

## 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

January

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

This report is based on information from January. 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>	1	2
<b>Trust Improvement target (year to date)</b>	19	0
<b>Actual to date</b>	15	5

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 zero Category 2 - Category 4 validated pressure ulcers were acquired during Acute hospital stay and zero in the community.

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

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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 4 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
Severe	3
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

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#### 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	92%	This is based on 1367 patient responses
A&E FFT score*	91%	This is based on 2104 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?	85
Did you find a member of staff to discuss any worries or fears that you had?	77
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?	60
Did hospital staff tell you who you should contact if you were worried about your condition or treatment after you left hospital?	76

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?	94

#### A patient's story

Dear Sir/Madam. I'd like to offer my praise and thanks to an outstanding A&E Team. On 27th December my 1 year old grandson was admitted to A&E as an emergency. He was having seizures, the longest and most dangerous one lasted 57 minutes. The Dr's and nurses at A&E at UHND, were outstanding. The Rusus Team was led by the A&E Dr. They cared for my grandson and my daughter and her husband during this terrifying time. They went above and beyond to save his life. A&E was literally bursting at the seams, full by first impressions of people with minor injuries. They did not allow this, in any way to compromise the care my grandson was given. They remained focused and determined throughout. Once the immediate emergency was over they extended the care shown to my family to me. I'd sat for 2 hours outside resus, just to be there. The Dr reassured me, offered comfort and explained the next steps to me. I didn't ask for this. I was happy to just know my grandson was going to be ok. However it was clear he was a Dr that cared, and put all round care into practice. My daughter would probably have totally melted down without the Dr as she suffers chronic anxiety, he won't realise the impact he's had on my daughter, I'm sure it was all natural to him, however, his standard of care made a huge difference. His calm, reassuring manner and the fact he explained things in a way she could understand saved her from further distress. The team as far as I'm concerned included paediatrics drs, nurses, porters, x-ray staff (for CT scan) the receptionist who showed me such kindness when I arrived and ensured I could be close to my family, everyone including the cleaners played a part that day. For that I thank them from the bottom of my heart. Following his A&E treatment, he was moved to Treepops, again the A&E Dr made that a smooth transition! He came with us and stole a last cuddle with my grandson. Again I was blown away by the level and standard of care given. They made an incredibly scary and difficult time as painless as they possibly could for us. My grandson's journey with UHND is not over as he will be seen regularly following his Epilepsy diagnosis, I look forward to the continued care I feel confident he will be given

We asked staff in the Trust the following questions:

	% Extremely Likely & Likely
I would recommend this ward/unit as a place to work	44
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	67

### 3. IMPROVEMENT

Improvement story: A new Chapel

A new chapel and chaplaincy suite has opened at Darlington Memorial Hospital, following a dedication by the Bishop of Jarrow, the Right Reverend Mark Bryant.

Kevin Tromans, Lead Chaplain, said "The chapel will be open daily between 8am and 8pm. During this time patients, their relatives, staff and other visitors to the hospital can call in whenever they wish. Our hope is that the new chapel will be used by people of all faiths and none, and are pleased that the suite includes a Wudu, a facility where Muslims may wash before prayer. The hospital chaplains will now be based in the chaplaincy suite and are always available for anyone in need of spiritual support, comfort or just a chat. "The architect has incorporated features from the previous chapel including wood panelling. The original altar has also been retained, so there's a real sense of heritage. "In addition to welcoming visitors at any time, the chapel will regularly host a Catholic Mass each Thursday at 10.30am and an ecumenical communion service each Sunday morning at 11.00am-to which all are welcome".

The Chapel is the first part of a new £27 million development at the hospital with six new state of the art theatres opening in the Spring. The existing six theatres will re-open in Spring 2018, following a significant upgrade. The increased theatre capacity is designed to improve patient experience and reduce waiting times.

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

Falls: December 16

Staff Friends and Family is Qtr 2 1617

Friends and Family IP & A&E is December16

Patient Experience Acute is Q3 1617

Trust Pressure Ulcers for December is zero & Community Pressure Ulcers for January is zero

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.