

## 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

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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)

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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
<b>This month</b>	0	1
<b>Trust Improvement target (year to date)</b>	10	0
<b>Actual to date</b>	20	3

For more information please visit:

[www.cddft.nhs.uk/](http://www.cddft.nhs.uk/)

## Pressure ulcers

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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 2 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	2	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: 0.09 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

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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	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: 0.00

## 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 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 understand?	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?	96

#### A patient's story

Dear Sir, I would like to issue my gratitude to your hard working staff who have been attending my complex health needs over the last two years, namely: who has always been the consummate professional and has gone beyond his duties to assist me with my condition and associated treatment. Keeping me informed of what is going on at all times. He has always been polite, friendly and approachable and puts you at ease. He listens to you and never makes you feel like you are being rushed. His clinics do run over, presumably due to his heavy work load. But it is a thing that we have come to expect in the existing climate and condition of the NHS. One thing I do have an issue with is that the air quality in the whole thoracic department. It is very poor and I have found myself returning to the general waiting area as the poor air quality and temperature seriously affects my breathing, this also applies to the clinics and treatment rooms. More fresh air from the air handling unit needs to be induced and tempered; rather than using recirculated air. After all a lot of the patients attending these clinics have respiratory problems? Ward 42: (Roisin Unit) As part of my treatment I have been attending the Roisin Unit for Chemotherapy for approximately 9 months. All the staff on the unit have been excellent in carrying out their duties, and put you at ease, and I can't thank them enough for their support. They are always willing to discuss your issues even when they are under pressure due to the volume of patients attending the unit. It's very rare you actually see them stop for a break. Ward 41. Unfortunately, I was admitted to Ward 41 on New Years Day for a week due to complications with my condition. Once again all the staff were brilliant, and helpful, putting me at ease on my first ever stay in hospital. Even though the staff were under pressure (which appeared to me to be a staffing level issue), which was made worse by a couple of awkward/demanding patient. People are quick to criticise when things go wrong but very few are willing to praise when credit is due. Once again I would like to thank all involved in my recent and future treatment

#### 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	54
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: Tannoy to deter smokers in hospital grounds

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Local hospitals have introduced a tannoy system to deter people smoking close to main entrances.

County Durham and Darlington NHS Foundation Trust became 'smoke-free' in 2007 introducing a no smoking policy across all of its sites including Darlington Memorial Hospital and University Hospital of North Durham. The Trust has put up prominent 'No Smoking' signage across its buildings and grounds but unfortunately this does not deter all smokers from lighting up just outside the main entrance areas and the entrances to the emergency departments - including the access areas where ambulances are arriving to bring patients into hospital. Lee Mack, Head of Health Improvement says, "If a member of the public or staff sees someone smoking, they can report this at reception. Staff can then activate a voice message which can be heard loud and clear, asking smokers to extinguish their cigarettes. "We've introduced the system because it's vital we take every possible step to discourage smoking. Patients and visitors, including new born babies and those arriving via ambulance, often have to pass through cigarette smoke at our hospital entrances, which is totally unacceptable. "Our goal is to have smoke free sites, and the ability to broadcast these messages is a crucial step towards this. One in two smokers will die early from a smoking related illness and the north east region has set a goal of less than one in twenty people smoking by 2025. Patients needing support during their hospital stay can be given nicotine replacement therapy and those wishing to stop smoking can get expert help from the Stop Smoking Service by contacting 0800 011 3405. Smokers using this service are four times more likely to succeed than those who try to quit without support.

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

Staff Friends and Family is Q2 1516

Friends and Family In Patient & A&E is Dec 15

Patient Experience Acute is Q3 2015

Community pressure ulcers are for December 15

Of the pressure ulcers reported this month all 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.