

## 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**

**July 2017**

This report is based on information from June 2017. 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 score below show the percentage of patients who received harm free care whilst an inpatient.

	June 2017
The % of patients that received harm free care whilst an inpatient	97.06%
The % of harm free care- admitted with and whilst an inpatient	93.25%

In June 2017 NGH achieved 97.06% harm free care, with 3.0% 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 3 falls with harm, 2 VTE, 1 CRUTI and 14 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 (HCAs)

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>
<b>June 2017</b>	5	0
Annual improvement target	21	0
Actual to date	7	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.

<b>June 2017</b>	19	Category 2 - Category 4 pressure ulcers were acquired during hospital stays
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<b>Severity</b>	<b>Number of pressure ulcers</b>
Category 2	17
Category 3	2
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.

<b>June 2017</b>	0	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 to 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.

<b>June 2017</b>	1.47	Harmful falls per 1,000 occupied 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?**'

June 2017

Inpatient, Day Cases & Paediatric FFT	94.2%	% Recommended
A&E FFT	88.7%	% Recommended
Maternity FFT	97.7%	% Recommended
All Outpatient Areas	92.8%	% 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:**

One of our patients raised concerns about the delay in the prescribing and the subsequent administration of a specific and specialised medication.

**Outcome:**

The concerns raised were investigated and an apology was given. Through the course of the investigation it was identified that there was not a protocol in place for the prescribing and administration of this specialist medication. We decided to review our practice and develop a specific protocol for the prescription and administration of this medication. Additional training was provided to ensure that the medication was given in a timely manner to prevent the situation reoccurring.

# We're good – and it's official!

Northampton General Hospital is good with some outstanding areas – that's according to the latest inspection by healthcare watchdogs the Care Quality Commission.

In their inspection report published in May, inspectors found that we had made significant improvements since the commission's previous inspection.

Inspectors visited the hospital on 30 January, 7, 8, 9 and 17 February 2017 as part of a focused inspection, to check on whether improvements had been made in four core service areas. These were urgent and emergency care, medical care (including older people's care), surgery and end of life care.

All of these services were previously rated as Requires Improvement but, following CQC's inspection, all are now rated as Good.

Chief executive Dr Sonia Swart said: "Every single person of the nearly 5,000 people who work at NGH has an important role to play in keeping patients at the heart of all the decisions we make. This report is heartening because it shows that we're heading in the right direction - towards being an outstanding hospital."

CQC's Chief Inspector of Hospitals, Professor Sir Mike Richards, said: "Our inspectors found a number of significant improvements had been made at Northampton General Hospital since our last inspection and staff are to be commended for their hard work.

"The trust had taken action to meet concerns raised during our inspection in January 2014, particularly with regard to establishing an inclusive and supportive staff culture with a clear focus on patient safety. This was notable in all four core services we inspected with staff who were committed to improving the quality and safety of care and treatment for patients.

"Staff were friendly and compassionate and patients spoke positively about their care and those caring for them. Effective systems were in place to protect people from harm and inspectors saw a number of areas of outstanding practice.

"This was particularly evident in how the trust treated people with dementia and with regard to people being cared for at the end of their lives.

"The leadership team in the emergency department were outstanding in driving improvements through the service with a clear focus on patient safety, despite pressures due to increasing attendances.

"However, there were some areas where further improvements were needed. We highlighted this to the trust and its leadership knows what needs to happen to make sure improvements are made.

"We will continue to monitor Northampton General Hospital NHS Trust and will return to check on its progress in the future."

**CareQuality Commission**

Northampton General Hospital NHS Trust  
**Northampton General Hospital**  
Quality Report

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Date of inspection visit: 30 January and 7, 8, 9, 17 February 2017  
Date of publication: 23/05/2017

This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings	
Urgent and emergency services	Good ●
Medical care (including older people's care)	Good ●
Surgery	Good ●
End of life care	Good ●

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**