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

April 2015

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

This report is based on information from April 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.

95.1% **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)

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)	2	0
Actual to date	1	0

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 months category 2 validated ulcers were acquired in the community setting and one was avoidable

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Community setting		
Category 2	2	2		
Category 3	0	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:	0.08	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 3 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	2
Severe	1
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:	0.12

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 they

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	93%	This is based on 1109 patient responses
A&E FFT score*	84%	This is based on 1285 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?	74
Were you given enough privacy when discussing your condition or treatment?	86
Did you find a member of staff to discuss any worries or fears that you had?	71
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 unders	67
Did hospital staff tell you who you should contact if you were worried about your condition or treatment after you left hospital	77

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?	76

A patient's story

Hello,

I would just like to let you know what a fabulous job Linda Drysdale did during our 20 week scan on Tuesday at Bishop Hospital.

I think normally she is a midwife at the Pregnancy Assessment Unit in Darlington and I would really appreciate it if you could tell her how much we enjoyed our scan experience with her.

I will be honest my pregnancy so far has not been great both in terms of how I feel the maternity service operates and in my actual pregnancy.

Just in brief – I was not contacted by a midwife for my initial booking in appointment and when I could eventually find a phone number for my local midwives I had to phone to make this appointment. Due to this I wasn't seen till 12 weeks and then there was a panic to get me 12 week scan done, so much so I ended up going to Durham. During the scan we were told we were having twins but there was concerns about one of them so we had to go the following week to the RVI, so to make things easier my care was transferred to Durham as they made the referral. In the mean time I called my midwife and told her about the twins and the transfer of care, she said that was fine and to ignore a letter I would receive about going to see the consultant in Bishop Hospital. Unfortunately by the time we got to the RVI the twin they were concerned about had no heart beat so I was transferred back to Durham for another scan in the following weeks. A letter did arrive regarding an appointment for the consultant in Bishop and just to be on the safe side I rang to check it had been cancelled, but it hadn't. When I was speaking to the receptionist she asked where did I want to have the baby and without wanting to go into detail I said I could now have the baby in Darlington, so she said I still needed to go to this appointment. When I got to the appointment (which I didn't know why I was there for) I did break down in front of the poor health care assistant taking my blood pressure as I was just so confused as to what/where my care should be happening and why I was there as in the initial booking-in appointment the midwife had never said anything about needing to see a consultant. Anyway the health care assistant was lovely and by the time I went in to see the Dr and midwife they said not to worry about anything and they would transfer my care back to Darlington/Bishop.

As I write this it doesn't sound that bad! But at the time it caused me quite a bit of stress and anxiety, simply because I didn't really know what was going on and felt like people were judging me in that I was changing my mind on where I wanted to have the baby, which wasn't the case.

Anyway the purpose of this email was not to complain about anything……but I felt you needed to know this back story to understand why we were so over the moon with our scan last Tuesday.

Linda straight away put us at ease and said how sorry she was about the second twin, she explained the purpose of the scan but as soon as she started put our mind at ease that there was a heartbeat and movement, which was great. She then did what she needed to do but kept stopping to show us how all the anatomy. Her enthusiasm, knowledge and empathy were fantastic. She took her time when explaining how things develop and work and we learnt a lot of things we never knew before.

I can't really explain how much better we felt when we left this scan, I said to my husband 'every scan experience should be like that!'.

So again please let Linda know that she is doing a great job, to keep up her enthusiasm as it makes you feel like you are the first person to be having a baby and I feel that is the way every pregnant lady should be made to feel. I know it must be difficult for staff who do this day in and day out and easy for them to forget how much of a special and important this all is to pregnant ladies, but it

really makes a difference is the experience if staff can be enthusiastic and engaging.

Many thanks,

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

As part of the worldwide Nutrition and Hydration Week 2015 starting Monday 16 March, new meal menus, developed for and by pat ients and staff, are being launched across hospital sites in County Durham and Darlington.

In consultation with patients and staff, the new lunch and evening meal menus have been carefully developed to provide health y, balanced and varied meal options. With the majority of ingredients sourced locally, all meals are freshly produced on site in the Darlington Memorial Hospital kitchens, and delivered daily to the Trust's hospitals across the county.

Alison McCree, associate director of facilities for County Durham and Darlington NHS Foundation Trust, said, "Good nutritious food and regular drinks are an important part of patient care, recovery and experience, and these new menus have been developed to meet patient needs. We've listened to patient and staff feedback, and will continue to improve our standards and services."

Nutrition and Hydration Week 2015 is a collaboration between the Hospital Caterers Association (HCA), National Association of Care Catering (NACC) and the NHS Patient Safety First initiative, and involves health, care and catering organisations across the world.

On Wednesday 18 March, the Trust is hosting an afternoon tea party in Hollies restaurant at Darlington Memorial Hospital in p artnership with Age Concern, and will also be serving cream scones and a cup of tea to all of our patients across all of our sites.

Supporting information

All figures are based on April 2015 performance with the exception of:
Staff Friends and Family is **Q2 2014/15**
Friends and Family In Patient & A&E is **March 2015**
Patient Experience Acute is **Q4 2014/15**
Falls and Acute pressure ulcers are **March 15**
Community pressure ulcers are for **December 14** One 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.