

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**

February 2015

Open & Honest Care at Northampton General Hospital NHS Trust

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

1. SAFETY

Staffing: Hard Truths

In 2014 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

Overall fill rate for January 2015 was 95% and for December 2014 it was 97%. There was an increase in planned hours for January to reflect the increases in demand across the emergency areas. Weekly monitoring of staffing fill rates has commenced in January; this information is triangulated with sickness, vacancies and recruitment that is planned each week. Weekly monitoring also allows for prospective reviews of the ward fill rates for the forthcoming weeks to enable movement of staff in advance to reduce unfilled shifts.

As experienced in previous months, across inpatient areas there was consistent use of additional Health Care Assistants to fulfil a number of roles including providing additional staff to care for patients with increased needs, vulnerable patients, escalation area resourcing and supporting the registered nurses in response to the 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 twice daily, 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 harm.

In January 93.45% patients experienced 'harm free care' in this Trust which is just above the national average of 93%. This has slightly improved from last month (92.46%), which is due to the decrease in the prevalence (the total number of patients with a pressure ulcer, who are in the hospital at the time of the audit) of pressure ulcers. There was also a slight decrease in catheter-related urinary tract infections. Falls & harm from blood clots, remain at or below the national average. Progress is monitored through the Trust Quality Governance Committee.

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 47 hospital acquired pressure ulcers reported in January. Of these 31 were Grade 2 and 16 as Grade 3. These pressure ulcers have not been validated to confirm whether they were avoidable or unavoidable. There has been a significant rise in grade 3 Pressure Ulcers during the month. This may be due to a reduction in the number of slide sheets used on the wards to assist patients to be repositioned. This matter was brought urgently to the attention of the Moving & Handling Team as well as the Director and Deputy Director of Nursing, resulting in the purchase of disposable slide sheets (22 boxes of 100 sheets) which were distributed amongst the wards within 72 hrs of identification of the problem.

Health Care Associated Infections (HCAIs)

HCAIs 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.

	C.difficile	MRSA
Number of infections this month	4	2
Number of infections last month	0	0
Improvement target for year to-date	35	0
Actual to-date	23	2

Special measures for January

Two of our wards were given additional support (Special Measures) from our Infection Prevention and Control team in January due to patients being identified as having a MRSA bacteraemia. These measures are ongoing at present and a full report will be given for next month following completion of the Serious Incident investigation.

Falls

To monitor improvement, even if the numbers of patients we care for increases or decreases we calculate our (in-patient) falls rate as '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 5.14)	4.6
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This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death.

This month we reported 2 in-patient falls that caused at least 'moderate' harm. Two patients fell and sustained a fractured neck of femur. The root cause and learning from both falls is being led by the ward Sister, supported by our falls prevention Lead.

Severity	Number of falls
Moderate	0
Severe	2
Death	0

2. EXPERIENCE

3. 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?

Satisfaction is measured through looking at the % of patients that would recommend against the % of patients that wouldn't. Percentages are tracked each month to identify any progress or areas where satisfaction has decreased.

Of most significance for January's FFT Data:

- Inpatients achieved a response rate of **26.93%**
- Maternity services obtained a response rate of **10.63%**
- A&E were above their response rate target obtaining a response rate of **21.16%**
- Inpatients: **74.9%** would recommend **13.4%** wouldn't recommend
- A&E: **82.9%** would recommend **8.5%** wouldn't recommend
- Maternity: **94.1%** would recommend **2.0%** wouldn't recommend
- Paediatrics: **88.8%** would recommend **8.8%** wouldn't recommend

A Patient's Story

Background:

The patient, an elderly female came in to hospital from her care home, with a medical history of vascular dementia and peripheral neuropathy. The patient was found to be dehydrated she was treated with IV fluids. The patient was admitted with a 'passport' provided by her care home to give advice and support to staff caring for her, which included guidance in terms of communication. Unfortunately through the course of the patient's admission the communication provided by staff when undertaking clinical interventions was found not to be of the standard required to fully support the patient. Staff perceived the patient as being aggressive when she pushed them away although it was her way of communicating that she was refusing something. This caused anxiety and distress to the patient and her relative.

Outcome:

There was an omission by staff to complete the Trust's dementia profile when the patient was admitted. It was acknowledged that staff had not fully supported the patient with regard to the level of communication she required in terms of communicating clinical interventions which added to the anxiety she was experiencing being away from her familiar environment. It was also identified that additional information should have been sought from the care home or the relative when staff had concerns about the patients behaviour. The ward sister and matron have confirmed that additional dementia training will be provided for the ward staff, and the events described by the relative will be shared at the ward meeting to ensure that all of the issues raised are brought to the attention of the staff to help them to have a better understanding of the needs of patients with dementia, and the involvement of carers/relatives who know the patient.

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

Do it for Dementia (DIFD)- Update

The New Year – New You raffle draw took place on the 29th of January in the Cyber Café. This included stands from the internal trust dementia team, Alzheimer's Society, the Do it for Dementia Campaign and the fundraising team 'Nothing by Halves', who are directly supporting DIFD. The event also had a 1950's lounge set up by RemPod as an example of the kind of thing we aim to invest in within the hospital. The community fundraiser from Tesco Mereway was also present for the whole day and provided cakes and sweets. The raffle itself was drawn by Hilda Hayo, CEO of Dementia UK and Chief Admiral Nurse. In total, **£1020** was raised for the campaign from ticket sales alone. Further money was also raised from badge sales and the collection tins, this will be calculated at a later date.

A meeting has been scheduled for March to finalise plans for expenditure.

Nursing & Midwifery Quality Dashboard

The Nursing & Midwifery Quality Dashboard Summary demonstrates an overall score of 76% compliance for the wards which is a decrease from last month (85%). Disappointingly seven wards have moved from green to amber in the month. Compton has improved from 74% to 89%. Each ward is reviewing their individual results to understand their gaps. The key areas that will be focus upon are: falls & nutritional assessment, hand hygiene for all disciplines and documentation.



Rachael Corser
Director of Nursing Midwifery & Patient Services (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>