

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

February 2015

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

This report is based on information from February 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. 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 all avoidable infections; 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 | 1 |
| Trust Improvement target (year to date) | 38 | 0 |
| Actual to date | 16 | 5 |

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 3 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 1 in the community.

| Severity | Number of Pressure Ulcers in our Acute Hospital setting | Number of pressure ulcers in our Community setting | | |
|------------|---|--|--|--|
| Category 2 | 3 | 0 | | |
| 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: 0.13 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: 0.02 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 Accident & Emergency (A&E). Both scores (if applicable) are below;*

| | % Recommended | |
|-----------------------------|---------------|--|
| In-patient FFT score | 87% | This is based on 1167 patient responses |
| A&E FFT score* | 82% | This is based on 1142 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 66 |
|--|-----------|

A patient's story

Patient Story. DMH – ITU, Pregnancy Assessment Unit and Labour Ward

I recently spent 9 days in hospital following an emergency caesarean section due to severe pre-eclampsia and an unfortunate bout of pneumonia. My hospital stay included several departments within the hospital - ITU, Labour Ward and the Pregnancy Assessment Unit. Throughout my stay, the care I received was second to none, even during the run up to the emergency caesarean section I was constantly informed of my options and reasons why certain procedures had to be done. The communication from all of the doctors, midwives, anaesthetists, Maternity Care Assistants and Health Care Assistants were central in reassuring my husband that everything was going to be fine. Despite the urgency of the situation, we were treated with respect and dignity at all times, and although my birthing plan could not be adhered to, the staff made sure that I was as comfortable as possible and that the safe delivery of my baby was paramount.

After our baby was delivered, the staff on the ward continued to provide care of the highest standard, even during the early hours of the night when I was struggling to breast feed, any staff, regardless of their role, were always willing to sit with me and offer support and guidance on how to encourage my baby to feed. The communication between staff and my family was excellent, we were always kept up to date with treatment plans, blood results, and were always informed about who was looking after me for the shift as a point of contact. What was most comforting, was the on-going care and compassion from the staff who frequently came to check on how me and my baby were doing, even when we weren't due a review.

I can't find the words to thank the wonderful staff you have, especially those employed on the Labour ward. My family and I are forever grateful to them all, and we will never forget their hard work and dedication to each and every patient they take care of.

Staff experience

We asked staff in the Trust the following questions:

| | |
|---|-----------------------------------|
| I would recommend this ward/unit as a place to work | % Extremely Likely & Likely 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 family of a patient felt that there was not adequate senior doctor support on the ward. There was no documentation to evidence the level of senior attendance. Action – it was agreed that this issue needed to be raised at the Care Group Clinical Governance Meeting with all Clinical Leads. It was necessary to re-enforce the importance and need of senior support to junior doctors (from a safety and educational perspective) and to ensure this presence is obvious to patients and relatives (for reassurance and assurance of communication). An additional learning point was to ensure all doctors; both senior and junior, record their visits to patients so that we can be assured of this support and attendance.

Supporting information

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

Staff Friends and Family is Q2 2014/15

Friends and Family In Patient & A&E is January 15

Patient Experience Acute is Q3 2014/15

Falls and Acute pressure ulcers are January 15

Community pressure ulcers are for November 14. The pressure ulcer reported this month was 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

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.