

## 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:

**Northampton General Hospital  
NHS Trust**

**October 2014**

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# Open & Honest Care at Northampton General Hospital NHS Trust

## October 2014

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This report is based on information from September 2014. The information is presented in three key categories: safety, experience and improvement.

### 1. SAFETY

#### Staffing: Hard Truths

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Earlier this year NHS England and the CQC launched 'Hard Truths Commitment'. This work complimented the National Quality Board guidance to optimise nursing and midwifery staffing capacity and capability. Each month the Trust will publish data that demonstrates the planned versus actual number of staff on each shift for each day of the month. The Hard Truths data will be available on the Trust website & NHS Choices for the public to see. The data will be presented in a format that is user/public 'friendly' and be supported by a narrative to enable an understanding of the information provided.

The narrative will include the rationale for some wards having more or less staff on each shift in comparison to the planning staffing numbers and what plans were put in place to maintain patient safety.

#### Summary

Results of the monthly data collection exercise illustrated that 38% of wards (10 out of 26) were staffed at over 99% of their funded establishment which is planned combined day *and* night shifts for both registered and support staff groups to include temporary staff during September 2014.

As experienced in previous months, across inpatient areas there was consistent use of additional Health Care Assistants to fulfil a number of roles including specialising vulnerable patients, escalation area resourcing and supporting increases in patient acuity and dependency.

Staffing shortfalls were a consequence of outstanding established vacancies, maternity / other long term leave plus unpredictable short term sickness which could not be filled with temporary staff. In these instances, safe staffing levels would have been reviewed frequently, then maintained by internal staff movements from other ward areas.

## 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 new harms:

In September 92% patients experienced 'harm free care' in this Trust which is slightly below the national average of 93%. The improvement from last month (88.5%) is due to the reduction in the prevalence of pressure ulcers. Catheter-related urinary tract infections, falls & harm from blood clots, remain at or below the national average.

## 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 grades, with one being the least severe and four being the most severe.

There were 29 hospital acquired pressure ulcers reported in September a decrease of 25% on the previous month (August). Of these 25 were validated as Grade 2 and 4 validated as Grade 3. It is important to note that at the time of reporting these pressure ulcers have not been validated to consider whether they are avoidable or unavoidable. Last month's report stated that at the time of reporting there was 43 hospital acquired pressure ulcers, the actual number has now been confirmed as 40 hospital acquired pressure ulcers.

## Health Care associated infections (HCAs)

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HCAs are infections acquired as a result of healthcare interventions. *Clostridium difficile* (C.difficile) and *Meticillin-Resistant Staphylococcus Aureus* (MRSA) bacteraemia 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 do not normally affect healthy people, but because some antibiotics reduce 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 preventing and reducing 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 and the previous month, plus the improvement target and results for the year to date.

	<b>C.difficile</b>	<b>MRSA</b>
<b>Number of infections this month</b>	<b>1</b>	<b>0</b>
<b>Number of infections last month</b>	<b>4</b>	<b>0</b>
<b>Improvement target for year to-date</b>	<b>35</b>	<b>0</b>
<b>Actual to-date</b>	<b>15</b>	<b>0</b>

## Falls

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To monitor improvement, even if the numbers of patients we care for increases or decreases we calculate our falls rate 'falls/1000 bed days' so that we can monitor our falls rate. This allows us to monitor improvement over time, but cannot be used to compare us with other hospitals; whose staff may report falls differently and their patients may be more or less vulnerable to falling than our patients. For example other hospitals may have younger or older populations who are more or less mobile or who are receiving treatment for different illnesses. Our falls/1000 bed days exclude falls caused by a cardiac or respiratory arrest or seizure (fit) and includes controlled/assisted falls (where patients are lowered to the floor by a staff member).

Falls/1000 bed days this month 3.96 (last month 4.91)
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This month we reported 0 in-patient falls that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	0
Severe	0
Death	0

## 2. EXPERIENCE

To measure patient and staff experience we use a Net Promoter Score.

The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

From the answers given, 3 groups of people can be distinguished:

- Detractors – people who would probably not recommend us based on their experience, or couldn't say.
- Passive – people who may recommend us, but not strongly.
- Promoters – people who have had an experience which they would definitely recommend to others.



This method gives a score of between -100 and +100, with +100 being the best possible result.

### Patient Experience

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#### The Friends and Family Test

The Friends and Family Test requires all patients, after discharge, to be asked: How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Of most significance for August's FFT data:

- Inpatients achieved a response rate of **31.75%**
- Maternity services obtained a response rate of **30.99%**
- A&E were below their response rate target obtaining a response rate of **14.71%**, it should be noted that the CQUIN for A&E's performance is dependent upon them reaching 15% in Q1 and 20% in Q4. There is no reporting within Q2 and Q3.
- Day case areas obtained a response rate of **31%**
- Paediatrics achieved a response rate of **73.17%**

Areas that have underperformed are notified. It is expected that once the new electronic solution has been rolled out to inpatient services response rates will improve across all underperforming areas

#### Free-text analysis

Due to the growing volume month on month of comments the decision has been made to only theme the negative comments due to the magnitude of the task. As the majority of comments are positive this will only be done for Inpatient areas and A&E as they have the most amount of comments alongside the highest amount of negatives.

Environment remains the highest negative theme for the second month running within Inpatient Services. From looking at the comments relating to environment, it can be seen that the reason for this is largely noise disturbances during the night. During October the Trust launched its Sleep Well Campaign which we hope will improve the patient experience, in particular at night.

## A Patient's Story

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### **Complaint:**

A patient raised her concerns about a number of aspects in relation to events surrounding her discharge from NGH: The environment on the discharge lounge, the delay in the provision of the medication to take home, the location of the discharge lounge from the nearest car park and the subsequent lack of short stay parking facilities for anyone coming to collect a patient.

### **Outcome:**

Through the Trust's investigation it was acknowledged that improvements would be made for patients who were waiting to be discharged and the patient was invited to contact the ward sister or the complaints department to further discuss any suggestions that she felt may have made her experience a more positive one. The sister offered reassurance that the aim was for the area to be redecorated and more comfortable furniture to be made available. Additionally some wall hanging pictures were being arranged to provide a less clinical environment along with some activities such as arts / crafts, puzzle books and newspapers to help make a more pleasant and relaxed environment. Information was also provided regarding the comments and suggestions made in relation to the parking facilities for patients being discharged i.e. the provision of short stay bays and improved signage which were included in the parking review. The issues relating to medication delays were addressed and a communication was issued to wards to remind them that pharmacists need to see patients' notes and drug charts before they are moved to the discharge lounge.

Improvement story: we are listening to our patients and making changes

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### **'Ticket Home' – improving communication around discharge:**

The 'Ticket Home' is a project which was initiated in Wales originally and has gone on to have success nationally and internationally. In summary, the Ticket is laminated sign which is placed at the patients' bedside and contains certain information related to their discharge. Of most significance is their 'Planned date of leaving hospital' which is completed the day they arrive in hospital. This is followed by a series of 'Goals' which they have to achieve to be able to go home. This will include such things as 'Physio discharged?'

Update:

- The ticket is currently running within Benham, Abington, Talbot Butler, Creaton, Holcot and Eleanor
- It has had varying levels of implementation with areas still struggling to understand its function and acquiring the time to implement it fully.
- Other issues have been raised around the standardisation of the form, and the necessity to perhaps consider different forms for different areas. This will be explored further at a later date.

It is planned that the “Ticket Home” initiative will be rolled out across the Trust during the next month.

## Nursing & Midwifery Quality Dashboard (QuEST)

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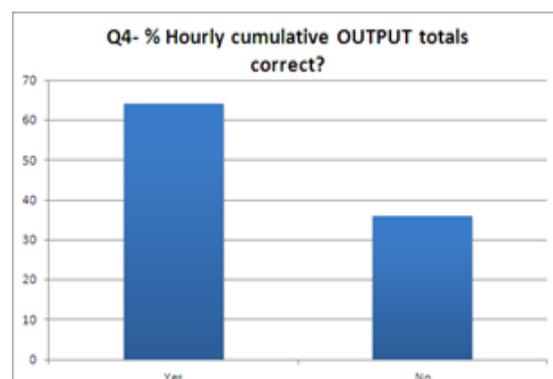
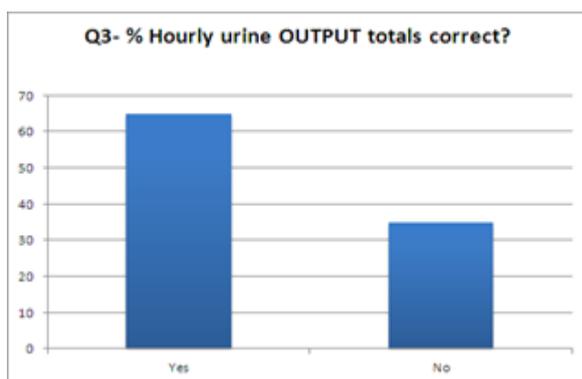
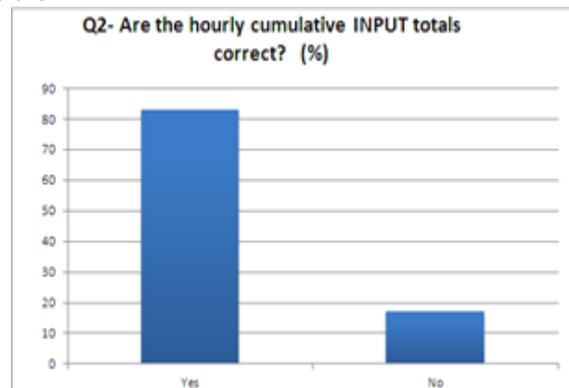
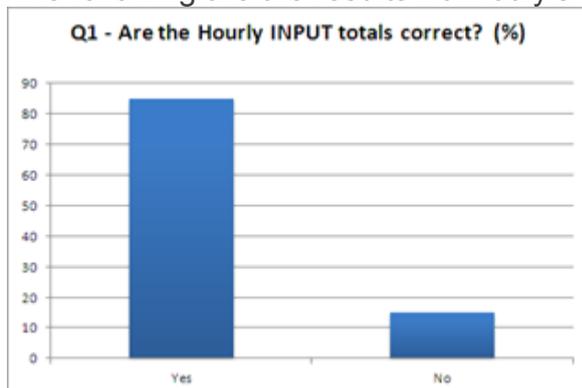
The N&M Dashboard summary demonstrates an overall score of 82% for the wards. Dryden ward has improved from 60% to 79%. The Ward Sister and Matron have maintained the action plan during the month which has included spot checks on the key areas for improvement.

## Quality Standards

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### Patient Safety Academy

A fluid balance audit is sent to the wards quarterly (including paediatrics and obstetrics). The following are the results from July’s audit:



Feedback has been sent to the Champions, ward managers, Matrons and disseminated at the Patient Safety Learning Forum. Specific points for improvement are:

- If a patient is incontinent of urine the 'wet' pads should be weighed rather than writing 'wet' on the fluid balance chart. A directive to the wards has been circulated.
- Patients should be weighed at least twice a week if having their fluid balance monitored (daily if a renal patient).



Jane Bradley  
Director of Nursing & Midwifery (interim)

### Supporting information

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Board Papers: <http://www.northamptongeneral.nhs.uk/AboutUs/Board/Board.aspx>  
Safer Staffing: <http://www.northamptongeneral.nhs.uk/AboutUs/Safer-staffing.aspx>