

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

December 2014

Open and Honest Care at County Durham and Darlington NHS Foundation Trust : December 2014

This report is based on information from December 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

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.

94.6% 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)

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
This month	2	0
Trust Improvement target (year to date)	31	0
Actual to date	13	3

For more information please visit:

www.cddft.nhs.uk/

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 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 4 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	4	1		
Category 3	0	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: 0.17 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

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	5
Severe	1
Death	0

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Rate per 1,000 bed days: 0.26

2. EXPERIENCE

To measure patient experience in the Community we use a Net Promoter Score.

The idea is simple: if you like using a certain product or

From the answers given 3 groups of people can be
Detractors - people who would probably not recommend you based on their experience, or couldn't say .

Passive - people who may recommend you but not strongly.

Promoters - people who have had an experience which

This gives a score of between -100 and +100, with +100 being the best possible result.

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	91	This is based on 1166 patient responses
A&E FFT score*	81	This is based on 1997 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?	80
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?	78
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?	71
Did hospital staff tell you who you should contact if you were worried about your condition or treatment after you left hospital?	83

We also asked patients the following questions about their care in the community setting:

How likely are you to recommend our service to friends and family if they needed similar care?	NPS 69
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A patient's story

Mrs Ryder is an 88 year old lady who lives alone in a 3 bedroomed home. Mrs Ryder has some mobility difficulties and walks with a zimmer frame. Mrs Ryder was found on the stairs of her home having fallen from her stair lift. Mrs Ryder recalls preparing to go upstairs however may have blacked out and fallen . When she regained consciousness Mrs Ryder pressed the care button that she had around her neck and within 10 minutes someone was at her home to help her. Mrs Ryder was taken to the Emergency Department and can recall being treated very well. It was relatively quiet, 4am on a Wednesday morning. The Drs and nurses were very attentive . Mrs Ryder had many investigations including blood tests, xrays, urine sample, ECG, head scan, all the while "being looked after with care and compassion by excellent nurses and doctors"

When Mrs Ryder was fit for discharge home, an ambulance was called and she waited in the discharge area. Mrs Ryder waited approximately 3 hours however the nurse looking after her during this time was "fantastic" Mrs Ryder was able to wait on a bed and was kept very comfortable with drinks and food as needed . Mrs Ryder cannot thank enough the care and compassion provided from both the ED team and the nurse who looked after her prior to discharge as well as the kind and considerate ambulance staff.

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

A newly refurbished chemotherapy day unit at Darlington Memorial Hospital has been officially opened, offering patients an improved environment and increasing capacity.

The Rosin Unit offers first class facilities enabling patients to be accompanied by relatives or friends during their treatment, a brighter, lighter environment with increased capacity for more patients, a new assessment bay and a bespoke reception area and nursing station.

Maureen Flatman, ward manager said: "We're absolutely thrilled with the Rosin Unit's transformation. The unit has a long and proud history for delivering the best quality treatment to our patients.

"The new chemotherapy service is well established and has continued to develop year on year. This year has been an exciting and challenging one and we're delighted to now be able to offer families the opportunity to stay with their loved ones during treatment, as well as providing a bright, clean and contemporary environment that lifts the mood of patients during what is a challenging time.

"It may seem a small thing but it makes such a difference to see how this helps patients. We have the right equipment in the right environment, and the new space makes things so much better for our patients helping their treatments and recoveries."

One patient who has benefitted from the Unit's transformation is 73-year-old, Brenda Drysdale, from Hurworth near Darlington. Having been diagnosed with myeloma (a form of blood cancer) in 2008, Brenda believes the refurbishment has helped to improve her experience of chemotherapy.

She said: "Before my diagnosis, I was a really active person. I enjoyed walking and played lots of badminton. Even though I'd been feeling tired before I received my test results, nothing could've prepared me for what happened next. When the doctor told me that I had myeloma, I was shocked and thought that it must be a mistake. I got really upset - thinking about what might happen to me and my family.

"I was pretty nervous about going for my first phase of treatment, as I didn't know what to expect. Thankfully the care that I received from the moment I walked in the original Centre was truly amazing. Everyone from the doctors and nurses, down to the cleaners were extremely kind - helping to make my treatment a much more manageable experience.

"When I received my first lot of chemotherapy treatment, the facilities in the old centre weren't like they are now. There wasn't much room for your family to stay with you through the treatment, which could be hard at times.

"The newly refurbished centre is so light and airy, that you're instantly more relaxed. I believe that your surroundings play a big part in how you feel when you're receiving your treatment and to have space for your family to come and be with you during those hard times makes such a difference.

"I really enjoy visiting the new Rosin Unit. I feel so lucky that we have a first class facility that is convenient to get to. The improved environment of the new centre has had a huge impact on my mood when I go for treatment and I've certainly noticed more people smiling which just shows how much the service is helping to make a difference to people's lives."

The Rosin Unit is named in memory of a local GP Dr Roy Rosin in recognition of the role he played in fundraising for the further development of haematology services in Darlington. Chemotherapy is no longer a rare treatment as it once was, and the new unit has responded to modern demands for treatment which can often last for up to two years, with regular visits until the disease relapses and/or stops.

But, thanks to funding from County Durham and Darlington Foundation Trust and the Leukaemia Charitable Fund - a local fundraising group currently led by Cllr Heather Scott - the modernisation of the Rosin Centre has extended services in Darlington and raised standards of quality care being delivered for the future.

Councillor Heather Scott, O.B.E., chairman of the fundraising committee, said: "This is a wonderful day for Darlington. We set up the fundraising group in the 1990s and the people really took the cause to their hearts. We raised in excess of £350,000 for the haematology unit and cancer services, and Doctor Rosin would have been delighted to see how treatments at Darlington Memorial Hospital are saving lives.

"I am so proud of the way that the people of Darlington and surrounding districts responded over the years and gave so generously to this cause."

Supporting information

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

Staff Friends and Family is Q2 2014/15

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

Patient Experience Acute is Q3 2014/15

Falls and Acute pressure ulcers are November 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.