NHS England

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

January 2015

Open and Honest Care at County Durham and Darlington NHS Foundation Trust : January 2015

This report is based on information from January 2015. 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.

94.5% **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	1	0
Trust Improvement target (year to date)	35	0
Actual to date	14	4

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.**

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Community setting		
Category 2	2	2		
Category 3	1	0		
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: 0.13   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

The pressure ulcers reported include all pressure ulcers that occurred from   72   hours after admission

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

Severity	Number of falls
Moderate	2
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: 0.08

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
doing business with a particular company you like to share
this experience with others.

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 Acccident & Emergency (A&E). Both scores (if applicable) are below;*

% Recommended

In-patient FFT score　　| 91 | This is based on 1211 patient responses

A&E FFT score*　　| 83 | This is based on 1396 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 unde	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:

	NPS
How likely are you to recommend our service to friends and family if they needed similar care?	83

A patient's story

This account is taken from a compliment received from a patient who attended the Audiology department at UHND in January 2015

As a patient of long standing, I wish to say that the treatment and attention given to me has always been excellent.

There has been tremendous advancement in hearing aids, and I have been privileged to have been given the opportunity to reap the benefit of each one when it has been necessary. This also includes getting advice and help with aids, to help me at home.

At all times the technicians have explained in detail what they were doing and have made certain that I have fully understood and been satisfied before leaving. This caring starts at reception, with a friendly smile and greeting, and is shown in every way from staff in repairs, to hearing tests, and new hearing aids.

Would you please convey my sincere thanks to all the staff in the Audiology Department at the University Hospital of North Durham.

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

The Trust is bringing information technology to the patient bedside in the form of using iPod and iPad technology to record and escalate patient observations, and to document and facilitate clinical handover.

Lead nurse, Paul Latimer said "Pilot projects are now running on both respiratory and orthopaedic wards at DMH and UHND to trial the system and allow staff to familiarise themselves with the system, prior to going live to all sites in the Summer. As well as contributing to the goal of a paperless NHS, the e observations project is part of the trust-wide strategy of ensuring that the patient is seen by the right clinician, first time, 24/7"

Supporting information

All figures are based on January performance with the exception of:
Staff Friends and Family is Q2 2014/15
Friends and Family In Patient & A&E is December 14
Patient Experience Acute is Q3 2014/15
Falls and Acute pressure ulcers are December 14. The pressure ulcers were unavoidable.
Community pressure ulcers are for October 14. One pressure ulcer reported this month was avoidable. The most recent validated information will be reported as it is available.

Pressure ulcers Acute excludes maternity and paediatrics and includes two community hospitals

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.