

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**

February 2019

This report is based on information from January 2019. 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.

	January 2019
The % of patients that received harm free care whilst an inpatient	99.38%
The % of harm free care- admitted with and whilst an inpatient	96.73%

In January 2019 NGH achieved 99.38% harm free care, with 0.62% 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 0 fall with harm, 0 VTE, 0 CRUTI and 4 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
January 2019	0	0
Annual improvement target	20	0
Actual to date	14	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 six categories (see table below) with category one being the least severe and category four being the most severe. They can also be classified as unstageable which means that they are unable to be accurately categorised and they may also be categorised as a deep tissue injury (DTI) which means that the patients skin is not broken but damage has occurred, the level of which is currently unclear as it is below the surface of the skin. 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.

January 2019	12	Category 2 - Category 4 pressure ulcers including unstageable and DTI's were acquired during hospital stays
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Severity	Number of pressure ulcers
Unstageable	1
DTI	3
Category 2	8
Category 3	0
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.

January 2019	4	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.

January 2019	1.49	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?**'

January 2019

Inpatient, Day Cases & Paediatric FFT	92.7%	% Recommended
A&E FFT	85.1%	% Recommended
Maternity FFT	99.0%	% Recommended
All Outpatient Areas	93.5%	% Recommended

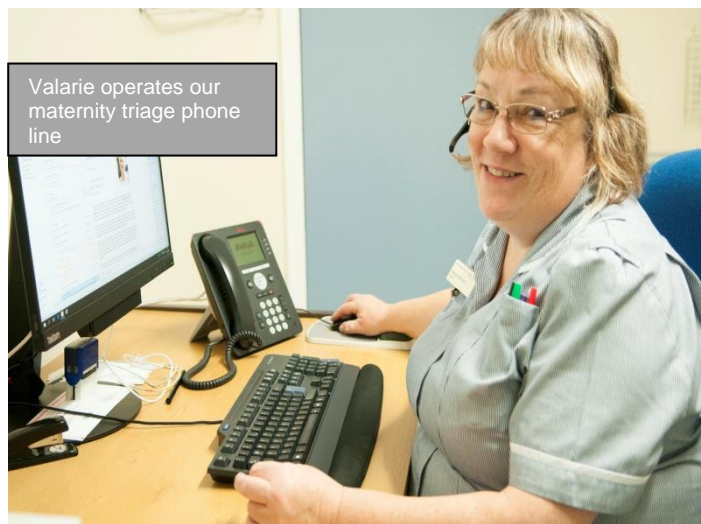
*This result may have changed since publication, for the latest score please visit: <http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

3. IMPROVEMENT

Call the Midwife

Northampton General Hospital provides a dedicated telephone service for expectant patients that receives up to 60 calls a day.

Valerie Gommon, one of our midwives in the Barratt Birth Centre is here to help pregnant women overcome concerns during pregnancy, through



our telephone triage service and birth-after-caesarean clinics.

Valerie supports pregnant women with our triage phone service set up for those who are 20 weeks pregnant or more. The service is available 24hours a day, 7 days a week, and there is always a midwife available to take a call.

Valerie said: “Women can call with any problems they might be facing in their pregnancy, it could be that she is feeling unwell, or she could be concerned about her baby’s movement. We are the first port of call; we answer the query or concern, we may refer them to an appropriate medical professional such as their GP or community midwife or we could bring them into hospital.”

Valerie said: “Women find the service reassuring, and being able to provide the service is satisfying, especially when you are able to offer reassurance to an expecting mother who is frightened or anxious.

“I’ve actually had women who have given birth over the phone. In these situations, I stay on the line and support them while they are giving birth, or I might be providing advice to a family member or partner.”

Valerie explained: “I feel quite calm in these situations, if the birth is going quickly, it’s a sign that things are going well on the other side of the phone, and it’s extremely rewarding being able to hear the baby’s first cry.

“My advice is if you are pregnant and you are anxious or worried, call the midwife. There is no question that is a silly question. The number is on the front of your maternity notes and we are available anytime to hear your concerns.”

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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