

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

December

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

This report is based on information from December. 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.

95.4% 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	4	1
Trust Improvement target (year to date)	10	0
Actual to date	17	2

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 5 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	5	1		
Category 3	0	0		
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: 0.03 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 2 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: 0.09

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 1732 patient responses
A&E FFT score*	91%	This is based on 2004 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 understand?	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:

How likely are you to recommend our service to friends and family if they needed similar care?	% Recommend 99
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A patient's story

My Mother was recently admitted to Ward 62 of Darlington Memorial Hospital following a bleed from a prolapsed womb. Some days later, just as she was about to be discharged, she suffered from a perforated bowel and peritonitis and she died a matter of days later (30th September). During her time on the ward she was given the very best in nursing care which was particularly exceptional during her last few days. She was treated with such dignity and respect even though she was very ill and not able to respond to people or her surroundings. Every effort was made to make sure she was comfortable and pain free even to the extent of calling in a Macmillan nurse to oversee her medication to keep her sickness and pain at bay. I was able to stay overnight with her during her final days and again the staff were just fantastic. They were so caring and attentive of mum whatever the hour and also there for me when I needed a shoulder to cry on or a chat and a cup of tea and toast. We were given open visiting and this meant so much for me as my children came from around the country to say their farewells to a dearly loved Grandma. On behalf of my father, brother and our families I wish to commend the staff on the ward. Everyone was so caring and friendly and gave mum the best of care... from the domestic assistants through to the Consultant. It really is hard to single anyone out. Knowing that Mum was receiving such a high level of care and being treated with such dignity did bring comfort for us all at such a difficult time and we wish to pass on our thanks.

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 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

Children attending for x-rays and other scans are benefiting from an improved paediatric radiology service across the trust, dedicated to ensuring they have the best possible experience.

A range of child-friendly changes at DMH and UHND mean we are able to offer a service usually only found in specialist centres and children's hospital. Changes include children-only lists offering longer appointment slots to enable staff to spend more time talking to, and reassuring, children and their parents.

Members of the team have also had specialist training, enabling them to meet the needs of children and their parents during what can be a frightening experience and which can help children adopt, and remain in, the correct position for the duration of the examination.

Younger children in particular can find scanning rooms, and the x-ray process, frightening, which can lead to substandard x-rays images and undue stress.

Both DMH and UHND now have children's waiting areas within their radiology departments, which are filled with toys and each has a large mural depicting a 'Knights and Dragons' theme at DMH and a 'Woodlands and Rainbow' theme at UHND.

Pictures and colours are projected onto the scan room walls, and radiographers wear colourful uniforms, to help children feel comfortable and calm.

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

Staff Friends and Family is . Q2 2015/16

Friends and Family In Patient & A&E is November15

Patient Experience Acute is Q2 2015/16

Falls and Acute pressure ulcers are November 2015

Community pressure ulcers are for October. 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.