

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**

November 2015

This report is based on information from October 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.

92.2%	Received harm free care
-------	-------------------------

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)

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	2	0
Annual improvement target	21	0
Actual to date	16	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
------------	----	---

Severity	Number of pressure ulcers
Category 2	21
Category 3	8
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	4.84
-------------------------	------

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, Day Case & Paediatric FFT	87.9	% recommended	This is based on	1773	responses
A&E FFT	85.5	% recommended	This is based on	1219	responses
Maternity FFT	96.5	% recommended	This is based on	347	responses
All Outpatient areas	90.8	% recommended	This is based on	5101	responses

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

Improving the Patient Experience

Many congratulations to Sheralyn (Shez) Holmes, our Macmillan neuro-oncology clinical nurse specialist, who has been given a national award for her inspirational work supporting people affected by cancer.

Shez was nominated for the Service Improvement Excellence Award, awarded to a Macmillan professional whose vision and commitment has led to tangible, lasting improvements in the quality of services offered to people affected by cancer. Shez award winning work involved making substantial improvements in the care and support of brain tumour patients, through excellent partnership working with all the key services involved.



She established a nurse-led clinic to provide specialist information and advice, including a telephone clinic which has improved the patient experience and reduced unplanned admissions to hospital. Eighty per cent of the calls to the service are from family/carers, who have been supported to manage more effectively. All patients now have a comprehensive health needs assessment, and the length of stay has been reduced from a maximum of six months to six weeks. Shez said: “It was a wonderful surprise to receive the award and I’m very honoured. As a Macmillan nurse professional you always strive to do the very best for your patients and you don’t do it expecting to get nominated for awards. We all work as part of a team and so this award also reflects the hard work and dedication of my colleagues.” Sheralyn is part of a team of 35 Macmillan professionals at NGH supporting people affected by cancer so that no one has to face it alone.

3. IMPROVEMENT

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

BFI Stage 3 Assessment – parents’ experience of maternity services

The UNICEF Baby Friendly Initiative Stage 3 assessment was conducted within the Trust on 28/29 October 2015. Stage 3 accreditation is the highest award for infant feeding that Maternity Services can obtain

The Assessment findings were extremely positive and the assessors were very complementary of the maternity services provided to mums and babies. The Maternity Team exceeded the pass scores for most of the standards. The assessors wanted more assurance around 2 elements of our care for mothers which maternity services and the neonatal unit will provide. The assessors have awarded Maternity a **provisional pass** and will re-assess for full accreditation in 6 months. The assessment relied on feedback from the mums so we can say with certainty that the messages are becoming consistent and are being heard and understood.

Supporting Information

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

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



Carolyn Fox
Director of Nursing, Midwifery & Patient Services