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

November

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

This report is based on information from November. 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.

95.77% **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	2	0
Trust Improvement target (year to date)	10	0
Actual to date	13	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 2 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	2	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:	0.09	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 1 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	5
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:	0.05

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 Acccident & Emergency (A&E). Both scores (if applicable) are below;*

	% Recommended	
In-patient FFT score	92%	This is based on 1891 patient responses
A&E FFT score*	91%	This is based on 2130 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?	81
Were you given enough privacy when discussing your condition or treatment?	89
Did you find a member of staff to discuss any worries or fears that you had?	82
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	70
Did hospital staff tell you who you should contact if you were worried about your condition or treatment after you left hospital	81

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?	82

A patient's story

For the past 5 weeks or so my mother has been a patients on Ward 4 of Bishop Auckland Hospital following a severe stroke,. It si now time to assess her ongoing health and care needs and she will probably be leaving their care inthe near future. I am writing on behalf of her family to express my thanks to a ll the staff who have cared for her with such attention and dedication during her stay. The team of professionals, including nurses, HCAs and therapists, has worked hard to maximise her rehabilitations with cheerfullness and compassion. they are collectively and individually a credit to the hospital and the community it serves. Nothing has been too much trouble and they have welcomed us as visitors with patientce and understanding, addressing out questions and allowing us to praticipate in her routines. For her part, my mother has been cont ented if somewhat confused, and has tolerated the treatment and therapy regimes well due to the encouragement and good humour of the staff. She has also enjoyed the meals and has eaten well. The only negative aspect of her stay arises s from the lack of facilities for visitors who have travelled long distances and visit outside office hours. It is im possible to obtain refreshments on site. For myself, the journey can take over 5 hour and a decent cup of tea on arrival would make all the difference. I am yet to buy that from any vending mac hine and have assumed that yours are no different so have not tried. I shoud be pleased if you would pass on to the staff on Ward 4 our appreciation of their hard work.

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	54
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	62

3. IMPROVEMENT

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

Warfarin home monitoring-we're leading the way! As indicated at the top of this bulletin, our patients are among the first in the region to benefit from a new digital health screening service available to those who take anticoagulant, warfarin. Anticoagulant medicines are most commonly prescribed for people who have had a condition caused by a blood clot, such as deep vein thrombosis, or who are at increased risk of a blood clot developing. Over 350 people across County Durham now monitor their INR -international normalised ratio, a measure of how quickly blood clots - from home, rather than having to attend clinic, sometimes once or twice a week. Siter Tracy Murphy who helps manage the service, commetns, "The new system is optional although enthusiasm for it is very high amongst patients, primarily because it is so much more convenient for them. This system works around their lives, rather than the other way around. Patients have even submitted readings whilst out of the country. At the same time, they have security of knowing that specialist nurses are always at the end of the phone if needed."

All figures are based on October performance with the exception of:
Staff Friends and Family is Q2 2015/16
Friends and Family In Patient & A&E is Oct15
Patient Experience Acute is Q2 2015/16
Falls and Acute pressure ulcers are October 2015
Community pressure ulcers are for September. Of all the pressure ulcers reported this month 4 were unavoidable .The most r ecent 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' (m ost 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) an d 100 being perfect.