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

March

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

This report is based on information from March. 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.

95.1% **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)	10	0
Actual to date	21	3

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 2 Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and 1 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	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:	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:	0.02	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 2 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:	0.09

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	92%	This is based on 1148 patient responses
A&E FFT score*	90%	This is based on 1857 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?	95

A patient's story

This month the patient story is in rhythm form and therefore to keep it in its context for reading it has been attached separately

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: Smooth move for Darlington nurse

A local hospital nurse has designed a ground-breaking new slide sheet, the ReDi Slide, to assist clinical staff in moving patients who are unable to move themselves.
Diane Hindson, part of the back care advisory team at County Durham and Darlington NHS Foundation Trust, recognised that existing slide sheets were far from ideal either for patients or staff so set about finding a solution.
Diane said, "Slide sheets are an essential piece of equipment used by nurses to reduce the risk of injury to patients when they are being moved, in particular from skin damage caused by friction. Patients include those who have just had surgery or suffered a stroke, may not be mobile and we also use them to gently move patients nearing the end of their life, whilst maintaining their comfort and dignity.
"There are a range of slide sheets available, which can be confusing for staff trying to decide which to use. I wanted to create a one-size fits all solution to reduce the risk of injury to patients and those moving them, and thought long and hard about the ideal design. Needlework was my favourite subject at school and I even won the needlework prize! Once I reached the stage of developing prototype ReDi Slides, my sewing kit spent more time at work than at home.
"Slide sheets are made from nylon with a special coating to reduce friction and make moving patients easy and safe. My final design is essentially two slide sheets stitched together, leaving splits, making a large partial tube shape which covers the whole bed or trolley area. I worried that it was too simple, but when we tried it out on our wards the feedback was excellent. Staff felt the ReDi Slide protected patients very well, whether they were being transferred between bed and trolley or being repositioned in bed. Staff also felt less at risk of injury themselves, which is so important because musculoskeletal injuries are the main cause of sickness absence in the NHS.
"Following feedback we added pictorial labels indicating the 'head' and 'feet' ends, as well as a small loop of fabric, so the ReDi Slide can be hung up when not in use."
"My daughter came up with the name, which is a combination of the slide sheet colour and my name - "Red" and "Di"!
The Trust has supported Diane in developing the ReDi Slide as a commercial product, which she doesn't believe she could have done on her own because of the complexity of the processes involved. The Trust recently took delivery of its first supply for use on their wards.
The ReDi Slide has been shortlisted for a prestigious Royal College of Nursing RCNi award although Diane will have to wait until May to find out if she's a winner.
Trust director of nursing, Noel Scanlon, said, "This marvellous innovation will enable patients to be moved with much less discomfort to them and a much reduced risk of injury to nursing and other care staff. We are very grateful to Diane and her colleagues who have developed the ReDi slide and go the extra mile for their patients."

All figures are based on February performance with the exception of:
Staff Friends and Family is Q2 1516
Friends and Family In Patient & A&E is February 16
Patient Experience Acute is Q3 1516
Community pressure ulcers are for January
Of the pressure ulcers reported this month all 3 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.

This is the patient's story

Jude's Story…

When my G.P referred me to
The Breast Care O.P.D
It was my first experience
of C.D.D.F.T

Initially, I was assessed
By Mr Callanan
And must confess I thought he seemed
A somewhat detached man

In contrast, my consultant,
In Radiology
Was really entertaining
And as happy as could be

Upon review with Mr C,
His attitude had changed
He shared with me his findings
And the follow up he'd arranged

He explained my options
With clinical precision
Arming me with all the facts
To aid with my decision

Although it wasn't easy
To go with his recommendation,
Common sense prevailed and
I opted for the operation

I arrive in Day Case at 7,
Prepared for a possible wait
And I'm ushered through to Mr C
Some time just after 8

He goes into great detail
About my operation,
Instilling me with confidence
Throughout his explanation

I'm reassured when he confirms
Just where the problem's located,
An arrow's drawn in marker pen,
And a diagram annotated

The next time that we meet
I'll be unconscious on the bed,
His calm and clinical manner

Help to eliminate my dread

The next stop's the anaesthetist,
Who's Dr Robb today,
I take to her immediately
And I feel I'll be okay

Just fill in these consent forms,
Sign at the asterisk
To make sure that you understand
Every possible risk

It's really quite unlikely
You'll react to anaesthesia
But 1 in every thousand
Will be left with paraesthesia

It may affect your hearing
Or possibly your sight,
The chance of heart attacks or strokes
Is actually very slight

If you're afraid of flying
And, so, cannot travel far,
They'll tell you that you've
Much more chance of dying in your car

But that's just more statistics,
And the odds you will survive
Are little consolation
As your plane begins to dive!

Despite my apprehension,
I sign up as requested,
I place my life into their care
I'm now completely invested

Once dressed up in my backless gown
I'm shown to the Waiting Room
Full of ladies dressed in pink
At varying stages of doom!

Although our time together
Is relatively short
We appreciate the company
And the comfort it has brought

One by one our numbers fall
From 6..5..4 to 3
We joke of "last man standing"

And it turns out to be me

Soon I'm on a trolley
As the lights go whizzing by,
I try my best to stay composed
Yet cannot help but cry

A nurse, whose name I don't recall
Is there to wipe my tears,
Singing the praises of Mr C
And helping allay my fears

When I arrive at Theatre,
I'm met by Dr Robb
Who demonstrates that she is
Just fantastic at her job

She manages to eradicate
My remaining anxieties,
And, together with the Theatre Nurse,
She makes me feel at ease

I know I talk incessantly,
It's just self-preservation
To keep my mind from dwelling on
Each possible complication

But Dr Robb just humours me
Engaging me in chat,
And then I open up my eyes
And can't believe that's that!

In post-op I start shivering
With chattering of my teeth
So they wrap me in a blanket
With warm air ducted beneath

My 1 to 1 Recovery Nurse
Deserves a special mention
We talk at length of politics
Requiring intervention

Whilst helping me to rid the world
Of immorality
She never loses her focus
And is dedicated to me

The staff were all magnificent
At meeting my demands
Supplying me with Earl Grey tea

Or simply holding my hands

So many different characters,
Each with their part to play
Who equally and professionally
Contributed to my day

I do suspect that Mr C
Gets little recognition
As patients never get to see
The man complete his mission

So, at the point of discharge
Not long after my admission,
I reflect upon the care received
Which was seamless in transition

I owe a debt of gratitude
I know can't be repaid
So please accept my sincere "thanks"
For the difference you all made

Now as I wait for lab results
To see how my dice lands,
No matter what the outcome,
I know I'm in safe hands

I wish that Mr Hunt could see
Our fabulous N.H.S,
And invest more in its future
To ensure its continued success