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.

95.6% **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	1
Trust Improvement target (year to date)	19	0
Actual to date	5	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 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 3 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	2		
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:	0.05	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 3 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	2
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:	0.14

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	93%	This is based on 1847 patient responses
A&E FFT score*	90%	This is based on 2437 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?	80
Were you given enough privacy when discussing your condition or treatment?	90
Did you find a member of staff to discuss any worries or fears that you had?	85
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 understa	72
Did hospital staff tell you who you should contact if you were worried about your condition or treatment after you left hospital	82

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

The patient story is quite a long one and is therefore on a separate sheet

We asked staff in the Trust the following questions:

	% Extremely Likely & Likely
I would recommend this ward/unit as a place to work	35
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	52

3. IMPROVEMENT

Improvement story: Leading the way on Pressure Ulcer Care

Further to the photograph at the top of this bulletin, we're celebrating the enormous success of our front line teams and tissue viability team, in ensuring patients don't develop a pressure ulcer in our care.
Only 0.1% of our in-patients develop a pressure ulcer, compared with a national figure of between 5-15% - making our achievement all the more significant.
This success is the result of many years' hard work by Carol Johnson, Tissue Viability Lead Nurse, and her team, and their close working with ward and department staff in introducing preventative measures. Carol writes, "Every patient's risk of developing skin problems is part of the initial assessment they undergo within hours of admission and we can then care for those at risk using equipment and procedures designed for the purpose. Over 15 years ago, we were one of the first trust's to start using pressure reducing foam mattresses and evidence suggests we're now amongst the best internationally as well as nationally."
Executive director of nursing, Noel Scanlon, said, "I wanted to mark this achievement and offer thanks personally and on behalf of the Board. Pressure ulcers exacerbate illness and can be life threatening. They can extend a patient's stay in hospital and cause additional worry for relatives. Everyone involved in this achievement, and those areas which have achieved 3 or 4 years without a pressure ulcer, should be very proud of themselves."
Each ward/department was presented with a commemorative framed certificate and box of chocolates, followed by afternoon team funded by commercial sponsors.

All figures are based on June performance with the exception of:
Staff Friends and Family is June 16
Friends and Family In Patient & A&E is June 16
Patient Experience Acute is Q1 1617
Pressure Ulcers are for the month of June 16
Of the pressure ulcers reported this month , 3 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.

Dear Ms Jacques / Mr Scanlon 08/07/16

I am writing to give feedback about the excellent treatment my late father received whilst a patient within the organisation.

My dad, was diagnosed with oesophageal cancer in December 2015, although he was initially receiving a treatment of chemo therapy overseen by the Freeman hospital , the cancer did not respond and spread to his liver , lungs and spine and he died on 03/06/16 at home in Durham.

We have been fortunate that, as a family, we have never had experience of cancer within our family so; to suddenly be heavily involved in hospitals could have been overwhelming and a daunting experience for my dad. However, I can honestly say that, through his entire treatment, all staff and services that we have encountered have treated him with dignity, kindness and respect. He has always been involved in decisions, given honest opinion and, talked to in straight forward language.

We have been impressed by the efficiency and professionalism by all of the CDDFT staff and we have not encountered any areas for improvement.

I would like to briefly detail the services and staff who have impressed us so much.

ED UHND - Have always treated my dad with kindness and respect, he attended twice, and although the second occasion was at night and the ED was busy, staff ensured that my dad was helped with his oral chemo tablets. He was concerned that they would be late as he was not at home, but staff provided him with all the necessary items to administer them via his naso gastric tube, despite having a full ED . He was very grateful for this.

Ward 14 UHND - My dad was very well looked after on this ward. He was impressed by the consultant's proactive approach. When his oesophagus was extremely small in diameter, naso gastric feeding was the only method of nutrition. Although this was a difficult procedure, Dr Matthews managed to insert this and therefore my dad could receive nutrition and medication. My mother was also impressed by the honesty of Dr Pieres who, on a following admission, stated that my dad's new symptoms were "A progression in the disease ". She appreciated this honest answer.

He later had a stent inserted to allow a small amount of comfort feeding and then made the decision not to come back into hospital as his disease was now palliative.

The staff on ward 14 faced a challenging client group at times and on my dad's second admission, the patient in the next bed was agitated and repeatedly tried to get into my dad's bed, urinated in the floor etc. Staff had put measures in place to safeguard other patients but my dad was distressed by the lack of rest etc. We are grateful to the staff nurse who arranged weekend leave for my dad. He appreciated this so much and despite being busy, the nurse sat with my dad and made sure he knew what to do should he need help whilst at home.

On discharge home, the care we received from the community teams was also excellent.

The District Nurse was involved from beginning to the end and was practical, professional and supported us so well. When my dad required a syringe driver to control his symptoms, she efficiently set this up, on her own at the kitchen table. My dad never waited for breakthrough pain relief, the response times were prompt.

Acute Oncology Nurse and, UHND Chemo unit provided excellent service when my dad needed a pleural aspiration. He was too weak to sit in OPD / X-ray, so Thelma arranged this procedure as a day case and Chemo Unit staff, allowed him to rest on the bed for a few hours whilst waiting for the procedure. The atmosphere in the Chemo Unit was cheerful and upbeat and my dad enjoyed chatting to patients and the nursing staff. The porter "David "could clearly see how unwell my dad was but was again cheerful and upbeat and my dad enjoyed chatting to him. Dr Cumming's aspirated his lung, in addition to her duties on ward 1 and my dad was home by 5 pm. That was the last time my

dad spent any length of time out of the house and he was really treated well that day.

During his last few weeks at home, **Macmillan** provided an excellent service, in the form of carers who washed my dad and repositioned him, they were an absolute credit, we were not prepared for how tiring it is to look after someone at home. They were professional and efficient and allowed us to step back and spend more time with my dad. **(but all staff on ward 11 we came in contact with were a credit to this service.)**

Out of hours the **Marie Curie Rapid Response Team** was invaluable. They cover a vast area, but when at 04.00 one morning my dad required breakthrough pain relief, they were at the house within 20 minutes. All staff who came to our house spoke to my dad with respect and sensitivity, regardless of his level of consciousness.

They also provided emotional support, which was always delivered in a sensitive and individualised way. They gave great advice on how to involve my young children in the dying process and gave literature which both my daughters have read. When my dad died, Marie Currie nurses verified my dad's death and did lots of the admin things, which helped us a lot.

The support we have received whilst my dad was at home, allowed my dad to die peacefully. On reflection , all of the things that have been so important to us and the things we remember , are the practical things, the kindness, not whether bloods were within normal range etc.

I will always be grateful to the staff involved in his care and am proud that they work for CDDFT.

I would be grateful if you could share our feedback with the named staff. I am all too aware of the challenges facing front line staff and it is important to acknowledge what a positive impact they made for my dad and his family.

As an employee of CDDFT , I would also like to acknowledge that my manager , The Matron has supported me throughout the time my dad was ill and after he died. Because of the sensitive and practical way she has helped me, I have now returned to work after some compassionate leave and although it is upsetting sometimes having such direct patient contact after a bereavement , she has allowed me to do this slowly and as I feel ready. Finally, having had such a good experience myself, this has allowed me to reflect on my practice as a nurse and will enhance my practice when looking after a dying patient and their family.

Thank you.

Yours Faithfully ,

HC