

## 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**

**June 2014**

---

# Open & Honest Care at Northampton General Hospital NHS Trust

June 2014

---

This report is based on information from June 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. June was the first time the Trust submitted data to NHS England and the Trust met the revised submission date. The data submitted was for the month of May 2014. The data submitted demonstrated the planned versus actual number of staff on each shift for each day of the month.

During the ongoing months our 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

May 2014 ward staffing trends: 26 inpatient wards were calculated, including the consolidated maternity and paediatric areas. Results show that 15 ward areas were staffed by RGNs at  $\geq 95\%$  of establishment across day shifts (23 wards were staffed at  $\geq 90\%$  establishment), with 22 wards at  $\geq 95\%$  of establishment at night.

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

---

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:

93% 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: Four patients across the Trust experienced a catheter-related urinary tract infection which is one patient higher than the national average. There is continued work to implement our new urinary catheter care plan and documentation and update our Link nurses to support the ward staff education programme.

## 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 May, 28 Grade 2 - Grade 3 pressure ulcers were acquired during hospital stays. This is slightly higher than the previous month and we believe this is due to the implementation of improved documentation to help the staff to assess if a patient may develop a pressure ulcer. The new documentation will help us provide the appropriate and individualised care for each patient. 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	21
Grade 3	7
Grade 4	0

10 of the 28 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.

## 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 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>5</b>	<b>0</b>
<b>Improvement target for year to-date</b>	<b>35</b>	<b>0</b>
<b>Actual to-date</b>	<b>6</b>	<b>0</b>

## 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.

Change in falls/1000 bed days this month (compared to last month 5.37)	4.42
------------------------------------------------------------------------	------

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

This month we reported 4 fall(s) that caused at least 'moderate' harm.

<b>Severity</b>	<b>Number of falls</b>
Moderate	0
Severe	4
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 April our In-patient areas achieved a response rate of 33.27% against the national target of 25%. Our A&E department achieved a response rate of 16.6% against a national target of 15%.

Our net promoter score for In-patients was 71 and A&E (including ambulatory care & Eye Casualty) was 57 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.

### A Patient's Story

---

A relative raised a complex complaint regarding the care and treatment that the patient had received during their admission to NGH. Two aspects of the complaint related to the

patients pressure areas: a) an omission to consider pressure relieving equipment whilst the patient was in the A&E department: b) a pressure ulcer was later identified when the patient was transferred to another Trust.

Through the course of the Trust's investigation it was identified that the patients pressure areas were appropriately assessed in the A&E department using the Anderson score (a tool used within A&E departments to assess the level of risk for pressure area damage), and they were found to be intact. However, it was also identified that the subsequent score calculated using this tool had not been correctly documented. Action was taken to ensure that the nursing staff were clear as to how to calculate the scores using this particular risk tool.

With regard to the second aspect in relation to pressure areas, through the course of the investigation the relative was reassured that the patients pressure areas were regularly checked during their admission, and were found to be intact. Furthermore it was also explained that the appropriate pressure relieving measures were taken during the patients admission: nursed on an alpha x cell air mattress, regularly repositioned, pressure scores were accurately calculated and documented within the core care plan, skin integrity was monitored and noted to be intact the day prior to the patients transfer.

This experience emphasises to all members of staff the poor experience and suffering that pressure ulcers can bring and enhances our determination and commitment to further reduce and eliminate all forms of patient harm.

### 3. IMPROVEMENT

#### Nursing & Midwifery Quality Dashboard (QuEST)

---

In May the Trust completed the quarterly QuEST audit. QuEST stands for **Quality Effectiveness Safety Team**. This team includes a number of our Governors & volunteers supporting our clinical & non clinical staff to undertake a detailed audit based on quality standards. Mays data shows that 79% of our wards were compliant with our standards which is lower than last month (83%). We believe this is due to a change in documentation of patients who may be at risk of having a fall and the on-going assessment of that patient whilst in hospital. Our Falls Prevention Specialist is working closely with our staff to improve the compliance rate.

#### Quality Standards

---

##### **Patient Safety Academy**

Safety Champions are the 'eyes & ears' of patient safety within their work area. There are currently 255 safety champions in the Trust.

The Patient safety strategy 2012 – 2015 states:

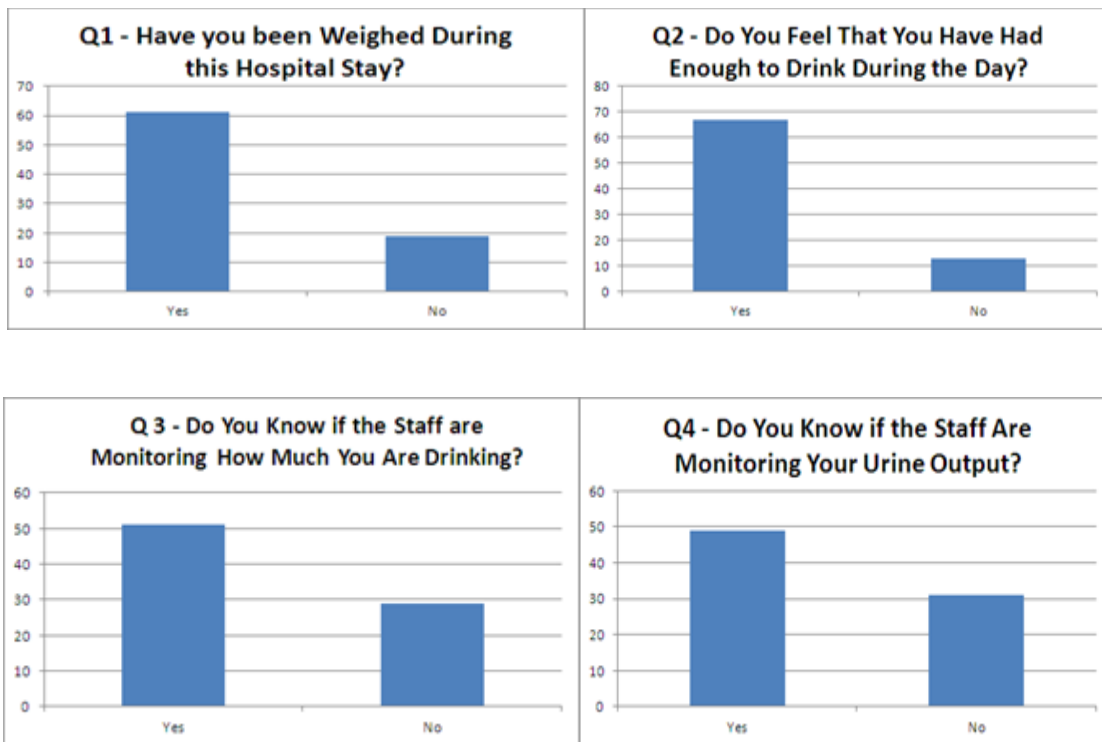
“Our vision is to provide the very best care for all of our patients. This requires NGHT to be recognised as a hospital that delivers safe, clinically effective acute services focussed entirely on the needs of the patient, their relatives and carers..... As part

of this vision it is essential that there is a strong focus on patient safety. In order to achieve this every member of staff will need to understand their role in patient safety”.

Safety Champions are asked to complete a safety climate questionnaire every two / three months. The subject of these questionnaires is chosen to be relevant to any ongoing campaign or pertinent issue. The results of this questionnaire will be used alongside projects to be undertaken by this year’s Aspiring to Excellence students and will help inform a future Safety Campaign which will focus on fluids.

### Safety Climate Questionnaire – April 2014

The questionnaire for April was sent to ward based champions asking for five patients in their care to be asked four questions with the following results:



Already with the inception of Weigh day Wednesday the results from Question 1 are greatly improved. The results indicate that most patients feel they had been receiving sufficient fluids but not all. Equally there is clear indication from the results and comments received from the patients questioned that not all patients were informed of the need for input and output monitoring, work is in place to address this.

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

---

### ‘Sleep Well’ Campaign

Due to patients consistently reporting dissatisfaction with the disturbances on the wards at night time a ‘Sleep Well’ Campaign is being initiated to improve patient experience. Four wards are undergoing a pilot of the use of ‘Sleep Well’ Packs which contain an eye mask and ear plugs. An evaluation will take place alongside the pilot to identify whether this is something which can be rolled out on all inpatient wards.

### **'Ticket Home'**

The 'Ticket Home' project is implementing the use of a 'ticket' for every patient that is admitted onto the inpatient wards. It contains details of their expected date of leaving hospital, which is completed as soon as they are arrive, and a list of 'goals' which need to be achieved before the patient can leave. A project group has been initiated and work is underway to roll out the ticket to the assessment units with a phased roll out across the hospital over the next few months.



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>