

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

September

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

This report is based on information from September. 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.

94.9% 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)	19	0
Actual to date	8	1

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 2 in the community.

Severity	Number of pressure ulcers in our Acute setting	Number of pressure ulcers in our Community setting		
Category 2	1	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: 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 4 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	3
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	93%	This is based on 1734 patient responses
A&E FFT score*	92%	This is based on 2949 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?	80
Were you given enough privacy when discussing your condition or treatment?	90
Did you find a member of staff to discuss any worries or fears that you had?	85
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?	72
Did hospital staff tell you who you should contact if you were worried about your condition or treatment after you left hospital?	82

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

I would like to share my experience of being a patient with COD Trust. This is because I would like to acknowledge the high standard of care and continuity of care I have received. Last year I had a routine scan in pregnancy at UHND and an ovarian cyst was identified. My care was consultant led **M...due** to my age at the time (42) and I was referred. Further investigations revealed 2 large cysts (one of these was complex). The consultant thoroughly investigated these cysts and liaised with his colleagues, keeping me fully informed at each stage. He suggested monitoring the cysts during pregnancy and I had regular scans and reviews.

I gave birth naturally on 18 April 2016 to a beautiful baby. The staff on wards 8 and 10 were amazing, supporting me through this time and offering all the help I needed. I had difficulty establishing breast feeding and received the best support and advice with this both in hospital and on my return home. (I also attended the breast feeding antenatal class at UHND when pregnant). On one occasion when first home the baby would not latch on so I called the midwife for help and someone was at my door 20 minutes later. I continue to attend breastfeeding cafe at the Surestart Centre in Stanley for follow-on support.

Meanwhile, the cysts grew and these were removed by major abdominal surgery on 7 September 2016 and I spent my recovery on Ward 9 UHND. I have been so impressed with the care offered by the ward staff across the team. One of many examples is when I was in the shower at tea time and the HCA remembered how I took my tea and left it on my table for me. These small things made such a big difference to me. The breast feeding liaison nurse made arrangements for me to continue breast feeding in hospital. Information was shared across all clinical staff to make this possible. I have now been discharged and will be seen for follow up. I just wanted to try and explain how impressed I have been, not only with the standard of clinical care, but also the kindness and warmth of your staff across the teams.

Thank you for taking the time to read this email.

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	42
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	63

3. IMPROVEMENT

Improvement story:

A high-tech clinical simulation centre based at Bishop Auckland Hospital is giving clinicians across the region the chance to practice their skills in a state of the art facility, equipped with the very latest simulation training technology.

We have invested over £410k in the centre, and manager, Jessica Grainger, explains, "We have a 'family' of life-sized manikins which can be programmed to replicate a multitude of scenarios including strokes, heart attacks and road accident injuries. The manikins include an adult male, a pregnant woman, a child around eight, a one year old and a new born baby. They each have a pulse, heart beat and can even bleed and cry.

"We recreate real life clinical situations, giving staff at all levels a chance to hone their skills and knowledge in a risk free, confidential, environment. Members of our team take on the roles of other clinical staff who may be present, so it's as true to life as possible. The technology we have means that on the other side of a glass screen, when a senior doctor speaks into a microphone, his words come out of the 'patient's' mouth. It's just about as realistic as it can be.

"Exercises are filmed and also shown, as they happen, in the debrief room, for shared learning and reflection."

Lead clinician at the simulation centre, Dr Derek Randles, adds, "In addition to training on specific clinical situations, we also run courses around common themes, such as communication. In reality, when the pressure's on, human factors can greatly enhance the quality of care patients receive. In addition to learning about best clinical practice, simulation exercises can also be used to show each of us how we react in circumstances we may not have faced previously, and the importance of our behaviour and reactions. Ultimately, our aim is to ensure patients get the best possible care and experience from staff who can act decisively and with confidence."

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

Falls: August

Staff Friends and Family is August 16

Friends and Family IP & A&E is August 16

Patient Experience Acute is Q1 1617

Trust Pressure Ulcers & Community Pressure Ulcers are August, of the 3 pressure ulcers reported this month, 2 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.