

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.

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	2	0
Trust Improvement target (year to date)	19	0
Actual to date	4	0

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 1 in the community.

Severity	Number of pressure ulcers in our Acute setting	Number of pressure ulcers in our Community setting		
Category 2	7	0		
Category 3	1	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: 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: Community

The pressure ulcers reported include all pressure ulcers that occurred from 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 5 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	4
Severe	1
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:

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	94%	This is based on 1604 patient responses
A&E FFT score*	91%	This is based on 1694 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?	81
Were you given enough privacy when discussing your condition or treatment?	88
Did you find a member of staff to discuss any worries or fears that you had?	83
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?	62
Did hospital staff tell you who you should contact if you were worried about your condition or treatment after you left hospital?	80

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?	97

A patient's story

I am writing to express my gratitude for the expert care and attention I received recently at Darlington Memorial Hospital. I work as a Staff Nurse in the Neonatal Unit at Darlington and on Saturday April 23rd I was taken ill during my night shift. I contacted the A&E department for advice and was asked to come down to be seen. Within 30 minutes of my arrival I was seen by the Triage Nurse who took a very thorough history and made some clinical observations. She made a decision to take me through to the Resuscitation Room for closer management as my temperature and heart rate were very high and my blood sugar was a little low. I am sure you can appreciate how scared I became! The nurse was very kind and calm reassuring me that this was the best course of action as it meant I could be more closely monitored.

Once in the resus room I was seen by a doctor who explained that she was going to take more blood tests and give me some intravenous fluids and paracetamol. She explained that she thought I was suffering from sepsis secondary to a urinary tract infection I was unaware I had and that I would need to be admitted as I was too unwell to be discharged. A wonderful Health Care Assistant brought me some hot tea and sandwiches and mopped my tears when I was upset and the Charge Nurse and Staff Nurse that looked after me really made me feel well cared for, adding just the right amount of humour to the situation. I have not doubt that this helped me to be more rational. I was transferred to Ward 14 and I must say a huge thank you here to the porter who so thoughtfully went up to the Neonatal Unit to collect my personal belongings for me. A small act of kindness which meant so much to me. The staff on Ward 14 worked tirelessly day and night.

They were all very kind and caring and treated me with dignity. This was all extended to husband and my daughter when they visited me and they were always welcomed with a friendly smile and the offer of coffee and biscuits. Due to medical bed pressures I was transferred to Ward 62 for continued care. Again I was met by warm and friendly professional staff who really cared about me. Nothing was ever too much trouble and I felt in very safe hands. What really stands out in my experience as a patient is how happy all of the staff were. This extends from the receptionist on the A&E department right up to the Consultant who over saw my care and everyone in between. In a time where the NHS is often under scrutiny I just want to let you know that I have nothing but praise and thanks for the treatment I received in Darlington Hospital and I am proud to say it's where I work!

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	35
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	52

3. IMPROVEMENT

Improvement story:

A public area at Darlington Memorial Hospital has been transformed into a sensory garden, thanks to a childhood memory that never left a local young man. Callum Crowther, now 17, recalls visiting a relative in the hospital when he was younger and noticing the grassed area, which had some seating. "It struck me that with a bit of work and investment, the space could be turned into a garden, creating a peaceful place for patients, visitors and staff - a kind of haven. When I joined Safe in Tees Valley's NCS (National Citizen Service), last year, I realised my dream could become a reality.

"I particularly liked the idea of a sensory garden because patients with dementia, who struggle with so much of everyday life, can still get pleasure from sights, smells, sounds, etc."

Callum shared his vision with Nathan Mitchell (18), who he met through NCS, and they approached County Durham and Darlington NHS Foundation Trust, with their plans, before successfully applying for £1,000 of funding from UK Youth's Starbucks Youth Action Fund.

Associate Director of Facilities at County Durham and Darlington NHS Foundation Trust, Stuart Wray, said, "Callum and Nathan are very impressive young men: coming up with the plans themselves, securing funding, then getting together a team of volunteers to make their dream a reality. We are very grateful to them for creating a lovely, peaceful area which everyone can enjoy.

"Callum and Nathan have devoted sections of the garden to each of the senses, bringing the whole area to life. Colourful plants will flower throughout the summer and wonderful smells will waft from lavender and lemon conifers. Established trees, will provide shaded areas and their branches will be decorated with wind chimes.

"We recognise that attending hospital either as a patient or visitor can be stressful. Having tests and treatment, waiting for a diagnosis or visiting a loved one who is sick can all be difficult and we hope the garden offers a respite from that.

"We will, of course, maintain the garden and continue to develop it as it becomes established."

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

Staff Friends and Family is Q4 1516

Friends and Family In Patient & A&E is April16

Patient Experience Acute is Q4 1516

Pressure Ulcers are for the month of April

Of the 9 pressure ulcers reported this month, 8 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.