NHS England

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

July 2015

This report is based on information from June 2015. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about our performance.

1. SAFETY

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 NHS 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.

94.43%	of patients did not experience any of the four harms

This improvement was due to a slight 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. 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.

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 nationally monitored as we are trying reduce the incidence of these infections. 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 MRSA bacteraemia infections and are working towards reducing C Difficile infections; 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.

	C.difficile	MRSA
This month	3	0
Annual improvement target	21	0
Actual to date	7	0

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 validated avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.

This month	30	Category 2 - Category 4 pressure ulcers were acquired during hospital stays

Severity	Number of pressure ulcers
Category 2	26
Category 3	4
Category 4	0

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.

This month we reported	0	fall(s) that caused at least 'moderate' harm

In order to 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	4.00

Safe Staffing

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 June 2015 was 90% in comparison with May that was 81%. Weekly monitoring of staffing fill rates has commenced in January; this information is triangulated with sickness, vacancies and recruitment that is planned each week. From June our wards provide assurance on the safe staffing for each shift through the declaration of a Red, Amber, Green (RAG) rating which reflects the overall safety of the ward reflecting staffing, skill mix, temporary staffing and patient acuity and dependency. 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 enhanced observation of 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. There were a number of new staff across many of our wards in April & May and due to them working in a supernumerary status the hours they work will not be reflected in the fill rate data.

In order to view our reports please visit:
http://www.northamptongeneralhospital.nhs.uk/AboutUs/Safer-staffing .aspx

2. EXPERIENCE

To measure patient and staff experience we ask a number of questions. 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.

The answers given are used to give a score which is the percentage of patients who responded that they would recommend our service to their friends and family.

Patient Experience

The Friends and Family Test

The Friends and Family Test (FFT) requires all patients to be asked, at periodic points or following discharge, ***'How likely are you to recommend our ward /A&E /service /organisation to friends and family if they needed similar care or treatment?'***

In-patient FFT	84	% recommended	This is based on	616	responses
A&E FFT	84	% recommended	This is based on	1621	responses
Maternity FFT	97	% recommended	This is based on	309	responses
Paediatric FFT	91	% recommended	This is based on	138	responses
All Outpatient areas	91	% recommended	This is based on	4846	responses
All day case areas	92	% recommended	This is based on	973	responses

*This result may have changed since publication, for the latest score please visit:

http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/

A Patient's Story

Summary:

Patient came in via the A&E Department and raised concerns about the length of wait that she experienced before she was transferred to a surgical ward for more specialised care. One of the main issues raised by the patient was the omission of the staff to implement a sliding scale for monitoring of her diabetes. Other issues raised with regard to the insertion of a cannula, communication via the staff, wound care information upon discharge, no referral for community nursing support and short notice transfer to the discharge suite.

Outcome:

Full explanation provided regarding the delay before the patient was transferred to a specialty ward. Also patient reassured that a sliding scale was not introduced initially as the staff were cautious about introducing this until the patient had been monitored to assess her sugar levels. Initially the levels were acceptable and when this changed the sliding scale was appropriately instigated. Learning is being taken forward with the nursing staff

regarding the communication concerns raised by the patient along with discharge advice regarding wound care and the discharge documentation is being addressed with the junior medical staff.

Staff Experience

The Friends and Family Test

The Friends and Family Test (FFT) requires staff to be asked, at periodic points: ***How likely are you to recommend our organisation to friends and family if they needed care or treatment?'*** *and* ***'How likely are you to recommend our organisation to friends and family as a place to work?'***

At NGH, we gather feedback from different areas of the hospital at different times, so comparisons can be made annually. The following data is from non-clinical support staff.

This data is from Quarter 1 2015 (April, May & June)

FFT percentage recommended care*	74% recommended	This has improved from last year (69%)
FFT percentage recommended work*	68 % recommended	This has improved from last year (67%)

3. IMPROVEMENT

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

It is now a national requirement that we collect information relating to children and young people for the Friends and Family Test across all areas. As an organisation we have been collecting from parents and next of kin of children everywhere except A&E since collections began.

To take this a step further we will start collecting from children and young people themselves, in addition to collecting from their parents and next of kin. This will provide great insight into the views of the children and young people themselves and provide a comparison between their experience and that of their parents/NoK.

The surveys will be available through web links and there will be 3 different ones available depending on the age of the child. The monkey screenshot below gives an indication of how the survey would look to a child of 4-7 years old who will be able to complete this with the help of the parent.

Supporting Information

Board Papers: http://www.northamptongeneral.nhs.uk/AboutUs/Board/Board.aspx

Safer Staffing: http://www.northamptongeneral.nhs.uk/AboutUs/Safer-staffing.aspx

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