

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**

December 2016

This report is based on information from November 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.

	November 2016
The % of patients that received harm free care whilst an inpatient	98%

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
November 2016	4	0
Annual improvement target	21	0
Actual to date	14	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.

November 2016	18	Category 2 - Category 4 pressure ulcers were acquired during hospital stays
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Severity	Number of pressure ulcers
Category 2	18
Category 3	0
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.

November 2016	2	falls that caused at least 'moderate' harm
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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?**'

November 2016

Inpatient, Day Cases & Paediatric FFT	93.1	% Recommended
A&E FFT	87.1	% Recommended
Maternity FFT	96.6	% Recommended
All Outpatient Areas	92.7	% 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/>

3. IMPROVEMENT

A Patient's Story

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

Complaint:

Patient raised concerns regarding the level of communication that was experienced in relation to an outpatient appointment. Patient was unable to leave a message as telephone mailbox was full, and she was unable to make contact with anyone else as staff were on leave and messages not cleared. Additionally a letter confirming an appointment was not dispatched, as had been advised by a member of staff.

Outcome:

Through the course of the investigation it was identified that staff must access and action voicemail messages daily and that a buddy system should be introduced when a member of staff is on leave to ensure that their calls are covered. Staff were also informed that they must ensure that actions agreed with patients must be followed up accordingly. Apology and reassurance of the learning identified expressed to the patient.

Finger foods help older patients eat well

Nutrition, catering and nursing staff have worked together to create a finger food menu which is available to all wards following a successful pilot scheme earlier this year.

The finger food boxes are now offered to any patient who has difficulty eating a more conventional hot meal and has particular benefits for patients with dementia.

Dementia liaison nurse, Jill Garratt, explained: “Our patients with dementia can often have difficulty eating and drinking in hospital: it’s an unsettling and confusing environment and the food we serve might not be familiar to them.

“As dementia progresses, people often find cutlery difficult to manage and they can lose the ability to identify their own thirst and hunger. So there are risks in terms of patients not getting the nutrition they need to aid their recovery.”

The food boxes, providing a selection of finger foods, were trialled over the summer as a menu choice on five wards with the highest numbers of patients with dementia, following discussions between nutritional advisors and the hospital’s catering team to ensure they met the calorie count of 400 across the required food groups.

Catering manager Andy Head says the request to provide finger food meals was timely: “We had already been looking at similar schemes in other hospitals and we knew that we could provide the finger food at a comparable cost to the standard patient meals and at the same time reduce food waste. We worked with our dieticians to make sure the meals meet the nutritional standards.

“The menu has been rolled out across the hospital and as well as the obvious benefits for our older patients, it’s been welcomed in the children’s and maternity wards because their patients’ needs can be less predictable.”

Brampton ward was one of the five wards selected to take part in the pilot project. Sister Benitha Fenning said: “The finger food is a real benefit to our patients. The food isn’t wrapped, so it’s easier for patients to pick the food up, and to eat when they want, not when we say it’s time to eat. It gives them independence to make their own choices around when to eat. It empowers them. It’s also good for our nurses because they can be confident that our patients are getting the right nutrition.”

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', written in a cursive style.

Carolyn Fox
Director of Nursing, Midwifery & Patient Services