

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 2016

This report is based on information from July 2016. 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

The NHS Safety Thermometer is used nationally but is designed to be a local improvement tool for measuring, monitoring, and analysing patient harms and developing systems that then provide 'harm free' care. The NHS Safety Thermometer has been designed to be used by frontline healthcare professionals to measure a 'snapshot' of harm once a month from pressure ulcers, falls with harm, urinary infection in patients with catheters (CRUTI) and treatment for blood clots (VTE). These are harms are measured in two ways, harms which are old and sustained prior to admission and new harms which occurred whilst the patient was in hospital. The data is used alongside other outcome measures to help us understand themes, analysis findings and plan improvements in care delivery.

The scores below show the percentage of patients who received harm free care whilst an inpatient with the second score shows the percentage of patients who did not sustain any harm both prior to and after admission.

	July 2016
The % of patients that received harm free care whilst an inpatient	98.0%
Total % of harm free care - admitted with and whilst an inpatient	93.23%

In July 2016 NGH achieved 98.0% harm free care, with 1.98% of patients on the day recorded in the category of 'new' harm (sustained whilst they were in our care). Broken down into the four categories this equated to: 1 fall with harm, 0 VTE, 0 CRUTI's and 11 incidents of pressure ulcer development.

Progress is monitored through the Trusts Quality Governance Committee.

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

Health Care Associated Infections (HCAIs)

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.

	C. difficile	MRSA
July 2016	1	0
Annual improvement target	21	0
Actual to date	6	0

Each incident of infection is reviewed and a thematic analysis undertaken. This is monitored through the Trusts 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 categories, with one being the least severe and four being the most severe. The pressure ulcers reported include all validated pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment.

July 2016	27	Category 2 - Category 4 pressure ulcers were acquired during hospital stays
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Severity	Number of pressure ulcers
Category 2	17
Category 3	10
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.

July 2016	1	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.

July 2016	4.19	Rate per 1,000 bed days
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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?***'

July 2016

Inpatient, Day Cases & Paediatric FFT	90.4%	% Recommended
A&E FFT	86.4%	% Recommended
Maternity FFT	95.5%	% Recommended
All Outpatient Areas	91.6%	% Recommended

*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/>

A Patient's Story

3. IMPROVEMENT

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

A patient raised concerns relating to their care, specifically their pain control and discharge arrangements.

The patient told us that no support or advice was provided in relation to pain relief or postoperative pain expectations.

Outcome

The learning that was identified included the need for clearer communication with the patient and their family in terms of discharge arrangements and postoperative care advice including pain control medication.

The complaint has been shared with the ward staff to facilitate learning and will also be discussed formally at the next ward meeting.

Additionally an information leaflet is being designed to provide patients with information concerning what to expect post operatively and with important discharge information if they require further advice and support when discharged home.

MATERNITY CARE FOR PATIENTS WITH ADDITIONAL NEEDS



The NGH team of safeguarding midwives have set up a support group called 'Chit Chat' for women and partners who need extra help with their experience of pregnancy and childbirth.

Lead midwife Emma Fathers said "We felt it was important to set up the group for families who may have additional needs. The idea is to provide help and support with

individualised, accessible care so that everyone who uses our service receives the best maternity care possible.”

Research shows that some women, those with learning disabilities for example, avoid maternity care often because of lack of confidence and they are at greater risk of poor outcomes during their pregnancy and the postnatal period. They are also more likely to be vulnerable due to other issues such as mental health concerns or issues with housing, and be reluctant to ask for the help they need.

“Mothers are welcome to bring partners or family members along to the group for support,” said Emma. “We meet every two weeks on labour ward, which itself helps to break down barriers and reduce anxiety as parents become familiar with the hospital environment. They talk about a wide range of subjects from labour and birth to pain relief, how they will know when it’s time to come in, what it will be like and so on.

“Some members may feel they are socially excluded or living in quite vulnerable circumstances and the group enables them to have this peer support around them. They meet other mums who can become friends and help each other throughout pregnancy and as their children grow. As well as maternity issues they may help and support each other with things like applications for bus passes or for jobs. Recently one of the dads got a job for the first time in his life due to confidence that he has gained through attending the group.

“The midwives who run the group, Angela Bithray and Sally Kingston, can also attend hospital appointments to support the women. It can be quite daunting coming to a big hospital so it’s fantastic for the women to come in and see a familiar and friendly face. Midwives have also attended planned caesareans to support them and it has helped provide a better experience all round.”

“We’ve had some lovely comments about how much more confident the group has made them, about how lovely it is to meet people in similar situations, how nice it is to make friends. The group is challenging to run, it’s time out of a very busy working week, but for us if we have just one comment from a woman about the group making her feel more confident about being a mother – it’s all worthwhile”.

Supporting Information

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

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



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