

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**

August 2014

Open & Honest Care at Northampton General Hospital NHS Trust

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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

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

During July 26 wards were calculated, including the consolidated maternity and paediatric areas. Results show that 9 wards were staffed by RGNs equal or above 90% on day & night shifts.

A ward may be below its established staffing levels 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 patients 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 or HCA from another ward.

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:

91.04% 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 which have decreased over the last few months and pressure ulcers.

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.

In July, 27 Grade 2 and Grade 3 pressure ulcers were acquired during hospital stays. 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.

Severity	Number of pressure ulcers
Grade 2	25
Grade 3	2
Grade 4	0

This month there have been a significant reduction in the number of grade 3 pressure ulcers which is very positive.

Health Care associated infections (HCAs)

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 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	10	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 (compared to last month 5.49)	5.33
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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 in-patient falls that caused at least 'moderate' harm. The injuries sustained were; one fractured ankle, one fractured pubic rami and one laceration that required suturing.

Severity	Number of falls
Moderate	3
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?*

In June our Inpatients achieved a response rate of 34.34% and Maternity services obtained a response rate of 36.96%, Paediatrics achieved a response rate of 60.14% all against a target of 25%. A&E greatly increased their response rate reaching 18.51% for June with each area (A&E, Eye Casualty and Ambulatory Care) reaching their response rate targets (15%).

The Net Promoter Score for June showed In-patients achieving 65, Maternity achieved 82, Day cases areas achieved 89 and Paediatrics achieved 78 against an internal target of 70. A&E (including Ambulatory Care and Eye Casualty) obtained a score of 64, against an internal target of 60.

A Patient's Story

Although the number of harmful falls that patient experience across the Trust is below the national average we continue to learn from incidents when patients fall.

A recent complaint highlighted the lack of supervised practice on the ward of vulnerable patients. The Trust had commenced a review of the it current policy and practice regarding supervisory care for patient at risk of falling due to their medical condition. We have recently improved the documentation that the clinical staff use to assess our patients' risk of falling and the enhanced the on-going care plan. A monthly audit of this plan of care has demonstrated a month on month improvement in compliance.

Nursing & Midwifery Quality Dashboard (QuEST)

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. Data in July shows that 87% of our wards were complaint with our standards which is the highest compliance since we commenced the QuEST audit.

Quality Standards

Patient Safety Academy

Flag Ship Ward:

The closing date for applications for the Turn-around Flagship ward closed on 25th July. Three wards applied and these wards will now present their reasons for applying to the Academy leads culminating in a decision being made on the 15th August. The chosen ward will be announced and the following stages will occur:

- Observation phase – this will involve the Academy leads observing the ward to see how it works and formulate 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

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

Easy-read surveys for patients with Learning Disability:

We currently do not have a tailored way of collecting feedback from patients with a learning disability which often means they are excluded from the chance to share their own experiences. NGH have been given free access to a system called Viewpoint which can be tailored to produce visual, easy-read surveys specifically for patients with a learning disability. This information will be collected by our Learning Disability Project worker who is starting in September. This information will be used to inform changes which are specific to people with an LD and the care they receive within the hospital.



Jane Bradley

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Supporting information

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

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