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

September 2015

This report is based on information from August 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

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 harms.

92.76%	Received harm free care

This decrease was due to a slight 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)

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 does 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 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 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
This month	3	1
Annual improvement target	21	0
Actual to date	13	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	32	Category 2 - Category 4 pressure ulcers were acquired during hospital stays

Severity	Number of pressure ulcers
Category 2	26
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

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	4.4

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?'***

In-patient FFT	86	% recommended	This is based on	627	responses
A&E FFT	84.4	% recommended	This is based on	887	responses
Maternity FFT	95.4	% recommended	This is based on	302	responses
Paediatric FFT	83.9	% recommended	This is based on	691	responses
All Outpatient areas	90.7	% recommended	This is based on	4182	responses
All day case areas	92.1	% recommended	This is based on	847	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/

A Patient's Story

Summary
Patient raised concerns about the lengthy delays being experienced when he was trying to contact the Anticoagulant clinic. Patient advised that he has spent some considerable time on the telephone waiting to speak with a member of staff and had 'waited in a queue'. Patient ended up not waiting until his call was answered subsequently causing him concerns with regard to his ongoing treatment.

Outcome
The Trust explained that a new telephony system had been recently introduced within the department and there had been some difficulties identified. This was predominantly to do with the existing staff member answering the phone and also covering the reception desk whilst patients were booking in to the clinic. It was acknowledged that this was not the level of service that we wished to provide to our patients and action was taken to employ an additional member of staff to support the receptionist. The situation has since been monitored by the senior nurse and improvements have been seen.

3. IMPROVEMENT

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

Improving Dementia Care at NGH

As a former ward sister with over 25 years at the Trust Jill Garratt has recently been appointed as the trusts' dementia liaison nurse. Jill's mission is to improve the care of patients with Dementia. Jill said 'a lot of my role consists of listening to people's concerns about their loved ones, and giving advice and support. I can often help by explaining what practical help is available, financial or otherwise. People appreciate that you have time to listen, and I'm lucky that have time to do that.'

Jill provides one-hour dementia awareness sessions for staff on training days and also does some work on individual wards. Jill says 'a lot of staff want to know how to deal with distressed or agitated patients on the wards, as some do wander and can even become aggressive. So we are going to look at how to manage with that through 'role-play' and simulation'.

Jill commented 'that from the feedback she is now getting she thinks that most people are happy that NGH is much more dementia-aware, that we're listening and are actually doing something about it'. Jill recognises that the trust still has a long way to go however Jill and the team are really starting to get some momentum. Next month we will update you on the Do it for Dementia Campaign.

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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