

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.

95.2% 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)

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	14	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 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	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: 0.00 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 1 fall(s) that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
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: 0.05

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	91%	This is based on 1601 patient responses
A&E FFT score*	91%	This is based on 2011 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?	96

A patient's story

I am currently pregnant with my first baby. I am suffering with Hyperemesis Gravidarum and have to visit the Pregnancy Assessment Unit at Durham University Hospital numerous times when I need fluids. The staff in the Pregnancy Assessment Unit are outstanding. They have given me lots of support and amazing care. This is something I know I am lucky to have as I have spoken to some women in other areas with Hyperemesis who do not receive the high quality of care and treatment that I do. I have found having Hyperemesis very difficult as I am normally a workaholic and a very active and outgoing person. Without the staff in the Pregnancy Unit giving me the care that they have I would have found this pregnancy even harder. Due to their help I have the strength to put on a brave face and keep fighting the Hyperemesis. There is one particular incident in the course of my pregnancy so far where 2 members of the Pregnancy Assessment Unit I feel went above and beyond the call of duty. I honestly don't think I would be alive today if it was not for those two people. On the 25th January 2017 I was experiencing some very disturbing and upsetting thoughts which I knew was not really me. I was having suicidal thoughts and thoughts about wanting to cut my bump open. I was terrified as I didn't want this and was confused as to why I was thinking this. I felt I was battling against myself but that the thoughts were getting stronger and stronger and I felt I was losing control of the situation. The first place I thought to turn to was the Pregnancy Unit at Durham. If I had not previously received such great care here I don't think this would have been my first choice. I drove straight there but even on the way I had thoughts about crashing my car and killing myself, I have never been so scared. I had no appointment and showed up very distressed and crying and just asked for help. I was taken into a room and the two members of staff that I have previously mentioned sat with me. They made me feel at ease and were very attentive and listened to what I said. One of them even sat on the bed and held my hand. I feel that this informal approach helped me to feel less scared and to be able to open up about how I was feeling. I have never opened up to anyone else like I have with those two members of staff. When the mental health team came in I found it harder to talk as they were more formal and to be honest I felt like I was being judged. Which given the circumstances was probably true and I don't blame them for that. However if the two members of staff had not shown me such kindness and been so down to earth with me, my thoughts were that crazy I honestly think I would have ran out of the unit but they made me feel so safe, they were not judgemental at all. I was eventually admitted onto Ward 10 and spent two nights there. The outcome was that I had a rare and bad reaction to the Metoclopramide that I had been taking to help with the Hyperemesis. The members of staff continued to visit me while I was on the ward to see how I was doing. This was so comforting and I was really grateful for it. I never asked them to come visit, they did this of their own accord and I'm so thankful that they did. It really helped me calm down after being so scared of what had happened to me. Having them there to give me a hug after the most terrifying experience of my life meant the absolute world. I later found out that when my mam came to visit during my stay that she met one of the staff members and that the staff member had also been my mam's midwife when she was pregnant with myself and my younger brother. It wasn't until they met each other while I was in hospital that they realised. One staff member still sends me a message now and then to see how I am doing which is awesome and really helps on the days where the vomiting is really bad. I'm eternally grateful to both the staff members because without them going above and beyond and showing such compassion and care I honestly don't think I would be here today. I would like to nominate both of them for one of the NHS Shining Star Awards. They saved my life and my baby girls that day. I hope when I have my baby that they will be able to come and see the little girl they saved. I owe them so much. You should be proud to have such incredible members of staff

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:

Geoff Sweeney, Facilities Manager at DMH, has received a Team Work/Peer Support excellence report from Jennie Winnard, Head of Nutrition and Dietetics, after he facilitated the creation of a new food option for patients within hours of receiving the request. Jennie explains, "The Dietetic Team discussed that there was no specific breakfast option for patients requiring a pureed meal, although there are several options for them at lunch and tea. There are yogurts and supplement drinks available, but these don't have enough carbohydrates or calories, putting pressure on the patient to eat and drink more later in the day. This can be difficult for someone who is struggling to eat anyway. I contacted Geoff and Ian Glenton, Catering Team Lead, arranged for an option of ground rice and yogurt to be available for the following morning. With days though, this was replaced by a pureed porridge option which can be fortified with double cream to increase the calorie content". Geoff added "Ultimately, our aim is for the pureed menu to be a mirror image of our regular menu. Ian has already done much of the work for this". Jennie added "There is never a 'we can't do that' or 'it is impossible' from Geoff or his team, they always just do it. We work closely with them as you might imagine and find them to be a highly dedicated team

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

Falls: February 17

Staff Friends and Family is February 17

Friends and Family IP & A&E is February 17

Patient Experience Acute is Q2 1617

Trust Pressure Ulcers & Community Pressure Ulcers are zero for the month of February

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.