

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

April

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

This report is based on information from April. 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.

95.2% 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	1
Trust Improvement target (year to date)	19	0
Actual to date	0	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 0 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: 0.00 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 0 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	0
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: 0.00

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	93%	This is based on 1545 patient responses
A&E FFT score*	90%	This is based on 2156 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?	86
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?	59
Did hospital staff tell you who you should contact if you were worried about your condition or treatment after you left hospital?	78

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

I am writing to pass on my sincere thanks to the Consultant who took care of me throughout my pregnancy last year. I am sorry that I have been unable to write before but I have experienced a few postnatal problems which have resulted in care in the Mother and Baby Unit at Morpeth for some months. The Consultant took on my care in January 2016 and from our first meeting, I noted that she was simply an exceptional person who was kind, caring and considerate. I have experienced some physical problems for some time now and she looked after my unborn baby and I on a regular basis and gave 110% in making sure that we were both very well looked after which included two weekly scans and consultations where she reassured my husband and I every step of the way. She put a long term plan in place for my pregnancy and when I suffered from extreme sickness, she quickly and effectively got me the help I needed from the Maternity Ward. When I was 28 weeks pregnant, I started to have further complications and the severe vomiting got worse, so she set me up in the Antenatal Ward and took great care of me from then on until my baby was born on the 20th July 2016. She methodically consulted with all of the professionals in charge of my physical wellbeing and made a plan for my caesarean at 37 weeks of pregnancy. I found that she went over and above her call of duty of caring for me and I cannot thank her enough for the presidential support she gave me. I noted from my time on the Antenatal Ward, that she gave each and every one of her patients the upmost of respect, attention, care and support. She is an outstanding Consultant and Surgeon and a huge credit to Darlington Memorial Hospital. I really wanted to pass this message onto you and it be credited to the Consultant's personal file as I really cannot thank her enough for her positive and supportive approach. Positive feedback is necessary in any job and I feel that she is such a committed person who should be recognised for her care, right up to my caesarean, which happened shortly after she was unwell herself and she came in especially to complete my journey into motherhood. I would also like to give a special word of thanks to the Matron and her fantastic team of Midwives, Health Care Assistants, Catering Staff and Cleaners, who all took great care of me whilst I was an inpatient on the Antenatal Ward for so many weeks. She is an outstanding manager and she also took a great deal of time to contribute to my care, which I am sincerely grateful for. She also came in on her day off to be with me throughout my caesarean procedure. On the whole, I found my maternity experience at Darlington Memorial Hospital an absolutely positive one and I cannot express my gratitude enough for every level of my care. Word of mouth is the best form of feedback and I have passed the message on to many people on how very impressed I was with the hospital. If you would like to use any of my feedback for marketing or PR use, or if you would like to contact me further for any other input, please do not hesitate to do so

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

Launch of stop smoking for staff

Carol Bean, staff health and well being service manager, writes, " CDDFT is committed to the health and wellbeing of all staff. As part of that committmen the Staff Health and Wellbeing (Occupational Health) Service is launching a stop smoking service. As from Week Commencing 24th April you will be able to make an appointment for smoking cessation. "Further details will follow closer to the time but in the meantime occupational health staff will be visiting departments and wards with posters and other material, promoting the new service".

Did you know.....

On average, smokers have eight more sick leave per year than non-smokers and are more likely to quit with support

All figures are based on April's performance with the exception of:

Falls: is zero for the month of March

Staff Friends and Family is March 17

Friends and Family IP & A&E is March17

Patient Experience Acute is Q4 1617

Trust Pressure Ulcers & Community Pressure Ulcers are zero for the month of March

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.