

## 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**

**January 2017**

# Open & Honest Care

This report is based on information from December 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 received harm free care whilst an inpatient with the second score shows the percentage of patients who did not sustain any harm both prior to and after admission.

	December 2016
The % of patients that received harm free care whilst an inpatient	98.6%

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.

	<b>C. difficile</b>	<b>MRSA</b>
<b>December 2016</b>	2	0
Annual improvement target	21	0
Actual to date	16	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.

<b>December 2016</b>	18	Category 2 - Category 4 pressure ulcers were acquired during hospital stays
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<b>Severity</b>	<b>Number of pressure ulcers</b>
Category 2	14
Category 3	4
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.

December 2016	4	falls that caused at least 'moderate' harm
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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?***'

#### December 2016

Inpatient, Day Cases & Paediatric FFT	93.1	% Recommended
A&E FFT	87.4	% Recommended
Maternity FFT	97.9	% Recommended
All Outpatient Areas	93.4	% 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

### A Patient's Story

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

**Concern raised:**

Patient raised a number of concerns regarding different aspects of care received relating to wound care whilst an inpatient. Issues referred to the wound being unchecked, the incorrect dressing used and infection prevention concerns raised.

**Outcome:**

The complaint was addressed directly with the ward staff and the individual concerned during the investigation. Additional wound care training has been completed and standards of care and infection prevention guidelines were reiterated to the staff. Apology and explanation provided along with reassurance of the learning taken forward.

### Supporting Information

A fabulous 19 metre reminiscence mural of Abington Park has been installed in the corridor to our elderly care wards, and was made possible by the generous donations of the local community to our Do it for Dementia campaign. This spectacular image entrances not only the eyes, but is also capable of stimulating memories through the senses of smell and sound as well. Noises from the park can be played through the corridor, and the smell of cut grass can be pumped through to transport patients away from the reality of the hospital environment to their memories of the park. The installation, developed by RemPods who also produce reminiscence pop-up rooms or 'pods', includes two new benches for patients and visitors to sit on.

The aim of the Do it for Dementia campaign is to support the hospital's work around preventing depletion in life skills when patients come into hospital. The funds raised are being used to create dementia-friendly spaces in the hospital and to buy equipment and resources that will help reduce confusion, anxiety and distress for any patient who has dementia. If you would like to help raise funds for the Do it for Dementia campaign please contact the charity office on 01604 545857



Board Papers: <http://www.northamptongeneral.nhs.uk/AboutUs/Board/Board.aspx>

Safer Staffing: <http://www.northamptongeneral.nhs.uk/AboutUs/Safer-staffing.aspx>

A handwritten signature in black ink, appearing to read 'Carolyn Fox'.

**Carolyn Fox**  
**Director of Nursing, Midwifery & Patient Services**