses (e.g. fair, poor). For every evaluative question, each response category is 'weighted' between '0' (most negative) and '1' (most positive). An average for each question is then calculated, with higher scores indicating better results (or a more positive patient experience) and 100 being perfect.