

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**

January 2015

Open & Honest Care at Northampton General Hospital NHS Trust

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This report is based on information from December 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 December 42% of wards (11 out of 26) were staffed at over 99% of their funded establishment which is planned combined day *and* night shifts for both registered and support staff groups to include temporary staff. A further 46% of our wards (12) were between 80-99% staffed. There were 3 wards/services that were below 80% for their funded establishment. Due to the fluctuation in the workload and acuity on these wards the clinical staff were able to be flexible with their shifts to cover the wards safely.

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 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 harms.

In December 92.46% patients experienced 'harm free care' in this Trust which is just below the national average of 93%. This has slightly decreased from last month (92.7%), which is due to the increase 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. However, there was 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 30 hospital acquired pressure ulcers reported in December. Of these 28 were Grade 2 and 2 as Grade 3. These pressure ulcers have not been validated to confirm whether they were avoidable or unavoidable. A detailed review of each pressure ulcer will be undertaken by the Tissue Viability Nurse and the Ward Sister to understand the themes and identify areas for improvement.

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	0	0
Number of infections last month	1	0
Improvement target for year to-date	35	0
Actual to-date	20	0

Special measures for December

No wards were on special measures for December.

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 5.84)	5.14
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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 moderate fall was a patient who fell and sustained a subdural hematoma. The severe was a patient who 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	1
Severe	1
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 Decembers FFT Data:

- Inpatients achieved a response rate of **37.26%**
- Maternity services obtained a response rate of **6.84%**
- A&E were below their response rate target obtaining a response rate of **21.45%**

- Inpatients: **82.2%** would recommend **7.5%** wouldn't recommend
- A&E: **85.2%** would recommend **8.1%** wouldn't recommend
- Maternity: **83.2%** would recommend **8.4%** wouldn't recommend
- Paediatrics: **79.3%** would recommend **19.3%** wouldn't recommend

A Patient's Story

While an in-patient on one of our wards a patient had raised concerns because they had not been seen by their Consultant in the morning as they had been advised would happen at the weekend.

The Trust was able to clarify that there were 3 Consultant Surgeons on call at the weekends; as well as between 3 and 5 junior Surgeons on at any one time. It was also confirmed that whilst the Consultant Surgeon does see every surgical inpatient during this time, they must prioritise the order in which patients are seen and this does mean some patients wait to be seen. This should have been explained to the patient, and is now shared on the ward round.

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

'Sleep Well' Campaign – Update:

- The Sleep Well Campaign continues to embed into the adult wards.
- The Matron for the Paediatric wards is also interested in seeing how the campaign can be spread to Paediatrics and discussions have begun to see how the campaign could be tailored.
- An audit of compliance is being planned for January to see whether the campaign is embedded, 3 months after its launch.

Charitable Funds have kindly donated money for 3 large 'A Board Stands' which will be displayed as a pilot outside of 3 chosen ward areas. Signs are being designed by Medical Illustrations asking people to please be quiet as patients are trying to sleep within the wards. If the pilot is successful and the boards are well received, more may be purchased.

Nursing & Midwifery Quality Dashboard

The Nursing & Midwifery Quality Dashboard Summary demonstrates an overall score of 85% compliance for the wards which is an increase from last month (83%). Allebone has decreased slightly this month from 80% in November to 77% in December. Collingtree has decreased this month from 81% to 71% which will be monitored. Compton and Victoria both have improvement plans in place that is supported by the matron. Dryden has increased for the fourth consecutive month to 86%. Willow Ward has also improved slightly this month from 80% to 81% compliance.

Quality Standards

Patient Safety Academy

Standardising Pain Management PDSA:

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

The initial audit was undertaken and reported in August. The pain team continued to work with the team and in particular supporting them to utilise the VitalPac system and work on removing the paper pain charts. The team were asked to repeat the audit.

The results demonstrate that Nurses appear to be evaluating and re-evaluating as appropriate however documentation around the scores remain poor. Actions being addressed by the Pain team:

- Working with practice development to improve through training and out on the wards. PD is currently working on the removal of paper charts / care plans to avoid duplication due to the implementation of VitalPac, planned for February.
- Specific VitalPac training for new staff and in particular HCA's as in the main they complete the initial assessment. Nurses will continue to receive this training on the pain study day and through link Nurses.



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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>