

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

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.

93.9% 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)

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)	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	2		
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: 0.14 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 6 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	4
Severe	1
Death	1

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: 0.27

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 1649 patient responses
A&E FFT score*	91%	This is based on 2510 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 understand?	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?	95

A patient's story

On Thursday last week I was admitted for surgery on my left arm to the Day Surgery Ward at DMH. I am sure that people are very quick to bring to your attention faults and deficits in care, but on this occasion, I would like to do the opposite. I was admitted at 12.00. By 13.30 I was in theatre, having had my observations checked, met the consultant who explained the procedure and been checked over by the anaesthetist. Without exception the nursing staff and HCA's who dealt with me were friendly, polite and professional. Speaking as a nurse myself the thing that most impressed me was the way in which I was treated as an individual, and the steps taken to maintain my dignity. These included having one of my gowns changed as the nurse felt it was not adequate, though I had not noticed it myself. Finally, as I was about to be discharged, my named nurse for the day again checked my observations, gave me a copy of my discharge letter, and went through it all with me and provided me with discharge analgesia. The gesture which has crystallised my view of the care I received was that, without asking, but indicating she would do so, she then bent down and tied my shoelaces, which I was unable to do for myself. I have no doubt that the other patients on the day I was admitted received care that was as excellent as mine, but I would appreciate it if my thanks could be passed on to the staff of this first rate service

We asked staff in the Trust the following questions:

	% Extremely Likely & Likely
I would recommend this ward/unit as a place to work	42
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	63

3. IMPROVEMENT

Improvement story:

Patients set to benefit from orthopaedic surgery centre of excellence at Bishop Auckland Hospital

An investment of £1.2 million has been used to upgrade the operating theatres at Bishop Auckland Hospital and expand its orthopaedic centre. The work increases the capacity for planned joint replacement and other bone surgeries and will reduce the waiting times for patients requiring these procedures.

Patients will benefit from increased capacity meaning more operations can be carried out with fewer cancellations and an overall improved patient experience.

Other improvements have also been made to the theatre suite, including new lighting, flooring and electrical works.

Consultant orthopaedic surgeon at County Durham and Darlington NHS Foundation Trust, Steve Scott, says, "Thanks to this investment, all the theatres at Bishop Auckland are now 'ultra clean air' theatres, which is essential for bone and joint surgery.

"It's inevitable that as the population ages an increasing number of people who don't have other serious health problems, will benefit particularly from hip and knee joint replacement surgery which will significantly improve their quality of life. We want to ensure we have the capacity to accommodate these patients so they receive surgery quickly and have the best possible experience. Also, because there are no emergency patients coming through Bishop Auckland Hospital, this greatly reduces the chance of an operation having to be cancelled which we know can be distressing for patients and their relatives.

At Bishop Auckland Hospital we also have a ward dedicated to orthopaedic surgery where patients begin their rehabilitation in the care of a specialist multi-disciplinary team, including physiotherapists and occupational therapists as well as medical and nursing staff."

Chief executive, Sue Jacques, said, "The number of people benefiting from knee and joint replacement surgeries is increasing and through this investment we can ensure our patients have the best possible experience in our care."

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

Staff Friends and Family is July 16

Friends and Family In Patient & A&E is July 16

Patient Experience Acute is Q1 1617

Trust Pressure Ulcers were for July 16 and Community Pressure Ulcers were for August, 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.