

## 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**

**October 2015**

This report is based on information from August 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.

92.44%	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) 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 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.

	<b>C. difficile</b>	<b>MRSA</b>
This month	1	0
Annual improvement target	21	0
Actual to date	14	1

## 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	23	Category 2 - Category 4 pressure ulcers were acquired during hospital stays
------------	----	---

<b>Severity</b>	<b>Number of pressure ulcers</b>
Category 2	17
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	4	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	4.77
-------------------------	------

## 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?**'

In-patient, Day Case & Paediatric FFT	89.3	% recommended	This is based on	1029	responses
A&E FFT	83.2	% recommended	This is based on	1414	responses
Maternity FFT	97.1	% recommended	This is based on	376	responses
All Outpatient areas	91.4	% recommended	This is based on	5321	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

Following on from the Trusts focus on Dementia care we wanted to share this story from a patient's perspective, who has given us permission to include in our report.

### A day in Creaton Ward

At first very apprehensive yesterday morning at 830am when I was advised that I would be moving. When I was taken to the Creaton ward, my own ignorance was being concerned with the ratio of patients with dementia on the ward and witnessing some of their behaviours on arrival.

This was largely due to my ignorance of the illness. Being co located to such patients and the staff that care for them has been a real education, experience (emotional to observe) and insight for me. The Ward Sister (Toni Paul) was fantastic, she came to see me and discussed my concerns, even at a time when demand for wider patient care on the ward was needed, which she and her staff did not compromise.

The demands on the staff are immense, patient calls from the beds, the communal areas, the toilets, taking care of the wanderers, but like a clean cut military operation they are on the ball, attentive and take very decisive and comforting action on each occasion. The staff always seem to be ahead of the game, working so hard, on their feet all day pursuing the next challenge like a hive of worker bees, they are such dedicated individuals, you can see they do this job because they "want" to, care is on their agenda. It's really nice to see. I met and spoke with a couple of them, they just love their job, are passionate about what they do.

Patient and staff safety never seemed to be compromised, staff seemed to be well trained and ready to act in a comforting, resolving manner on patients who might be seen to be a little aggressive or agitated. Resolution seemed to be a lot of distraction techniques on most occasions, staff were putting a lot of empathy and energy into calming the patients.

I met some of the patients; they are all wonderful warm characters afflicted by this illness, men evolved from careers that are aspired to today, i.e headmasters, army personnel. They seem to have warm affection for one another, like a little mates club, sitting round the beds, sometimes like naughty school boys planning their next demise or where they are going to wander off to next, sometimes that affection for one another can turn to challenge, again staff are always ahead of them and being calm and order.

It was really emotional to observe, a patient, was waiting to be discharged, he really wanted to go home and was looking forward to it, but then as soon as his transport arrived he became confused, scared about his imminent departure from his befriended patients. Staff were awesome, they really turned him around where he hopped into the departure chair with his own blanket and was on his merry way with his fellow patients remaining waving him off.

Off go the day staff and on come the night staff, again you can see the military precision in action, full, frank hand overs, it's amazing what they cover but there really is no stone left unturned.

The teamwork, wow, you can really see the essence and spirit of the word team in this department, all staff proactively pursue to support one another and not as a mundane objective, but culturally, it's in their behaviours and values such trust and cover me between them.

If you really want to see what dementia is about and how the care sector addresses it then Creaton is the finest example (might be the only one I have seen, but I remain comforted by what I have observed)

Dementia - no need to fear it, embrace and engage in it, then you understand it. It could be me - thanks team.

Yours  
Fond patient of Creaton

### 3. IMPROVEMENT

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

##### Improving Dementia Care at NGH - Do it for Dementia

The Do it for Dementia Tea Dance took place on Sunday the 27<sup>th</sup> of September raising a total of £1600 for the charity. The day was attended by over a hundred people, including a number of staff who danced for the NGH Strictly earlier this year. Feedback from the day was extremely positive with one member of staff stating how much her grandfather, who has a diagnosis of dementia, enjoyed the day



## Supporting Information

---

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**