NHS England

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

August 2015

This report is based on information from July 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.

93.28%	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) bacteremia are nationally monitored as we are trying 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	0
Annual improvement target	21	0
Actual to date	10	0

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	14	Category 2 - Category 4 pressure ulcers were acquired during hospital stays

Severity	Number of pressure ulcers
Category 2	8
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	5.07

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

As part of our Recruitment Plan the Trust has recently recruited nurses from Europe. Here are a number of our staff with Carolyn (Director of Nursing & Midwifery) following their Trust Induction programme.

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	87.5	% recommended	This is based on	718	responses
A&E FFT	84.7	% recommended	This is based on	1314	responses
Maternity FFT	96	% recommended	This is based on	349	responses
Paediatric FFT	91.3	% recommended	This is based on	126	responses
All Outpatient areas	91.6	% recommended	This is based on	4935	responses
All day case areas	92.6	% recommended	This is based on	1011	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:
A patient's relative raised a number of concerns relating to an initial attendance to the A&E department which was followed by an admission to hospital. The relative stated that the patient had not been seen by a doctor in the A&E department, medication was not explained when the patient was admitted to a ward, the patient was inappropriately discharged and when attending an outpatient clinic they were unhappy with the attitude of the attending doctor.

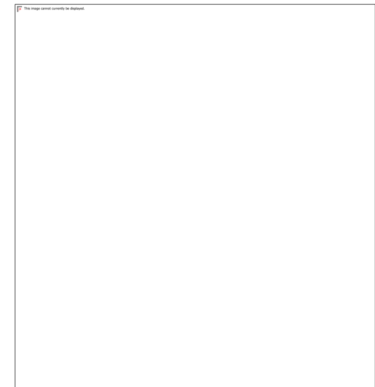
Outcome:
All of the concerns raised were investigated through the NHS Complaints Procedure. The relative was reassured that specialist advice was sought by the patients GP prior to arrival and the same specialist ensured that the patient was seen by the appropriate team upon his arrival to the A&E department. With regard to the inpatient care it was recognised that communication regarding the patient's medication could be improved and an explanation should have been provided at the time of the admission. Furthermore it was acknowledged that the staff should have remained with the patient until the medication had been taken. This has since been addressed with the ward staff to ensure

that they explain medications to patients to offer reassurance and provide an understanding as to what is being administered and why, and that they must remain with the patient whilst they take their medication. The issues surrounding the patients discharge were fully explained to the relative as was the attendance to the outpatient clinic, when the patient was noted to be unwell and required an admission.

3. IMPROVEMENT

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

The Sleep Well Campaign was previously launched within the Adult Inpatient Wards in October 2014, since then it has grown immensely and most recently this is due to expand to the hospitals maternity services. Maternity services are not a place where people consider sleep as something which is high on the priority list, however it is important for mums-to-be and new mums to maximise the rest and sleep periods where possible to support both their physical and mental wellbeing. This will include ward based Board reminders to mums and mums-to-be to be mindful of noise caused by mobile phones and visitors, leaflets for helping ladies to maximise their sleep whilst on the wards, and Sleep Well Kits for mums-to-be and for mums to use when their birthing partner is able to look after baby.



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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