

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

February

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

This report is based on information from February. 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.

94.0% 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	0
Trust Improvement target (year to date)	19	0
Actual to date	16	5

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 zero Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and zero in the community.

Severity	Number of pressure ulcers in our Acute setting	Number of pressure ulcers in our Community setting		
Category 2	0	0		
Category 3	0	0		
Category 4	0	0		

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: 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: Community

The pressure ulcers reported include all pressure ulcers that occurred from 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	2
Death	0

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Rate per 1,000 bed days:

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 1249 patient responses
A&E FFT score*	91%	This is based on 2170 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?	79
Were you given enough privacy when discussing your condition or treatment?	85
Did you find a member of staff to discuss any worries or fears that you had?	77
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?	60
Did hospital staff tell you who you should contact if you were worried about your condition or treatment after you left hospital?	76

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?	97

A patient's story

Dear Patient Experience Team, I would like to write a letter to acknowledge how truly grateful we are to the team at Durham University Hospital and complement them on the superb care we recently received. Back in October 2016 my wife was diagnosed with Breast Cancer, whilst nothing prepares you for that news and all the insecurities it brings we couldn't have got through it without some wonderful professionals you have working in your hospital. The staff were so supportive, our diagnosis and results were delivered with such empathy so much so we felt really assured throughout the entire process. Each and every step was explained in such detail that we were able to make informed decisions easily, the staff availability between appointments helped tremendously and we cannot thank them enough, the amount of times you think of additional questions after clinic and the accessibility of staff got us through so many tough days and more importantly prepared us for the next. Their support throughout this entire process was absolutely 1st class and we will never forget the care and support we received from them and the strength and positivity we drew from it. When you receive support and care as professional and as genuine as this you really appreciate the wonderful service our NHS provides, the Patient Experience Team are an asset to Durham University Hospital and we are forever in their debt, the timeliness between appointments, operations and clinics (results day) were quick and responsive which gave us absolute confidence that the correct plan was in place and we had the best chance of beating this disease. Once we made the decision to have a mastectomy and immediate reconstruction the diaries between consultants were managed seamlessly. We were then referred to the Breast Care Team and again the support, care and advice we received was excellent, immediately we were presented with a number of options and we felt able to make informed decisions on the next course of treatment. On our admittance into hospital it was a very daunting time for us both, the nursing and healthcare assistant team on Ward 15 were terrific, I was so impressed with the genuine care we received from everyone on that ward. The Ward Manager should be especially proud of her team, as they helped us get through what was a very vulnerable and challenging time. Our Anaesthetist was also an absolute gentleman, he walked us through the care plan and completely put our minds at ease, there is no question that he puts a lot of time and effort into perfecting his care plans and uses each and every patient experience to improve it for the next. Little touches like the first prescribed medicine on the care plan being two digestive biscuits that need to be dunked in a cup of tea should not be underestimated. I would also like to thank the theatre nurse who also took very good care of my wife on the day of her operation. We cannot thank everyone enough

We asked staff in the Trust the following questions:

	% Extremely Likely & Likely
I would recommend this ward/unit as a place to work	44
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	67

3. Improvement Story: National Early Warning Score System

As mentioned in The Week Ahead earlier this month, we are introducing the National Early Warning Score (NEWS) system from Tuesday 28th February 2017 and education will begin across clinical areas from today, 20th February.

The sepsis screening tool will also be launched on 28 February, electronically within Nerve Centre

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

Staff Friends and Family is Qtr 2 1617
Patient Experience Acute is Q3 1617

Trust Pressure Ulcers & Community Pressure Ulcers for February were zero

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.