

## 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**

**March 2015**

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# Open & Honest Care at Northampton General Hospital NHS Trust

## March 2015

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This report is based on information from February 2015. The information is presented in three key categories: safety, experience and improvement.

### 1. SAFETY

#### Staffing: Hard Truths

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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 February 2015 was 88% and for January 2014 it was 95%. There was an increase in planned hours for February to reflect the increases in capacity across the emergency areas and the opening of our new Discharge Suite. Weekly monitoring of staffing fill rates has commenced in January; this information is triangulated with sickness, vacancies and recruitment that is planned each week. 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 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. There were a number of new staff across many of our wards in February and due to them working in a supernumerary status the hours they work will not be reflected in the fill rate data.

## 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.

In February 93.33% patients experienced 'harm free care' in this Trust which is just above the national average of 93%. This was a slight decrease from last month (93.45%), 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. There was also 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

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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.

There were 26 hospital acquired pressure ulcers reported in February. All of these were Grade 2 pressure ulcers with no grade 3 pressure ulcers. This is a significant reduction from the previous month. These pressure ulcers have not been validated to confirm whether they were avoidable or unavoidable. There is still extensive work focusing on staff education & training in regards to the assessment of a pressure ulcer and the correct completion of documentation that will continue.

## Health Care Associated Infections (HCAIs)

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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 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.

|  | <b>C.difficile</b> | <b>MRSA</b> |
|--|--------------------|-------------|
| <b>Number of infections this month</b>     | <b>4</b>           |             |
| <b>Number of infections last month</b>     | <b>4</b>           | <b>2</b>    |
| <b>Improvement target for year to-date</b> | <b>35</b>          | <b>0</b>    |
| <b>Actual to-date</b>                      | <b>27</b>          | <b>2</b>    |

## Falls

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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 4.7) | 5.1 |
|---|-----|

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death.

This month we reported 1 in-patient falls that caused at least 'moderate' harm. The patient fell and sustained a fractured neck of femur (broken hip). The root cause and learning from the fall is being led by the Ward Sister, supported by our falls prevention Lead.

| <b>Severity</b> | <b>Number of falls</b> |
|-----------------|------------------------|
| Moderate        | 0                      |
| Severe          | 1                      |
| Death           | 0                      |

## 2. EXPERIENCE

### 3. 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?

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 response rates in February:

- Inpatients achieved an increased response rate of 30.44%.
- Maternity services obtained a response rate of 15.89%.
- A&E's response rate continues to rise, reaching 21.73% for January.
- Paediatrics response rate increased to 16.84% for Inpatients and Day Case areas.

Of most significance for patient satisfaction in February:

- Inpatients responses: 85% said they would recommend, and 8% stated they wouldn't.
- Maternity responses: 94% said they would recommend, and 3% stated they wouldn't.
- Emergency Department responses: 87.4% said they would recommend, and 7.5% stated they wouldn't.
- Paediatric wards and Day case areas: 83.2% said they would recommend, 8.8% stated they wouldn't.
- Day Case areas: 92% said they would recommend, 4% said they wouldn't.
- All Outpatient areas: 90.5% said they would recommend, 3.4% said they wouldn't.

#### A Patient's Story

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Background:

Patient raised concerns about various aspects of the care and treatment that she received during her admission. The majority of the concerns relate to personal hygiene support, protective cover for her plaster, call bell location, pain relief, ward moves, meals and the omission of staff to follow postoperative instructions.

Outcome:

Through the learning from this complaint it was identified that some staff were agency/bank and that they must receive ward based inductions when they commence their shift which had not been completed on this occasion. All staff have been reminded to ensure that call bells are within easy reach of the patient, in line with hourly care rounds and that hygiene needs must be supported fully at all times.

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

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### Do it for Dementia (DIFD) - Update

- A steering group meeting has been held in March to finalise plans for expenditure. The group discussed 5 projects which the money could be used for, all of which were agreed with certain proviso's. A great deal of work will be carried out within the next few months to ensure the projects are a) going to have the desired impact and b) are cost effective.
- The Tea Dance has been postponed until the 27th of September and will be held at Sedgebrook Hall. Step by Step dance school have agreed to dance and lead a dancing session.
- A further event is planned, led by the Catering Manager within the summer, details to follow.

## Nursing & Midwifery Quality Dashboard

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The Nursing & Midwifery Quality Dashboard Summary demonstrates an overall score of 77% compliance for the wards which is an increase from last month (73%). Seven wards have improved their score this month. Each ward is reviewing their individual results to understand their gaps. The key areas that will be focus upon are: nutritional assessment, hand hygiene for all disciplines and documentation.



Rachael Corser  
Director of Nursing Midwifery & Patient Services (interim)

## 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>