

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

June

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

This report is based on information from June. 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.

95.4% 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	0	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 0 in the community.

Severity	Number of pressure ulcers in our Acute setting	Number of pressure ulcers in our Community setting		
Category 2	8	0		
Category 3	1	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: 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

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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	93%	This is based on 1663 patient responses
A&E FFT score*	91%	This is based on 2081 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?	95

A patient's story

My first Grandchild was born at Darlington Memorial Hospital, two weeks ago, on 8th June. I had the privilege of being with my daughter for the delivery, an amazing experience, the birth of a beautiful little boy. What I also witnessed that evening were the skills of the midwife which made such an impression that I feel the need to share it with you. My role as a 'Birthing Partner' was blurred as it overlapped with 'Mother' - I was there for my daughter to offer obvious practical support, reassurance, empathy, liaise with staff and family and deal with any basic needs. For the actual birth, though well planned, we were quite happy to take advice from the 'Professionals'..... and professional they certainly were! I suppose once you enter the Maternity Suite you take for granted the role of the midwife, pain takes over and you are only interested in the end product, a small bundle to take home! Throughout the various stages of the 'Labour', lasting around 6 hours, I had the opportunity to observe and reflect on the dynamics in the room. My daughter, 22 years old, first baby - probably feeling a mixture of excitement with the anticipation of soon being a mother, no doubt tinged with fear, vulnerability and obviously intense pain. Myself instinctively wanting to protect and having had children, desperately praying for a quick and safe delivery. Amidst all of the emotion, I was watching and listening for instructions from my daughter and from the staff. The Midwives were a great team. Initially gathering all the necessary information and noting any clinical observations then handing over at the change of shift in a very thorough manner. The midwife who took over for the night shift, was presented with a young lady in the latter stages of her labour who wasn't really in any state to 'chat', so she was therefore working 'blind', relying full on the notes and my own update. The midwife had a student with her. We imagine the student will just have to shadow and observe? Not at all - even in the most intense moments the midwife remained very calm and explained clearly the process happening, which did actually clarify the situation for me. She did not intervene unless requested or if clinically required: she allowed me to be with my daughter and deal with the personal/emotional side whilst she monitored the mother and baby carefully. During the next three hours leading up to the birth the midwife examined my daughter, dealt with catheterisation, controlled drugs, took urine and blood samples which had to be tested urgently, she continued a 'running commentary' on her actions for the student at the same time questioning her understanding and allowing her, with our consent, to carry out some of the procedures to gain experience. They managed the birth with absolute precision, giving constant encouragement and reassurance and then, after allowing a few precious moments with the new baby, they appeared again to 'clean-up' the room and assess my daughter. The same midwife carried out the necessary repair work and stitching: another hour of highly skilled work, requiring concentration, specific knowledge and of course patience. Not once did I ever hear anything unprofessional or negative, no one disappeared or complained that they had been working for 5 hours without a break. What a fantastic role model she was for her student! What an invaluable experience for the student, being able to carry out procedures under such careful supervision! What I saw was a member of your staff so passionate about her work that she was able to handle such a fragile situation, dealing with pain, exhaustion and ultimately bringing a new life into the world...the responsibility and the respect shown deserve recognition. I do hope in this letter I have given you a 'snapshot' of the event - I was impressed and you should be proud. Many thanks

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: Bereavement service launched

Losing a loved one can be a devastating experience and County Durham and Darlington NHS Foundation Trust has introduced an enhanced bereavement service to offer emotional support, practical information and advice to the families and carers of patients who sadly die in hospital.

At such a sensitive time, grieving families often benefit from spending time talking about what has happened. A busy ward environment is not always the ideal location for this and dedicated bereavement support officers are able to offer the help families need, in areas specifically designed for this purpose.

Executive Director of Nursing, Noel Scanlon, said, "Even when a death is expected, the shock can be overwhelming. The volume of paperwork and formalities can also seem daunting. Our Bereavement Support Officers are there to help families through those difficult first few hours and days. One of the first things they can do is help with the timely collection of the medical certificate and the patient's belongings, arranging for them to be returned to loved ones, avoiding a potentially distressing return visit to the ward for them.

"New Bereavement Suites at University Hospital of North Durham and Darlington Memorial Hospital, offer a quiet, private place for grieving relatives to ask questions about the paperwork and other things that need to be done when someone dies, including registering the death and funeral arrangements. We also have a new Information and Advice for the Bereaved booklet, with useful contact details, including Registrars, guidance on arranging a funeral, and checklists."

The service is already being welcomed, with families particularly appreciating the information available on the formalities, and the calm environment of the bereavement suites.

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 May 16

Patient Experience Acute is Q4 1516

Pressure Ulcers are for the month of May 16

Of the 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.