

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**

June 2017

This report is based on information from May 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.

| | May 2017 |
|--|----------|
| The % of patients that received harm free care whilst an inpatient | 99.84% |
| The % of harm free care- admitted with and whilst an inpatient | 96.08% |

In May 2017 NGH achieved 99.84% harm free care, with 0.16% 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 1 fall with harm, 0 VTE, 0 CRUTI and 0 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 (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.

| | C. difficile | MRSA |
|---------------------------|---------------------|-------------|
| May 2017 | 0 | 0 |
| Annual improvement target | 21 | 0 |
| Actual to date | 2 | 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.

| | | |
|-----------------|----|---|
| May 2017 | 10 | Category 2 - Category 4 pressure ulcers were acquired during hospital stays |
|-----------------|----|---|

| Severity | Number of pressure ulcers |
|-----------------|----------------------------------|
| Category 2 | 9 |
| Category 3 | 1 |
| 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.

| | | |
|-----------------|---|--|
| May 2017 | 6 | 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 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.

| | | |
|-----------------|------|---|
| May 2017 | 1.37 | Harmful falls per 1,000 occupied bed days |
|-----------------|------|---|

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?**'

May 2017

| | | |
|---------------------------------------|-------|---------------|
| Inpatient, Day Cases & Paediatric FFT | 94.1% | % Recommended |
| A&E FFT | 87.1% | % Recommended |
| Maternity FFT | 98.1% | % Recommended |
| All Outpatient Areas | 93.5% | % 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 relatives raised concerns that their Father was not drinking enough and this was not being addressed.

Outcome:

The concerns raised were investigated and an apology given. It was explained that the patient's risk of dehydration had been recognised and that they were given supplementary fluids through a drip given intravenously (directly in to a vein).

In these circumstances it is expected that a fluid balance chart would be used in instances whereby intravenous fluids are given. Whilst staff did record the administering of the intravenous fluids within the shift evaluation records, unfortunately on this occasion fluid balance monitoring was not formally implemented.

The concern raised was discussed with the ward team through their regular ward meetings, reinforcing the importance of thorough and accurate documentation in ensuring that our patient's needs are met.

FLEXIBLE VISITING MAKES HOSPITAL MORE DEMENTIA FRIENDLY

Northampton General Hospital is strengthening the support it gives to patients with dementia and their loved ones thanks to the introduction of John's Campaign on our adult wards.

Like all hospitals, we are treating greater numbers of patients who have dementia and while the dementia itself is not usually the reason for their attendance or admission, it is a huge factor in the way we care for them.

The aim of John's Campaign is to give relatives of patients with dementia more involvement in their care when they're admitted to hospital and this includes acknowledging the need for more flexible visiting times on wards.

Patient Johnnie Boswell was admitted to hospital just before Christmas following a fall that resulted in a fractured hip. Johnnie spent time on Abington ward, one of three pilot areas for testing unrestricted visiting times. We spoke with Johnnie's wife Carol as they were preparing for Johnnie to be discharged.

Carol explained how Johnnie's dementia affected his experience in hospital: "Having dementia increased his apprehension and disorientation. He was very confused about why he was here. He needed a tremendous amount of reassurance as well as repeated explanations about aspects of his care because he wasn't able to retain the information the staff gave him.

"Being able to visit and not have restrictions has helped enormously. If I hadn't been able to come, he would have been far more distressed. I've found everyone to be very welcoming.

"The staff on Abington Ward are very sensitive to his dementia. They're happy to keep repeating the same information. They treat him with dignity and keep him calm. I think you know instinctively whether or not people are kind and Johnnie knows the staff here are kind."

Lorand Pusok, the nurse in charge on Abington ward, said: "Carers know all the little things about a patient that can make a big difference to the quality of their care. They know the patient best, they know their routines, what they like and dislike.

"When we involve carers, the patients are more likely to engage better with their treatment so it can reduce the length of stay. That's really good news for our patients because it means they can be back at home sooner."



We asked staff nurse Libby Collins to sum up John's Campaign for us: "It allows me as a staff nurse, the relative and the patient to all be partners in care."

How can you arrange flexible visiting?

If you are a carer for someone with dementia, please let the nursing staff on the ward know. They'll ask you how much involvement you would like to have in the care of your relative or friend. They will be happy to support you.

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