

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**

September 2014

Open & Honest Care at Northampton General Hospital NHS Trust

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This report is based on information from August 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

In summary the results of the monthly data collection exercise illustrated that 27% of wards (7 out of 26) were consistently staffed at or above 90% of their funded establishment for both combined day and night shifts for all registered and support staff groups during August 2014. 54% (14) of the remaining 19 wards were consistently staffed at or above 80% for all shifts / all staff grades, with 9 of those wards showing HCA/support staffing over 100% establishment across 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 specialising vulnerable patients, escalation area resourcing and supporting increases in patient acuity and dependency, particularly on the night shift.

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 August 88.5% patients experienced 'harm free care' in this Trust which is below the national average of 93%. In particular there has been an increase in pressure ulcers. However, 'harm' caused by catheter-related urinary tract infections, falls & from blood clots have been low this month and is comparable with 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.

August saw a significant increase in the number of hospital acquired pressure ulcers from a total of 28 ulcers in July to 43 this month. Of these 34 were validated as Grade 2 and 9 Grade 3/Grade 3 unclassified. These pressure ulcers have not been validated to consider whether they are avoidable or unavoidable. We are currently analysing the data to understand the sudden increase in the number and severity of pressure ulcers. This will be verified and presented in next month's Open & Honest care Report.

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 eliminating 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	0
Number of infections last month	3	0
Improvement target for year to-date	35	0
Actual to-date	14	0

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. Since December 2013 we have not had a post MSSA bacteraemia.

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' 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 (last month 5.33)	4.91
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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. The injuries sustained were one fractured neck of femur and one laceration that required 4 stitches

Severity	Number of falls
Moderate	1
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

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?

- Inpatients achieved a response rate of **33.38%** against a target of 25%
- Maternity services obtained a response rate of **38.78%** against a target of 20%
- A&E were below their response rate target obtaining a response rate of **13.58%** against a target of 15%
- Day case areas obtained a response rate of **22.01%** against a target of 25%
- Paediatrics achieved a response rate of **55.84%** against a target of 25%

Free-text analysis

As part of the data collection patients have the opportunity to write their comments down thus enabling the ward/department to respond more timely to any comments/concerns.

Of most significance:

- Inpatient areas had 556 comments, **89.7%** of which were positive and **10%** were negative
- A&E had 337, **89.9%** of which were positive and **10%** were negative
- Maternity services had 449 comments, **95.8%** were positive and **4%** were negative

- Eye Casualty received 84 comments, **90.5%** were positive and **10%** were negative

'Sleep Well' Campaign

As discussed previously sleep disturbances have been identified as a concerning and ongoing problem within the organisation. Therefore work has been undertaken to launch the 'Sleep Well' Campaign which is focussed on improving rest and sleep within the hospital.

Update

- Sleep Well Kits are currently being created which will contain:
 1. Sleep Well Packs consisting of an eye mask and ear plugs
 2. Extra Hospedia headphones
 3. Pen Torches for night time observations
 4. 'Tips for resting and sleep in hospital' – this is currently with the Patient Information Group for final approval
- An eye catching logo has been created by the Medical Illustrations team who have also added this to a poster which will be displayed throughout the hospital informing patients what they can expect when they come into hospital overnight.
- A Standard Operating Procedure (SOP) has been created with the support of night staff for standards and behaviour expected of staff at night.
- Communications are proactively promoting the campaign with a current 'go live' date of the 1 October

A Patient's Story

A relative raised a complaint regarding the care and treatment that the patient had received during their admission to NGH. The main concern related to the patients medication (pain relief) upon discharge. The patient was for palliative care and was discharged with standard pain relief whereas he had been intermittently receiving stronger pain relief during his admission. A conversation had also taken place with the patients GP asking for a review when possible upon the return to the community. The relative stated that upon returning to his residential home the patient was found to be in extreme pain and did not have access to the required strong pain relief that was required. A subsequent emergency call out took place and the GP attended. The trust has since commenced a review of pain management for patients including enhanced communication and engagement with our GP colleagues.

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

Standardising Pain Management:

In June 2014 the Patient Safety Academy were asked to support the Pain Control Team to address Nursing pain assessment, reassessment & documentation on the adult general wards. Our Clinical Nurse Specialist for the Acute Pain Service was identified to be the lead for this project.

This project is necessary to ensure that patients pain is well managed which aids faster recovery and improves overall patient experience and may add to a faster discharge.

The benchmark data from the audit showed that Nurses are not following current guidance. The results show there is a gap between initial assessment and subsequent re-evaluation.

There were 50 patients who responded to the FFT in the month of July (August results not yet available) from the pilot ward, and it is encouraging to see that 48 felt that staff had done everything they could to help with their pain control with only 2 who didn't feel this way. The Trust wide FFT results for the same month are equally encouraging; with 930 patients who felt that staff had done everything they could to help with pain control, with only 27 who didn't feel this way.

The pain documentation audit clearly demonstrates that Nursing staff are not completing documentation, in particular re-evaluation. However conversely it is very encouraging to see that patients in the main believe staff are caring for their pain needs.

With the recent introduction to the Trust of the new Vital Pac system it is proposed that the pain scoring system be used within the general wards to record and proactively monitor patient pain relief and effectiveness of analgesia.

Nursing & Midwifery Quality Dashboard (QuEST)

The QuEST summary demonstrates an overall score of 82% for the wards this is a slight decrease from last month due to a poor score for Dryden Ward. The analysis of Dryden ward demonstrates that the areas of focused support are: Nutritional care, Documentation, Hand Hygiene following the special measures that the ward were placed upon.

Quality Standards

Patient Safety Academy

Flag Ship Ward:

The Academy are delighted to announce that Holcot ward have been successful in their application to be the project Flagship ward. Holcot ward were chosen due to their inspirational team ethos at interview with a range of the whole multidisciplinary team being present, and supplying ideas for some of their problems.

The concept of the Flagship ward is to give focussed support to one ward to create the best possible safe care to the patients by addressing areas such as:

- Ergonomics and environment (including, ward & bay layout, signage, clutter etc.)

- Communication (including white boards, ward rounds, meetings, documentation etc.)
- Nursing care (including, drug rounds, nutrition, fluid balance, pressure prevention)
- Patient experience (including, daily plan, discharge aftercare, patient involvement in the whole project)

Over the next month the Academy leads will individually observe the wards at different times of day and night to assess how the ward currently works. Following this the 'treatment plan' will be jointly formulated by ward staff and the Academy.



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>