

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**

November 2014

Open & Honest Care at Northampton General Hospital NHS Trust

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

1. SAFETY

Staffing: Hard Truths

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 35% of wards (9 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 October 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

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 October 92.6% patients experienced 'harm free care' in this Trust which is just below the national average of 93%. This has slightly improved from last month (92%), which 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

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 October. Of these 25 were validated as Grade 2 and 4 validated as Grade 3. These pressure ulcers have not been validated to confirm whether they were avoidable or unavoidable. Last month's report stated that there was 30 hospital acquired pressure ulcers; the actual number has now been confirmed as 29 hospital acquired pressure ulcers for September. From the September pressure ulcer data fifteen grade 2 pressure ulcers were avoidable pressure ulcers, one grade 3 avoidable pressure ulcer, ten grade 2 unavoidable pressure ulcers. There are still three grade 3 pressure ulcers that have not been validated to confirm if they were avoidable or unavoidable.

Health Care associated infections (HCAs)

HCAs are infections acquired as a result of healthcare interventions. *Clostridium difficile* (C.difficile) and *Methicillin-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.

	C.difficile	MRSA
Number of infections this month	3	0
Number of infections last month	1	0
Improvement target for year to-date	35	0
Actual to-date	18	0

Falls

To monitor improvement, even if the numbers of patients we care for increases or decreases we calculate our falls rate 'falls/1000 bed days'. 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 (last month 3.96)	3.91
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This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, which is below the national average.

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

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 September's FFT data:

- Inpatients achieved a response rate of **29.78%**
- Maternity services obtained a response rate of **38.27%**
- A&E were below their response rate target obtaining a response rate of **14.75%**, it should be noted that the CQUIN for A&E's performance is dependent upon reaching 15% in Q1 and 20% in Q4. There is no reporting within Q2 and Q3.
- Day case areas obtained a response rate of **27.41%**
- Paediatrics achieved a response rate of **68.15%**

Roll out of FFT to Outpatient & Day Case Areas

As part of the national CQUIN, NGH was required to roll out the FFT to all Outpatient and Day Case Areas, including Paediatrics by 1 October to receive part year CQUIN payment. Due to the magnitude of this task, external providers Healthcare Communications are supporting this on the hospital's behalf, as well as roll out to the rest of the hospital to ensure a uniformed approach.

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 areas that are currently underperforming.

A Patient's Story

Complaint:

A patient raised a number of concerns relating to his recent attendance to the Ophthalmology Department. The main issue raised was that whilst the patient was in the department he required eye drops to assist with his examination, which meant that he was unable to drive home for some considerable time afterwards. The patient was very unhappy about this situation as, whilst he knew he may require the drops, at no point had he been informed of the requirement not to drive for some time afterwards.

Outcome:

As a result of the patient's complaint the department has now instigated a change to their appointment letters so that patients are informed that this type of eye drops may be used and what the subsequent effects would be.

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

Inpatient Website

From a project completed earlier in the year it was identified that patients would like to have certain pieces of information available to them. Previously bedside booklets were produced, however these are now outdated and a number of them have gone missing on the wards. Therefore the external website has been updated to include a number of pieces of relevant information, and a link will be added to the Hospedia Bedside Terminals for patients to access all the information within the webpage – far more than could ever be available within a leaflet, this is also cost effective. In addition to this, the 'essentials' will be placed into a leaflet with information on how to access more information on the bedside terminals. This is planned for late Spring.

Nursing & Midwifery Quality Dashboard (QuEST)

The N&M Dashboard Summary demonstrates an overall score of 82% compliance for the wards which is the same as last month. Allebone has decreased this month from 83% in September to 76% in October. The Ward Sister is working with the Practice Development Team to focus on documentation, complaints and FFT results. After a number of months in 'amber' Collingtree has achieved 82% this month and Dryden has increased for the second consecutive month to 82%. Willow Ward has decreased this month from 79% to 71% compliance; the ward has an improvement plan in place that the Matron is supporting. Cedar Ward has improved significantly for the second month from 80% to 88% in October.

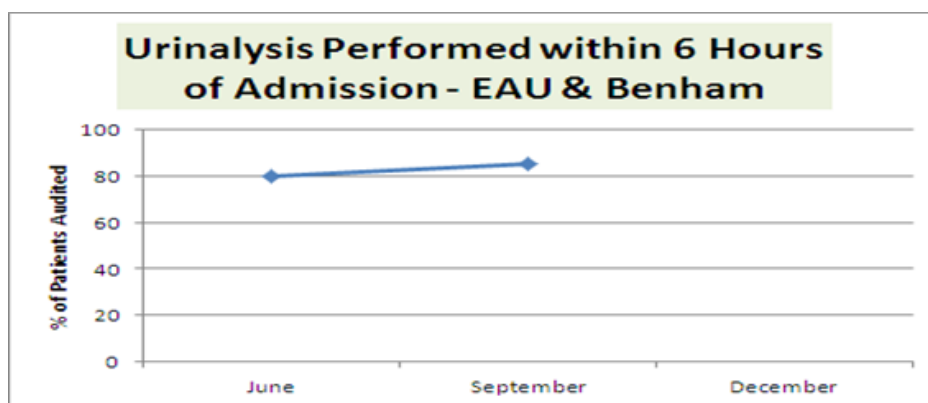
Patient Safety Academy

Flagship Ward:

During October, observations continued and an assessment of the environment/ ergonomics of the ward completed. Agreement has been received via Charitable funds to support with the purchase of furniture and some simple alterations to enable the concept of bay working to take place. The required alterations and furniture are now planned and ordered. The Task & Finish Group has meeting dates planned for the year ahead. Terms of Reference for the group and the treatment plan has been agreed.

Safety Champions Audits:

Admission urinalysis audits are now undertaken each quarter on the admission wards by the Safety Champions. September's results of 20 patients demonstrate 85% compliance (based on the standard of urinalysis within 6 hours of admission).



Educational sessions for staff continue, addressing the actions to be taken after a fall including the need for neurological observations and urinalysis testing. The audit will be repeated in December 2014.

Jane Bradley
Director of Nursing & Midwifery (interim)

Supporting information

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