

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

July

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

This report is based on information from July. 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)	7	0
Actual to date	8	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 4 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Community setting		
Category 2	4	3		
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: 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: Community

The pressure ulcers reported include all pressure ulcers that occurred from 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:

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

From the answers given 3 groups of people can be distinguished:
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 would

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	95%	This is based on 1906 patient responses
A&E FFT score*	91%	This is based on 2742 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:

How likely are you to recommend our service to friends and family if they needed similar care?	NPS 95
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A patient's story

Dear Chief Nursing Officer,
I am getting in touch to thank you and your colleagues for the excellent care received by my late mother during her final illness. She was admitted to the hospital on 5 June and spent a period of 16 days there before her death. During this time I visited my mother for eight hours each day and I am very pleased to tell you that she received what I believe was the highest standard of care which was delivered always with compassion and dignity. During my long hours spent at my mother's bedside I had plenty of opportunities to observe hospital routines ranging from consultants' visits to cleaning teams and I found an exceptional level of service in every respect. I did not have to ask for any help for my mother as her needs were always anticipated. Her death, shortly before her 101st birthday, was both peaceful and dignified.
I do not wish to single out any particular members of staff since I never met any of your night staff. As far as I could see everyone acted in a highly professional manner and discharged their responsibilities with care and compassion. I was, in short, greatly impressed by everyone in the team - from consultant to cleaner!
I could not find a compliment form on your website only a complaint form (!) but trust that this message of congratulation and gratitude will reach you.

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	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

Patients are benefitting from a new pain management unit which has been officially opened at Chester-le-Street Community Hospital. The service has re-located to Chester-le-Street Community Hospital from the University Hospital of North Durham, where it was based in an older part of the hospital. The new unit is bigger and brighter than the space at Durham and has allowed the service to expand with an additional consultant room, a larger dedicated waiting area, while providing an overall improvement in the physical environment for patients. The unit offers patients access to a range of multi-disciplinary experts and care including clinical consultants, physiologists, physiotherapists and other support and therapies - all together in one place. County Durham and Darlington NHS Foundation Trust Chairman, Professor Paul Keane officially opened the unit. He said: "Our patient experience team conducted some research at the end of last year with patients and staff and which raised some interesting comments about the Durham-based service. "It is worth mentioning that through the survey work and face-to-face interviews patients highlighted the clinical service was of excellent quality, which is great to hear, and I congratulate the staff. "But some of the more negative comments focused on the poor physical environment, which patients felt was dark, small, hot and it was felt improvements could be made to the waiting area and wheelchair access - and of course there were some car parking concerns." Prof Keane added: "I am delighted that we are now able to provide this valuable service from a location which is much brighter, airy, has more capacity and has access to different car parking options and is delivering an improved overall patient experience." The service sees about 1,100 new patients every year and 6,000 review patients. Patient Christine Stebbing said: "Although my experience with the pain management team was in the old building at the East Wing at Durham, I can say without doubt that the service provided by the entire team was second-to-none in that old building. "However as a service user the Community Hospital at Chester-le-Street has a much lighter brighter feel to it. I'm sure this can only enhance the service delivery of this excellent team and make it much more comfortable for patients."

All figures are based on July performance with the exception of:
Staff Friends and Family is Q4 2014/15
Friends and Family In Patient & A&E is June 15
Patient Experience Acute is Q1 2015/16
Acute pressure ulcers are May 15
Falls are June 15
Community pressure ulcers are for April The pressure ulcers reported this month were 3 unavoidable and one 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.