

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

September

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

This report is based on information from September. 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.

95.3% 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	0	0
Trust Improvement target (year to date)	10	0
Actual to date	10	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 3 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 setting	Number of pressure ulcers in our Community setting		
Category 2	3	0		
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: 0.14 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 7 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	7
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: 0.32

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	93%	This is based on 1893 patient responses
A&E FFT score*	92%	This is based on 2467 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?	94

A patient's story

A Word of Thanks.

I would like to express my sincere thanks to all staff working in A&E, UHND, for the excellent care and attention my husband received and since discharge, has continued to make good recovery. He was admitted in the early evening of Sunday 9th August 2015 after a bicycle accident. He was treated by a Doctor (I'm sorry I do not know the young man's name but he was Scottish Canadian and had beautiful thick hair). When he said he was going to insert a cannula I informed him of my husband's needle phobia, he was so quiet and gentle, my husband did not feel anything and remained calm throughout. After CT Scan confirmed basilar skull fracture, my husband was moved to A&E Short Stay Unit, UHND. I accompanied him and stayed with him throughout his 2 night stay.

In the early hours of Monday morning, again my husband remained calm throughout and did not feel anything when the doctor returned to administer local anaesthetic before cleaning my husband's head wound and inserting sutures and staples. This young doctor was professional, gently, patient, sympathetic, kind and sincere. He showed compassion and treated my husband with dignity and respect. He cared about the well-being of both my husband and myself. He gave reassurance and I trusted him. One day he will be an amazing Consultant! Each and every other member of staff on the unit showed care and compassion, kindness and sincerity throughout. They all went above and beyond their duty of care and I will never forget the kindness shown to us both. From the minute we entered the Department we were treated with compassion, patience, dignity and respect and we were overwhelmed at the gentle kindness shown by all staff members we encountered for the whole duration of our stay.

I myself was proud to be secretary to Midwifery/Gynae Manager and Paediatric Manager for 15 years at Dryburn and UHND before retiring, so I appreciate how hard NHS staff work. I am sure you are very proud of the wonderful team of staff working in A&E, UHND and are well aware of their hard work, dedication and professionalism and I'm sure you tell staff this all the time but would you please be so kind as to copy this to A&E, UHND so that these words of sincere thanks and appreciation can be read by all staff members.

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	49
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	64

3. IMPROVEMENT

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

County Durham and Darlington NHS Foundation Trust is investing just over half a million pounds to create 'a centre of excellence' for orthopaedic surgery at Bishop Auckland Hospital. Patients will benefit from increased capacity meaning more operations can be carried out with fewer cancellations and an overall improved patient experience. The Trust Board has approved plans which involve upgrading two theatres at the hospital to become 'clean air' theatres which are essential for joint surgery. This will mean all four operating theatres at Bishop Auckland Hospital can be used to perform orthopaedic surgery and will enable the Trust to develop the hospital into a centre of excellence for this type of surgery. Mr Rob Gregory, Orthopaedic Consultant said: "We are delighted with the investment into the theatres at Bishop Auckland. This is a welcome development for the orthopaedic service and we are looking forward to being able to increase the Orthopaedic throughput at the hospital. "It is not possible for every hospital to deliver every service and do it to a high standard. By bringing some of our services together in centres of excellence, as we will be doing at Bishop Auckland with hip and knee surgery, we can make sure patients receive the best care from truly expert specialist clinical staff. "Also because there are no emergency patients coming through Bishop Auckland, this greatly reduces the chance of an operation having to be cancelled which we know can be distressing for patients and their relatives. "By creating a centre of excellence at Bishop Auckland we believe we can deliver real improvements to patient care and experience." The main type of surgery to be carried out in the new centre of excellence will be arthroplasty. This is surgery used to replace or resurface joints, usually because of arthritis and hip replacements and knee replacement are two widely used and highly effective operations.

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

Staff Friends and Family is Q1 2015/16

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

Patient Experience Acute is Q1 2015/16

Falls and Acute pressure ulcers are August 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 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.