

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 2016

This report is based on information from January 2016. 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 scores below show the percentage of patients who did not sustain any harm both prior to and after admission the second score is the percentage of patients who received harm free care whilst they were an inpatient.

91.4%	Harm free Care
97.3%	No new Harm

In January 2016 NGH achieved 91.4% harm free care, with 2.7% of patients on the day recorded in the category of 'new' harm (sustained during whilst they were in our care). Broken down into the four categories this equated to: 0 falls with harm, 0 VTE, 1 CRUTI and 16 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
This month	5	0
Annual improvement target	21	0
Actual to date	28	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	35	Category 2 - Category 4 pressure ulcers were acquired during hospital stays (unvalidated)
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Severity	Number of pressure ulcers
Category 2	25
Category 3	10
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
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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 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	5.23
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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?**'

This data is from December 2015

In-patient, Day Case & Paediatric FFT	90.6	% recommended
A&E FFT	86.7	% recommended
Maternity FFT	96.1	% recommended
All Outpatient areas	92%	% 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

A patient raised concerns about the care that she received when she attended the Eye Casualty department. She was not satisfied about the length of wait that she experienced before her tests were performed and felt that other patients were seen before her.

Following an investigation, the patient received feedback which included an explanation that due to the nature of the department some patients may feel that they are being treated out of order. Some patients wait longer to be seen than others as each case was reviewed based upon their clinical condition at that time. However, it was also explained to the patient that the department were in the process of beginning a new triage system for patients so that they are seen by the appropriate person to treat their condition at the earliest opportunity.

3. IMPROVEMENT

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

NEW VASCULAR CLINICS INTRODUCED IN CORBY



Vascular Nurse Lilly Moriarty

The Northamptonshire Vascular Service, provided by NGH in conjunction with Kettering General Hospital and NHS Northamptonshire, has developed a new nurse-led clinic and exercise programme for patients in the north of the county, based at Corby Diagnostic Centre.

The clinic, which started in June, enables vascular specialist nurses to monitor and care for vascular patients as well as assess their suitability for joining the programme.

Exercise is a recognised treatment for people who experience what is known as intermittent claudication. This is a condition caused by a narrowing or blockage in the main artery taking blood to the leg, and causes cramp and pain in the calf muscles when walking, but which gets better after resting.

Vascular nurse specialist Liz Turiccki said: “We’ve been successfully running a similar programme at Northampton for 15 years with good patient outcomes and experiences. We’re very pleased to be able to now provide it for patients in the Corby area. We are hoping to extend it further with a clinic in the Wellingborough area so that we can offer a countywide nurse-led service for patients.”

This year the team has also taken on two vascular nurse practitioners, Alix Bunce and Lilly Moriarty. Alix is currently on maternity leave and Lilly primarily runs the nurse clinic and exercise class in Corby, along with a physiotherapist.

Lilly said: “These developments really help to improve patients’ quality of life. The extra clinics speed up the diagnostic and decision-making process, and the supervised exercise programme can help patients to look after themselves, become more mobile and avoid a potential stay in hospital.”

The programme consists of a one-hour class once a week; during which participants use equipment such as stairs and an exercise bike, as well as sit-stand and floor exercises also involving the arms. Each activity lasts for a couple of minutes, and Lilly says that most people see an improvement over the ten weeks of the programme.

“They generally find it enjoyable, and there’s quite a sense of camaraderie. We play music, keep it light-hearted and have a bit of banter as well. We also encourage them to do the exercises on a daily basis to maintain the progress they have made in class.”

A group of patients who completed their ten-week programme at NGH have taken this a step further by organising their own weekly ‘Walk in the Park’. Every Thursday morning patients, relatives, friends – and often their dogs – meet up in Abington Park for continued exercise.

Liz Turiccki said: “The Walk in the Park is also a good social event which for many people is very important, because patients with vascular disease can often feel isolated and lonely.”

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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