

## 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 2016**

This report is based on information from December 2015. The information is presented in three key categories: safety, experience and improvement. This report will also signpost you towards additional information about our performance.

## 1. SAFETY

### 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 NHS 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 harm.

91.5%	Received harm free care
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This slight decrease was due to an 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. 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.

For more information, including a breakdown by category, please visit:  
<http://www.safetythermometer.nhs.uk/>

### Health Care Associated Infections (HCAIs)

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HCAIs are infections acquired as a result of healthcare interventions. Clostridium difficile (C. difficile) and methicillin-resistant staphylococcus aureus (MRSA) bacteraemia are nationally monitored as we are trying to reduce the incidence of these infections. 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 remove the 'good bacteria' in the gut that protect against C. difficile, people on these antibiotics are at greater risk.

The MRSA bacteria are 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 MRSA bacteraemia infections and are working towards reducing C Difficile infections; 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.

	<b>C. difficile</b>	<b>MRSA</b>
This month	4	0
Annual improvement target	21	0
Actual to date	23	1

## 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 categories, with one being the least severe and four being the most severe. The pressure ulcers reported include all validated avoidable/unavoidable pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.

This month	29	Category 2 - Category 4 pressure ulcers were acquired during hospital stays (unvalidated)
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<b>Severity</b>	<b>Number of pressure ulcers</b>
Category 2	23
Category 3	6
Category 4	0

## Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause. This includes avoidable and unavoidable falls sustained at any time during the hospital admission.

This month we reported	2	fall(s) that caused at least 'moderate' harm
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In order to know if we are improving even if the number of patients we are caring for goes up or down, we also calculate an average called 'rate per 1,000 occupied bed days'. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals, as their staff may report falls in different ways, and their patients may be more or less vulnerable to falling than our patients. For example, other hospitals may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

Rate per 1,000 bed days	4.93
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## Safe Staffing

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.

In order to view our reports please visit:

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

## 2. EXPERIENCE

To measure patient and staff experience we ask a number of questions. 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.



The answers given are used to give a score which is the percentage of patients who responded that they would recommend our service to their friends and family.

### Patient Experience

#### The Friends and Family Test

The Friends and Family Test (FFT) requires all patients to be asked, at periodic points or following discharge, '**How likely are you to recommend our ward /A&E /service /organisation to friends and family if they needed similar care or treatment?**'

This data is from November 2015

In-patient, Day Case & Paediatric FFT	88.4	% recommended	This is based on	1743	responses
A&E FFT	86.8	% recommended	This is based on	1274	responses
Maternity FFT	97.9	% recommended	This is based on	374	responses
All Outpatient areas	91.8	% recommended	This is based on	4950	responses

\*This result may have changed since publication, for the latest score please visit:

<http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

### 3. IMPROVEMENT

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



#### PET THERAPY IS A HIT WITH PATIENTS AND STAFF

We love this photo capturing when two-year-old Jessica O'Brien from Market Harborough met golden retriever Merlin on our children's ward.

Merlin's owner, Kerryann Baxter, is one of six Pets As Therapy (PAT) volunteers who now visit our wards on a regular basis. We know from research that interaction with animals can have a positive impact on health and wellbeing and can play a big part in the recovery process. Everyone is always very pleased to see them, and we're really grateful to the volunteers for taking time out to bring their pets in.

PAT volunteer area coordinator Rosemary Wooler, who arranges the visits for us, said: "The dogs have proved to be so popular, and we get stopped in the corridor all the time being asked about our work, with the staff benefiting from a cuddle as well as the patients! The most common thing we hear is 'you've just made my day' which is very rewarding."

Many other departments would love to have visits from PAT dogs, but there aren't enough volunteers to cover them all. If you would like to look into becoming a Pets As Therapy volunteer with your pet, or want more information about the charity, please email [rosemarywooler@yahoo.co.uk](mailto:rosemarywooler@yahoo.co.uk) or visit the website [petsastherapy.org](http://petsastherapy.org)

#### Supporting Information

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

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

A handwritten signature in black ink, appearing to read 'Carolyn Fox'.

**Carolyn Fox**  
Director of Nursing, Midwifery & Patient Services