NHS England

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 2018

This report is based on information from April and May 2018. 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.

	April 2018	**May 2018**
The % of patients that received harm free care whist an inpatient	98.03%	98.73%
The % of harm free care- admitted with and whilst an inpatient	92.95%	93.66%

In April 2018 NGH achieved 98.03% harm free care, with 1.97% 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 5 falls with harm, 0 VTE, 1 CRUTI and 6 incidents of pressure ulcer development.

In May 2018 NGH achieved 98.73% harm free care, with 1.27% of patients on the day recorded in the category of 'new' harm. Broken down into the four categories this equated to 4 falls 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**
April 2018	5	0
Annual improvement target	20	0
Actual to date	5	0

	C. difficile	**MRSA**
May 2018	1	0
Annual improvement target	20	0
Actual to date	6	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.

April 2018	10	Category 2 - Category 4 pressure ulcers were acquired during hospital stays

Severity	**Number of pressure ulcers**
Category 2	8
Category 3	2
Category 4	0

May 2018	12	Category 2 - Category 4 pressure ulcers were acquired during hospital stays

Severity	**Number of pressure ulcers**
Category 2	11
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.

April 2018	1	fall(s) that caused at least 'moderate' harm
May 2018	0	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.

April 2018	1.01	Harmful falls per 1,000 occupied bed days
May 2018	1.53	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?'***

April 2018

Inpatient, Day Cases & Paediatric FFT	92.1%	% Recommended
A&E FFT	87.3%	% Recommended
Maternity FFT	97.2%	% Recommended
All Outpatient Areas	94%	% Recommended

May 2018

Inpatient, Day Cases & Paediatric FFT	93.7%	% Recommended
A&E FFT	86.4%	% Recommended
Maternity FFT	98.1%	% 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

SUPPORTING PATIENTS WITH ADDITIONAL NEEDS

We are committed to providing safe and effective care for our patients who have additional needs, whether that's because they are living with dementia or they have learning disabilities.

Since January, learning disability liaison nurse Debbie and dementia liaison nurse Catherine have worked together to develop a patient champion role to help ensure that staff from across the hospital are advocates for best possible care of vulnerable patients who have learning disabilities or dementia. These champions are provided with ongoing support from the lead nurses to aid staff development and patient experience.

Learning disability liaison nurse, Debbie Wigley, learning disability project worker, Paul Blake and dementia liaison nurse, Catherine Lowe.

Preparing for surgery

A project to support adults with learning disabilities and complex needs when they have surgery was shortlisted for a national award that Celebrates excellence in nursing and midwifery.

The initiative sees the hospital's lead learning disability nurse work with patients, their carers, their GP or other community health professionals, and members of the hospital's surgical team to identify challenges and areas of concern and identify any reasonable adjustments that can be made. A bespoke care plan is then produced.

Lead learning disability nurse Debbie said: "Hospitals can be scary places but for those with a learning disability, attending the unfamiliar busy environment can be extremely difficult with surgery providing an even greater challenge.

"By working collaboratively with the patient's wider health and care professionals, we've been able to carry out multiple procedures in the course of a single general anaesthetic to minimise anxiety and distress for the patient.

"We know that people with learning disabilities have barriers to accessing health care. By developing this initiative, our staff have demonstrated how working differently can have a huge impact on individual patients and their families."

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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