

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

June

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

This report is based on information from June . The information is presented in three key categories: safety, experience and improvement. This report will also

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

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	5	0
Trust Improvement target (year to date)	5	0
Actual to date	7	1

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

Rate per 1,000 bed days: 0.18 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

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

Severity	Number of falls
Moderate	1
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:	0.04
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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	94%	This is based on 1947 patient responses
A&E FFT score*	89%	This is based on 2751 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 understand?	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:

	% recommend
How likely are you to recommend our service to friends and family if they needed similar care?	84

A patient's story

Dear Sir or Madam

My Mother sadly passed away on the 7th May 2015, whilst on Ward 33 of the Darlington Memorial Hospital. She was admitted to A&E on the morning of the 4th May, and was transferred to Ward 33 once medical staff were satisfied she had a fracture to her right hip. She had a half-hip replacement operation at about tea-time that day. My Mum experienced heart problems on the 6th May: we were called to the hospital late in the evening of that day. Staff had kindly moved her to a side room and it was there that she passed away at about 7 in the morning. I am writing to you to ask you to pass on my thanks to all of those who dealt with my Mum in both A&E and Ward 33. Everyone from healthcare assistant to consultant treated her and me with great kindness and respect. Her passing was treated with dignity and sympathy. It was encouraging to find a consultant and his team at work on a Bank Holiday. Ward 33 itself was obviously clean and organised: staff were going about their business with a sense of purpose. I noticed from the charts on the wall how well the Ward was doing in terms of managing infection and preventing falls. The only disappointment was the low compliance rate in terms of hand-washing, at about 62%.

My Dad passed away on the 19th May 2011 in one of the Wards on the 3rd floor. Things then were in marked contrast to now: MRSA was a problem as were falls. Doctors were seldom in evidence: staff were not interested or keen to assist with how my Dad was doing. I am very pleased to see that there is now a more effective management regime in place where patients count and families are treated with greater sympathy and understanding. Back then when I asked questions I felt like an intruder.

My only area of concern was with the paramedics who attended my Mum at home: when she complained of pain to her back when she was put onto the trolley, her complaint was treated with disdain. Luckily the emergency carer solved it by placing one of my Mum's cushions behind her back to make it less painful. The paramedics were content just to let her suffer. Please ensure that appropriate feedback is given to the NE Ambulance Trust.

I would also like to pay particular tribute to the efforts of the emergency GP called out from Bishop Auckland that Bank Holiday weekend: from memory he was Doctor Darani, apologies about the spelling of his surname. This Doctor was excellent: he took great pains to ensure that he tried to find out what was wrong with my Mum. He was right: fluid retention and infection with the lower left leg, and a suspected fracture of the right hip. He treated my Mum with great kindness and respect. I would very much appreciate it if he could be given my feedback.

Overall it is clear that things have greatly improved in the 4 years since the death of my Dad, I am writing to you to make my views of these positive changes known.

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

84

I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment

79

3. IMPROVEMENT

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

Service improvement

Trust a Dietitian – after a successful bid to the Dragon's Den, the Trust's nutrition and dietetic service has produced a series of 'how to cook special diets' patient videos.

You can see them in action on the Trust's YouTube channel: www.youtube.com/user/CDDFTNHS

And download the recipes on our website: www.cddft.nhs.uk/

Supporting information

All figures are based on **June 2015** performance with the exception of:

Staff Friends and Family is **Q4 2014/15**

Friends and Family In Patient & A&E is **May 2015**

Patient Experience Acute is **Q1 2015/16**

Falls are **May 2015**

Acute pressure ulcers are **May 2015**

Community pressure ulcers are for **Feb 2015** 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

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.