

## 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

August

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

This report is based on information from August. 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

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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.

**95.9% 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)

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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
<b>This month</b>	2	0
<b>Trust Improvement target (year to date)</b>	9	0
<b>Actual to date</b>	10	1

For more information please visit:

[www.cddft.nhs.uk/](http://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 5 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 6 in the community.

Severity	Number of Pressure Ulcers in our Acute Hospital setting	Number of pressure ulcers in our Community setting		
Category 2	5	4		
Category 3	0	1		
Category 4	0	1		

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: 0.22 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: 0.10 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 0 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	0
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: 0.00

## 2. EXPERIENCE

### Patient experience

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#### 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 2040 patient responses
A&E FFT score*	88%	This is based on 3644 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?	88

### A patient's story

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I was admitted to UHND from Accident and Emergency with a heart attack, and transferred to a neighbouring Hospital Trust for cardiac stents that same morning, These were placed that very afternoon, and on the next day I was transferred back to UHND, Ward 11, expecting discharge. There was no member of the Cardiology team on rota at UHND that Sunday in order to discharge me, so I had to spend another night in UHND, This turned out to be providential as during the early hours of Monday cardiac telemetry showed irregularities, necessitating Cardiac Ultrasound and exercise ECG, the latter showed my heart struggling to achieve oxygenation, though I experienced no chest pain. Arrangements were therefore made to transfer me back to the neighbouring trust for further treatment.

While every hospital, I'm sure, has scope for improvement (and this must also be true of UHND) I wish to affirm the Consultant and his medical team. Thanks must also go to the staff of Ward 11, in which I include not only the Registered Nurses but the Health Care Assistants and the domestic staff. Interactions with me were always courteous, even when I was anxious and difficult to reassure. This anxiety arose because I was told that due to ECG irregularities during my sleep a follow-up treadmill test indicated I was not safe to walk as far as the canteen (or even to have a shower without informing the nursing staff) yet had had my telemetry removed. The Staff Nurse in charge of my bay, agreed to note in my records (for consideration by medical staff) my belief that my safety was compromised by the removal of the telemetry. Indeed at each of the three requests from me over a period of three hours she attempted to have the Doctor-on-call see me to discuss my concerns, though this turned out to be an impossible request due to his commitments to acute needs elsewhere.

All in all, I write in order to record my thanks to those who attended me so expertly in A&E: to the Cardiology Medical Team and to the Nursing Staff of Ward 11. I was particularly impressed with the medical team, and with the Staff Nurse on nights., both of whom, along with the Consultant, reacted to my needs with expert efficiency

### Staff experience

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We asked staff in the Trust the following questions:

	% Extremely Likely & Likely
I would recommend this ward/unit as a place to work	34
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	15

### 3. IMPROVEMENT

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

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##### Improvement - Award for Paediatric Diabetes Team

An innovative project involving our paediatric diabetes team has won second place in the Service Improvement Category of the 2015 Bright Ideas in Health Awards. Paediatric diabetes nurses collaborate in their own time with Type 1 Kidz, a regional support group established by children and young people with type 1 diabetes living in County Durham.

A programme of fun and educational activities is driven by the group itself with support from a project worker.

The Trust Lead Paediatric Diabetes Specialist Nurse, says, "We are delighted to be involved in this innovative project and with these young people who are keen to learn about diabetes. They meet regularly at Chester le Street and, at their request, we have given presentations on the latest clinical developments in their treatment and up to date advice on living with diabetes on a daily basis.

"We also offer some financial support towards transport costs to enable children living in the south of the County to be part of Type 1 Kidz.

"Groups have now been established in other parts of the region and it is excellent that this successful collaboration has been recognised through this award."

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

Staff Friends and Family is Q1 2015/16

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

Patient Experience Acute is Q2 2015/16

Falls and Acute pressure ulcers are July 2015

Community pressure ulcers are for May. 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