

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

May

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

This report is based on information from May. 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.

94.9% 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	2	1
Trust Improvement target (year to date)	19	0
Actual to date	2	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 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 7 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	4
Severe	3
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: 0.29

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	96%	This is based on 764 patient responses
A&E FFT score*	94%	This is based on 1450 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?	96

A patient's story

Good Morning Darlington Memorial Hospital and The Board

Firstly I would like to say that this is not a complaint, its very much a compliment and I felt it was necessary for me to share with you the amazing care we received recently. A few weeks ago, my partner gave birth by natural C section at your hospital and we both cannot simply explain how absolutely phenomenal your team and hospital were throughout the process. Both my partner and I live in London, however my partner is from Darlington and all of her family still live in the district. After dealing with some of the London Hospitals we quite quickly saw how blase, flippant and even neglectful they could be (this wasn't all places and I don't want to get anyone in trouble). We decided to seek private care for the birth. It was only after doing a fair amount of research that we realised private care was not really an option as there really isn't much of a choice in the North East. With this said, we decided on the Darlington Memorial as it was close to family. My partner was advised early on that she would need a C section due to a youth operation she had had on her leg. It was at this point she met with the consultant who first announced the idea of a natural C section, and my God what an amazing decision that was. Not only was this option not even close to our radar we had never heard of it at all. The consultant was nothing short of brilliant even in the first meeting. Everything was explained in fantastic detail and my partner felt incredibly at ease. The way the consultant just spoke about the procedure as well as being sympathetic to both my partner and I having our first child the option of a natural C section was just a no brainer. The consultant is someone we will never forget as she is just a true inspiration. On the day of the procedure, the entire delivery team (I'm sorry I cannot think of their names as there were so many people involved) can only be described in three words "UTTER ROCK STARS". They were brilliant, calm, patient, understanding and everything you could ever want at a time that is nerve racking. My partner was incredibly nervous, as we all were, but we were surrounded by really nice people to help explain that she was going to be just fine. We were advised that I myself couldn't be in the operation room while my partner was having a spinal, however the moment my partner told the Dr that she felt most nervous about that part of the procedure, the Dr instantly agreed to let me be in the room with her providing I stood in the corner (which I was more than happy with). The procedure itself was by far the most magical moment we have ever witnessed, what the consultant and the team did in that room was something I just cannot get my head around. It was quick, neat and just mesmerising. To see our little girl come out and then have her placed onto her Mother's skin while she was being sewn up was incredible, especially after hearing so many horror stories about how C sections could go wrong and that most new mums don't have immediate skin to skin contact. You would think by this point I had spoken highly of everyone and could not say anymore, well your wrong. Because I need to talk about the labour ward managers and the midwives that we had look after my partner after the birth and they were just incredible. Again I have forgotten names as sleep deprivation has got the better of my brain, there was a lady with a Scottish accent, a lady due to retire this year I believe and the trainee midwife that worked alongside the other ladies. I would like to thank the said ladies and say how much we have appreciated their help during the early stages of our daughters life. Helping with feeding, check-ups, patience and the support was again just brilliant. We never had to buzz and wait, I think at one point I timed (just for a laugh) the response time from the button being hit to someone walking in the door and the average was something ridiculous like 12 seconds. We just felt it was necessary to say how much we are thankful for the way the entire process went, from pre to post birth and everything in between. Your hospital is just incredible and we are so chuffed that we made that decision to come back to the North East. I know it's not our place to say but I honestly believe that everyone should be having a natural C section. The consultant as well as everyone that worked on our delivery is a true asset to the hospital and the NHS. It's your team that helps restore faith in our medical system and allows us to believe that we truly are grateful and blessed to have such caring and understanding people around us. Thank you for all that you have done and when we have a second (don't tell my partner I said that) we will most certainly be back. But for now we have a beautiful little girl who has been a dream and a true blessing, especially with no forcep marks on her head:) Kind regards

We asked staff in the Trust the following questions:

I would recommend this ward/unit as a place to work

% Extremely Likely & Likely

58

I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment

72

3. IMPROVEMENT

A number of in-patients experience medication errors, which carry potential risks for patients and have cost implications for the NHS.

These errors are often a result of interruptions during medication rounds. In response to this problem, Ward 1 at UHND has introduced red medication round tabards, worn over the Registered Nurses uniform during every medication round, to help reduce the number of interruptions during medication rounds and improve patient care and safety. Sister Sue Humes said " The use of red medication round tabards is a widespread, inexpensive intervention that is thought to reduce the number of interruptions during medication rounds and we are delighted to introduce this initiative on Ward 1 as it will enable nurses to concentrate, without distraction, on giving patients the help and advice they need to take their medications safely and effectively"

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

Falls: is for the month of April

Staff Friends and Family is April 17

Friends and Family IP & A&E is April 17

Patient Experience Acute is Q4 1617

Staff Experience is Qtr 4 1617

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

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.