

## 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**

**April 2016**

This report is based on information from March 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 did not sustain any harm both prior to and after admission the second score is the percentage of patients who received harm free care whilst they were an inpatient.

93.32%	Harm free Care
2.70%	Percentage of New Harm

In March 2016 NGH achieved 93.32% harm free care, with 2.7% of patients on the day recorded in the category of 'new' harm (sustained during whilst they were in our care). Broken down into the four categories this equated to: 1 fall with harm, 0 VTE, 1 CRUTI and 15 incidents of new 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.

	<b>C. difficile</b>	<b>MRSA</b>
This month	1	1
Annual improvement target	21	0
Actual to date	31	2

## 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 pressure ulcers that were obtained at any time during a hospital admission that were not present on initial assessment. This data is validated later with the Tissue Viability Nursing team and through 'Share and learn' meetings with ward staff.

This month	31	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	18
Category 3	13
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	7	fall(s) that caused at least 'moderate' harm (Death 0 Severe 2 Moderate 5)
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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	4.10
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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 February 2016

In-patient, Day Case & Paediatric FFT	83.8	% recommended
A&E FFT	84.0	% recommended
Maternity FFT	95.5	% recommended
All Outpatient areas	91.7	% 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/>

## A Patient's Story

### 3. IMPROVEMENT

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

##### **Complaint: CARE**

A patient raised a number of concerns regarding her experiences when she came in give birth to her baby. Some issues were identified with regarding to different aspects of care from the professionals involved.

##### **Outcome:**

The patient and her relative were invited to attend a local resolution meeting which was also attended by key members of staff involved in the patients care and from a divisional perspective. The meeting was very successful and the patient's complaint was resolved satisfactorily with learning taken back to share with other staff involved. The patient was very pleased with the outcome.

## DOUBLE CELEBRATION FOR EMMA AS SHE GETS THE ROYAL SEAL OF

### APPROVAL

**Our multiple sclerosis clinical nurse specialist Emma Matthews has been recognised with two prestigious awards this year. One was a national award from the MS Society, and the other a royal seal of approval with the granting of the title of Queen's Nurse.**

Accepting the MS professional of the year award from the MS Society in April, Emma said: "This is for every MS nurse in the UK." The following month Emma went to another

special ceremony in London to pick up the Queen’s Nurse award. She said both honours make her feel “really proud”.

The Queen’s Nurse award is given to community nurses who have shown outstanding commitment to high standards of practice and patient care, and who have also acted as a mentor to colleagues and student nurses.

Emma uses a holistic approach to provide advice and support to patients with MS, helping to manage their care planning and symptom control. She provides outreach clinics to enable patients to receive care nearer to their home, and also offers training sessions for carers and other professionals.

Following in the footsteps of her colleague Kathy Franklin, who became a Queen’s Nurse in 2008, Emma asked her patients, consultants and other team members to provide testimonials to support the evidence in her application to the Queen’s Nurse Institute.

“The Institute want to see case studies where you’ve gone above and beyond your role to provide a patient and family with an excellent level of care,” said Emma, “plus testimonies from patients, consultants and colleagues. You send off an application, but you don’t get to see what others have said about you until afterwards.

“It was a lengthy process but very worthwhile, and I feel very proud to be able to put the letters QN after my name. It really boosts your enthusiasm and motivation. It means a lot when you know your patients and your consultants and the team appreciate and recognise what you do.

“I always strive to deliver the best quality patient care that I can give, and I try to provide innovative, ‘above and beyond’ support for the patients in my care. I feel that these awards are the ultimate recognition as a committed health professional.”



## Supporting Information

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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**