

## 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 2014**

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# Open & Honest Care at Northampton General Hospital NHS Trust

## July 2014

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This report is based on information from July 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

June 2014 ward staffing trends: 26 inpatient wards were calculated, including the consolidated maternity and paediatric areas. Results show that 11 ward areas were staffed by RGNs at  $\geq 90\%$  of establishment across day and night shifts for both registered and support staff during June 2014.

18 out of 26 wards recruited additional HCAs, reflecting an increased patient demand/acuity and the requirement to increase capacity, 22 wards deployed additional support at night.

A ward may be below its established staffing level on shift, however if trained and support staff are experienced, matrons and ward sisters may confirm the ward remains safe. Alternatively, a ward may be working at establishment, and patient acuity may rise. Staffing capacity and capability will be reviewed and this may result in the ward being identified as requiring extra support i.e. a transfer of an experienced nurse from another ward or HCA.

#### 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:

92.85% of patients did not experience any of the four harms in this Trust. The Trust is particularly focusing on the reduction of Catheter-related urinary tract infections and pressure ulcers.

Catheter-related Urinary Tract Infections: Three patients across the Trust experienced a catheter-related urinary tract infection which is equivalent to 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.

In June, 24 Grade 2 - Grade 3 pressure ulcers were acquired during hospital stays. This is slightly lower than the previous month. Each reported pressure ulcer is investigated to identify what were the predisposing factors and causes for the pressure ulcer and what could we have done differently to reduce the risk of developing pressure ulcers.

<b>Severity</b>	<b>Number of pressure ulcers</b>
Grade 2	17
Grade 3	7
Grade 4	0

This month 9 of the 24 reported pressure ulcers have been attributed to the use of medical device equipment, for example the pressure caused from an oxygen mask on the fragile skin behind the ear or on the bridge of the nose. One pressure ulcer was due to anti-embolism stockings which is an area that the Tissue Viability Team need to address.

## 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 does 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, plus the improvement target and results for the year to date. We are currently within our target.

	<b>C.Difficile</b>	<b>MRSA</b>
<b>Number of infections this month</b>	<b>1</b>	<b>0</b>
<b>Improvement target for year to-date</b>	<b>35</b>	<b>0</b>
<b>Actual to-date</b>	<b>7</b>	<b>0</b>

There is a mandatory requirement for all NHS acute trusts to report Meticillin Sensitive *Staphylococcus aureus* (MSSA) bacteraemia. There is no target set as this is for information only. We have not had a post MSSA bacteraemia since December 2013.

## 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.

Falls/1000 bed days this month (compared to last month 4.4)	5.4
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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 3 falls that caused at least 'moderate' harm. There is one additional fall which is currently under investigation.

<b>Severity</b>	<b>Number of falls</b>
Moderate	2
Severe	1
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?*

In June our In-patient areas achieved a response rate of 34.4% against the national target of 25%. Our Maternity Services achieved 36.9% against a 20% target. Our A&E department achieved a response rate of 18.5% against a national target of 15%.

Our net promoter score for In-patients was 65 and A&E (including ambulatory care & Eye Casualty) was 64 for the Friends and Family test. There are no national standards for the promoter score however the Trust has set a standard as 70 for in-patient areas and 60 for A&E.

#### **Barratt Birth Centre**

Since the opening of the Birth Centre on 2 December 2013, women who are assessed as having low risk pregnancy have the choice of using the Birth Centre. The number of women using the Birth Centre to birth their babies is 352. The annual projection for 2014 is 700 births; the aim is for the Birth Centre to birth 1,000 women annually. Following recruitment, the projection is for the midwifery establishment to be achieved by September 2014. From a patient experience perspective, the Birth Centre has given women more choice and women who have birthed are reported as having a positive birth

experience and this is captured in their feedback. The FFT net promoter scores for the Birth Centre are consistently high at 94 -100%.

## A Patient's Story

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A relative raised a complex complaint regarding the care and treatment that the patient had received during their admission to NGH. The complaint related to a number of different aspects of the patients care; staff knowledge of the patient's condition, the administration of fluids, provision of specific equipment, refusal to eat and the results of a procedure.

Through the course of the Trust's investigation it was identified that certain aspects of the patients care were not of the standard expected. It was further identified that some of the difficulties experienced by the patient were linked to a lack of understanding of a condition that the patient has. It was acknowledged through the investigation that there were delays with the administering of IV fluids but that these had been addressed by the Matron during the patients admission. Furthermore the Matron subsequently completed spot checks on the patient to ensure that the level of care that was received was improved. Action was taken to ensure that the relative received the patients test results and the relative was offered reassurance that the patient was regularly demonstrating her ability to communicate her wants and needs to the staff specifically with regard to meals, which were often declined. The relative was provided with the appropriate advice as to why it was not appropriate to provide the patient with a piece of equipment given the previous medical history, and a possible detrimental effect that it may have.

An apology was expressed to the patient and the relative and action taken forward with regard to the administration of IV fluids. The issues raised had been addressed directly with the staff during the patients admission. Additionally the Matron ensured that a patient profile was prepared to support the patient during her current and future admissions to the hospital to provide a better understanding of the patients' condition, and the difficulties experienced as a result of this.

## Nursing & Midwifery Quality Dashboard (QuEST)

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In May the Trust completed the QuEST audit. QuEST stands for **Quality Effectiveness Safety Team**. The QuEST review includes a detailed audit based on quality standards. Junes data shows that 82% of our wards were complaint with our standards which is higher than last month (79%).

## Quality Standards

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### **Patient Safety Academy**

#### **Flag Ship Ward**

The second Patient Safety Academy campaign has now been launched. This is an exciting opportunity for a ward to be supported and developed to be a 'Flagship ward'. The four focused treatments will be around environment; communication; patient care and patient experience. The phases will include:

- Expression of interest – time for wards to discuss the concept with the Academy Manager and gain the necessary support from their team and named Consultant
- Application – wards that apply will be required to come and informally present why their ward should be chosen
- Observation phase – this will involve the Academy leads observing the ward to see how it works and reformulate the treatment plan as required
- Formulate a working group which will consist of the Academy leads & Manager & members of the ward team. This group will meet regularly to review the treatments throughout the campaign
- Make required ergonomic changes to the environment & commence the project

Regular updates will be provided through this report.

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

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### **Patient Information**

Hospital Information held on the external Website is sometimes out of date and patients are unsure of many key pieces of information related to their stay in hospital. Previously beside folders were produced which held this information, however they were under-used and quickly became out of date. In order to identify what information patients want to know when they enter the hospital a Patient Experience Survey has been carried out asking 92 patients to rank their Top 5 pieces of information. These are going to be used to inform some web pages which will be directly linked onto the Hospedia beside terminals, meaning all patients staying within the wards that have Hospedia will be able to see information related to such things as Visiting Times, Car Parking and Meal Times.

### **Patient Appointment Letters**

Patient feedback has indicated that appointment letters are not user friendly, particularly to people with a learning disability or who are partially sighted. With the support of the Trusts Disability forum a new letter template has been created including a mandatory easy read version which is to go on the back of every appointment letter issued. Our Information & Technology team are currently working within the Urology department to start the new process with the intention of rolling this out across the hospital over the next few months.



Jane Bradley  
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### 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>