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

January

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

This report is based on information from January . 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.

95.3% **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	3	0
Trust Improvement target (year to date)	10	0
Actual to date	20	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 4 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 2 in the community.

Severity	Number of pressure ulcers in our Acute setting	Number of pressure ulcers in our Community setting		
Category 2	4	1		
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:	0.19	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:	0.03	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	7
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:	0.28

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 1770 patient responses
A&E FFT score*	91%	This is based on 1801 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?	78
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	63
Did hospital staff tell you who you should contact if you were worried about your condition or treatment after you left hospital	77

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?	93

A patient's story

Dear Sir, On New Years Day my wife started to have breathing difficulties due to a chest infection and the lung condition COPD. I called for advise and from the very moment I was connected to an advisor we have nothing but praise for the NHS and their staff. The lady in question (name unknown) was very professional and very sympathetic. Within minutes a rapid response arrived and proceeded to administer professional caring work to my wife and stopped with her until she was certain my wife was ok. The lady in question was called Todd from the Crook Station and I believe is a nurse practitioner. Fast forward to Tuesday 6th January at approx my wife started with breathing difficulties. Once again the service was superb from 111. A rapid response person arrived, then a nurse pratitioner who looked after my wife. After a while an ambulance crew arrived and it was decided my wife needed to attend A&E in Durham. The ambulance crew (from Darlington, names not known) were excellent in their work showing professionalism care and sympathy to my wife particularly as they had finished their shift at 6.30pm and were attending to my wife nearly two hours later. Aain at A&E in Durham excellent care was experienced from doctors, nurses and the reception staff who clearly are under immense pressure to deliver a service that in my opinion is second to none and most of all FREE at the point of call. May I take this opportunity to say thank you to those staff members involved and maybe you could pass our thanks and gratitude to thoses directly involved, In these times of austerity and cut backs the NHS staff soldier on delivering a first class service that is the envy of the world

Staff experience

We asked staff in the Trust the following questions:

	% Extremely Likely & Likely
I would recommend this ward/unit as a place to work	32
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	62

3. IMPROVEMENT

Improvement story: Update of rollout of mobile working

Robin Blythe, , Project Manager provides an update: "From Monday 18th January, the Willington and Crook, along with the Bishop Auckland Community Nursing Team will be live with Mobile Working."
Sonia Fendell, District Nursing Team Lead, Bishop Auckland Integrated Team said: "It has improved patient care, as staff don't need to return to the office late in the day to complete alll admin, therefore, they are able to take on more visits. Staff feel they are better prepared before they go into calls as they can read about the patient. They are also able to order equipment at the visit and inform patient of the delivery date. As a manager it is beneficial for me as I'm able to text a message if I need to inform them of anymore calls or issues with the patients they are going to visit.
Angela McDonald, District Nurse Lead, Crook and Willington said: "Mobile working within the Willington and Crook Team has allowed us to manage our time more efficiently when carrying out patient care in the home. Staff have more time with the patient as the added pressure to get back to base to complete System One is no longer there".

All figures are based on January performance with the exception of:
Staff Friends and Family is December
Friends and Family In Patient & A&E is December
Patient Experience Acute is December
Falls and Acute pressure ulcers are December
Community pressure ulcers are for December
Of the pressure ulcers reported this month 5 were unavoidable and one was avoidable. 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.